CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1940

EP 23907

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 245 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

Authorization No. 345

REQUEST FOR RETENTION PERIOD

Department: Health

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6 Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14 Disposal Method A. To be sold as scrap or waste paper	B. To be Burned or shredded	C. Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	[ ]	[X]	[ ]

REMARKS:

C P Force 3/19/63
Records Management Officer Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

418380 F 94334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94334 Registered No. 123

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and recorded. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE - MD
(If outside city or town limits, write RURAL and give town)
(d) Street No. 825 N. LAKEWOOD AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE MARKLAND

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOHN
6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) JAN. 23-1869

8. AGE: Years	Months	Days	If less than one day
73	6	2	hr. min.

9. Birthplace SCOTLAND (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name JAMES - DUNCAN
13. Birthplace SCOTLAND

MOTHER
14. Maiden Name AGNES - STEWART
15. Birthplace SCOTLAND

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/27/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location North Ave.

18 (a) Funeral director C. Holzapfel & Sons
(b) Address 1613 E. Madison St.

19 JUL 27 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942 to July 25 1942, and that I last saw her alive on July 25 1942

Immediate cause of death Pulmonary Embolism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Ruptured Duodenal Ulcer

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Bowers M. D.
Address Johns Hopkins Hospital Signed 7-28-42

VS 8

F 94335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94335 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 E. Montgomery
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore, MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 E. Montgomery
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES A. BUSH

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-5947

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillie M. Bush (nee Skinner) 6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1885

8. AGE: Years	Months	Days	If less than one day
56	7	15	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Steam Fitter
11. Industry or business Edgewood Arsenal

FATHER
12. Name James A. Bush
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Eliza Hyman
15. Birthplace St. Mary's Co., Md.

16 (a) Informant Mrs. Lillie M. Bush (Wife)
(b) Address 216 E. Montgomery St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md

18 (a) Funeral director C. Howard Evans
(b) Address 1400 N. Charles St.

19 (a) JUL 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1942, at 7.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/14/42 19 , to 7/25/ 19 42 and that I last saw h. 1m alive on 7/24/ 19 42:

Immediate cause of death Pulmonary tuberculosis (bilateral) — Duration ?
Due to
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deibel
Address 1226 Hanover St Date signed 7/27/42

94336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94336
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 Asquith St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 Asquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Heil

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27th 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
47 48	10	27		

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Anthony Heil
13. Birthplace Md

MOTHER — 14. Maiden Name Margaret Scott
15. Birthplace Md

16 (a) Informant Mrs. Margaret Heil
(b) Address 2819 E Monument St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof July 28th 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patt. Park Ave

19 [illegible] 27 1942 (b) Huntington Williams M.D.
(To be filled in by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24th 1942, at 2A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1942 to July 24 1942 and that I last saw h[illegible] alive on July 24 1942

Immediate cause of death: Cerebral Coarctation

Due to: Hemiplegia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration: 72 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. H. Magruder M. D.

Address 14 E. Read St. Date signed 7-27-42

F 94337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94337 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N. Calhoun St.
(c) Hospital or institution: Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 N. Payson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 29 years

3 (a) FULL NAME Rosario Harry Pizzutto Pizzutto

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ wife Minnie Pizzutto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7 1885

8. AGE: Years	Months	Days	If less than one day
56	8	18	hr. min.

9. Birthplace Cefalu' Italy
(Town, county, and state)
10. Usual Occupation Fruit Salesman
11. Industry or business Market

FATHER
12. Name John Pizzutto
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Pizzutto
15. Birthplace Italy

16 (a) Informant Minnie Pizzutto (Wife)
(b) Address 1713 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 July 27 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942 at 2 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942 to July 25 1942 and that I last saw h alive on July 25 1942.

Immediate cause of death Cerebral Thrombosis

Due to Senility.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. F. Friedman M. D.
Address Franklin Sq. Hosp. Date signed

F 94338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94338 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 N. Central ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 N. Central ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lloyd James

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: ?

4. Sex: M.
5. Color or race: C
6 (a) Single, married, widowed, or divorced: S
6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1886

8. AGE: Years 56 | Months | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Lloyd James
13. Birthplace Md.

MOTHER
14. Maiden Name Lena Spencer
15. Birthplace Md.

16 (a) Informant Moses Adkins
(b) Address 406 N. Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) 7/27/42 (day) (year)
(c) Cemetery or crematory Mt Cedar
Location

18 (a) Funeral director Ehrman Wilson
(b) Address 1000 Light St Leg ave

19 (a) (b) Huntingtn Williams, M.D.

JUL 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942, at 2:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/5 1938 to 7/21 1942 and that I last saw h[illegible] alive on 7/16 1942

Immediate cause of death: Hypertensive cardio-vascular disease — Duration 4 yr
Due to: mitral insufficiency — 4 yr
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rayner Browne
Address 1500 E. Monument Date signed 7/23/42

F 94339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94339 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1919 E.LOMBARD ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1919 E.LOMBARD ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA COMBS

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: WILLIAM COMBS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 27 1908

8. AGE: Years 33 | Months 11 | Days 27 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name LOUIS DELCHER
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARGARET HEIM
15. Birthplace BALTO.MD.

16 (a) Informant WILLIAM COMBS
(b) Address 1919 E.LOMBARD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 28/42 (month) (day) (year)
(c) Cemetery or crematory MT.CARMEL
Location ODONNELL ST.

18 (a) Funeral director Tilly J. Zarbock
(b) Address 403 S.WOLF ST.

19 (a) (b) Huntington Williams, M.D. Registrar

(Date received by Registrar) JUL 27 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 24 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to July 24 1942, and that I last saw [illegible] alive on July 24 1942.

Immediate cause of death
Acute Internal Hemorrhage
From Carcinoma of Uterus
Due to

Duration days ?

Due to

Other Conditions Complicated Carcinomatosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Jenkins
Address 1007 E. Pratt St. Date signed 7/25/42 M.D.

F 94340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94340

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-6
(e) Length of stay in Baltimore (yrs., mos., or days) 69 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1341 W. 42nd Street (If rural give location)
(e) Citizen of foreign country? Na. (Yes or No) If yes, name country ----

3 (a) FULL NAME Henry Lee Doyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary C. Kilroy
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Oct. 5 1872

8. AGE: Years	Months	Days	If less than one day
69	9	21	hr. min.

9. Birthplace Mc Donogh, Maryland (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name Henry Lee Doyle
13. Birthplace Ireland

MOTHER
14. Maiden Name Nolan
15. Birthplace Ireland

16 (a) Informant Miss M. Catherine Doyle
(b) Address 1341 W. 42d Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears Son
(b) Address 805 N. Calvert Street

19 (a) [illegible] 1942 (Date received) Huntington Nitkamp Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to July 26 1942, and that I last saw him alive on July 25 1942.

	Duration
Immediate cause of death: Left cerebral embolism	4 days
Due to: Arteriosclerosis with hypertension & myocardial	
Due to: Hypertrophy	4 months
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

(Signature) Bernard P. Hayes M. D.
Address 336 Cathedral St. Date signed

F 94341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94341 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3704 Gelston Drive
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Gelston Drive (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Kamphe

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-076

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Agnes J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 12 1875

8. AGE: Years	Months	Days	If less than one day
66	11	13	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Stock Clerk
11. Industry or business

FATHER
12. Name August Kamphe
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Greve
15. Birthplace Germany

16 (a) Informant Mrs Irma E Cook
(b) Address 3704 Gelston Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Geo A Fenby
(b) Address Fulton & Fayette

JUL 27 1942 (a) (Registrar) (b) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942, at 11:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942, to July 25 1942 and that I last saw h alive on July 24 1942.

Immediate cause of death: Arteriosclerotic cardiac arrest
Due to: mural thrombus with heart failure
Due to: myocardial degeneration
Due to: (over)
Other Conditions:
(Include pregnancy within 3 months of death)

Duration
4 mo

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thurston E. Staley M. D.
Address 3603 Edmondson Date signed 7/27/42

VS 3

F 94342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1220 F 94342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Monument & Rutland Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md. (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 1105 S. East Ave. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3 (a) FULL NAME: Andrew Fraund

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Ida Bieretz

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 6, 1871

8. AGE: Years	Months	Days	If less than one day
71	6	19	hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business:

FATHER

12. Name: Not Known

13. Birthplace: " "

MOTHER

14. Maiden Name: " "

15. Birthplace: " "

16 (a) Informant: Louis Bieretz

(b) Address: 4411 Forest View Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/42 (month) (day) (year)

(c) Cemetery or crematory: Loudon Park

Location: Frederick Rd.

18 (a) Funeral director: Clarence F. Hoffmann

(b) Address: 1639 N. Broadway

19 (a) JUL 27 1942 Registrar, Huntington Woods, Mich.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 1942 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942 to July 25 1942 and that I last saw h[illegible] alive on July 25 1942.

Immediate cause of death: Pelvic Peritonitis

Due to: Strangulated Inguinal Hernia

Due to: Myocardial Insufficiency

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Confirmatory

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Charles Harris

Address: Sinai Hospital Date signed 7/25/42

F 94343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 V

F 94343

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Carolina St.

(c) Hospital or institution: St. Joseph's

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 221 E. 25th St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Wilson J. Carroll Sr.

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Bessie K. Carroll

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1880

8. AGE: Years	Months	Days	If less than one day
62	2	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business Self

FATHER

12. Name James J. Carroll

13. Birthplace New York

MOTHER

14. Maiden Name Margaret V. Kosman

15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Wilson J. Carroll, Jr.

(b) Address 221 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location Edmondson Ave., Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address North & Pa. Aves., Balto., Md.

19 JUL 27 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942 at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942 to July 26 1942 and that I last saw h / he alive on July 26 1942.

Immediate cause of death: Congestive heart failure — Duration 14 hr.

Due to: hypertension

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)

(e) Means of injury

23. Signature Wilson J. Carroll

Address St Joseph Hosp. Date signed 7/26/42

VS 3

F 94344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94344 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Montgomery
(c) City or town Spencerville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jillean Kruhn

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Frederick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1881

8. AGE: Years	Months	Days	If less than one day
60	8	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis Duvall
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Spencer
15. Birthplace Pa.

16 (a) Informant Mr. Frederick W. Kruhn, husband
(b) Address Spencersville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/42 (month) (day) (year)
(c) Cemetery or crematory Union Cemetery
Location Burtonsville, Md.

18 (a) Funeral director [redacted] Thurlby & Williams M.P.
(b) [redacted] Spencersville, Maryland

19 (a) (Date rec'd by registrar) (b) Registrar

JUL 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1942 to July 26 1942, and that I last saw her alive on July 26 1942.

Immediate cause of death
Heart failure
Pulmonary infarct
Due to Acute suppurative appendicitis
Due to Carcinoma Jejunum

Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation July 22, 1942
Major findings of operation: acute suppurative appendicitis & Carcinoma
of autopsy: - No -

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Rose M. D.
Address University Hospital Date signed 7/27/42

VS 3

94345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSONS RESPONSIBLE FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Saint Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D C (b) County
(c) City or town Washington, D. C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4016 Third Street - N.W.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME Benjamin Radinsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Gussie Nee Gottfield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible] 1895

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation Junk Dyster

11. Industry or business Self.

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Gussie Radinsky wife
(b) Address 4016-3rd St. Wash, D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/42 (month) (day) (year)

(c) Cemetery or crematory Congregation Sick Benefit Assn
Location Rosedale

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St.

19 JUL 27 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 1:35 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractures, multiple ribs, bilateral — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 26, 1942 1:35 P.M.
(c) Where did injury occur? In front of 7 h Helen St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? —
(Specify type of place)
(e) Means of injury Passenger in car which

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed July 27, 1942

ran into tree

VS 6

94346 DAVISON F 94346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1301 N Montford ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Davison

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	W	widowed

6 (b) Name of husband or wife Joseph Davison (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 22 1860

8. AGE: Years	Months	Days	If less than one day
82	6	2	hr. — min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Wm. Garrish
13. Birthplace Maryland

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Wife
(b) Address Yeadon, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Balto. Md

18 (a) Funeral director John C. Malley Sons
(b) Address 2445 E. Oliver St

19 JUL 27 1942 (Date rec'd by Reg.) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 24 1942 and that I last saw her alive on July 24 1942

Immediate cause of death Hypostatic pneumonia — Duration 2 Dys

Due to Carcinoma of Larynx

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. P. Davison M.D.
M. D.
Address Balto, Md, Mercy Hosp. Date signed 7/27/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 94347

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94347 — 1942 — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Milton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 N. Milton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kathryn Vivian Sponholtz (Birth F43883)

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	—

6 (b) Name of husband or wife
2/6/42 6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 6 - 1941

8. AGE: Years	Months	Days	If less than one day
	5	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER 12. Name Herbert S. Sponholtz
13. Birthplace Lowell - Mass
MOTHER 14. Maiden Name Katherine V. Bass
15. Birthplace Rocky Mount - N.C.
16 (a) Informant Herbert S. Sponholtz
(b) Address 1400 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location
18 (a) Funeral director John C. Keller Inc
(b) Address 2435 Huntington Ave Baltimore, Md.
19 (a) JUL 27 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942, at 11.45 A.M.
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Suffocation — due to bed clothes — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 25 1942 at 11.45 A.M.
(c) Where did injury occur? 1400 N. Milton Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Smothered by bed clothes
23. Signature Robert Lee Yeatman M.D. Medical Examiner.
Date signed July 27 1942

VS 6

94348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 94348 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4249 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. Asquith St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christine Battle (Birth 4.548)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1941

8. AGE: Years	Months	Days	If less than one day
	5 6	2 28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Battle
13. Birthplace N.C.

MOTHER
14. Maiden Name Eva Taylor
15. Birthplace N.C.

16 (a) Informant City Hosp
(b) Address

17 (a) Burial (b) Date thereof July 27 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkmount
Location North Catholina

18 (a) Funeral director Robert E Wallace
(b) Address 15-15 Mosella St

19 July 27 1942 Huntington W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/26 1942, at 9:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/26/42 (10 hours) 19 , to 7/26/42 19 , and that I last saw her alive on 7/26 1942.

Immediate cause of death Acidosis Dehydration — Duration 36 hours

Due to Parenteral diarrhea

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balt. City Hosp Date signed 7-27-42

F 94349

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1864 F 94349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 744 W. Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Hughes

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 400-07-7308

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10, 1908

8. AGE: Years	Months	Days	If less than one day: hr.	min.
33	11	16		

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business Md. Drydock Shipyards

FATHER
12. Name William Hughes
13. Birthplace Kentucky

MOTHER
14. Maiden Name Cora Childers
15. Birthplace Kentucky

16 (a) Informant Noah Williams
(b) Address Dunham, Kentucky

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/27/1942 (month) (day) (year)
(c) Cemetery or crematory
Location Dunham, Kentucky

18 (a) Funeral director William Cook Doc
(b) Address 1217 St Paul St.

19 (a) 7/27/1942 Huntington Williams, M.D. Registrar
(Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942 at 7 30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
fracture of skull	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy: yes	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 5/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 26 1942 at 6 30 A.M
(c) Where did injury occur? Maryland Drydock Shipyards (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Shipyards (Specify type of place) While at work? yes
(e) Means of injury Fell about 20 ft.

23. Signature Roland Lee Graham M.D. Medical Examiner.
Date signed July 26 1942

VS 6

correct age is especially important. Physicians: please write the cause

94350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94350

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2724 Alameda Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2724 Alameda Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE W.E. Brooks

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	213-07-2528	Male	White	Married

6 (b) Name of husband or wife Jennie Brooks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1874

8. AGE: Years	Months	Days	If less than one day
68	6	-	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Collector
11. Industry or business A.S. Abell Co.

FATHER
12. Name John L. Brooks
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna Cummings
15. Birthplace Baltimore, Md.

16 (a) Informant Benjamin H.M. Brooks
(b) Address 3104 Harview Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 29/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore County, Md.

18 (a) Funeral director William Cook, Inc
(b) Address 1217 St. Paul St.

19 (Date received by Registrar) JUL 27 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1941 to July 25 1942 and that I last saw h[im] alive on July 24 1942.

Immediate cause of death Coronary Thrombosis — Duration 10 min.
Due to Arteriosclerosis and Chronic Myocarditis — 1 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave. Date signed July 27 '42

correct age is especially important. Physicians: please write the cause of death plainly, using English.

94351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16la ✓ Registered No. F 94351

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 528 Bethel St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 3hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 528 Bethel
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Infant Palmer Hunter (Birth F-53535)

3 (b) If veteran, name war /
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	S

6 (b) Name of husband or wife No
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			3 hr. min.

9. Birthplace 528 Bethel St
(Town, county, and state)
10. Usual Occupation No
11. Industry or business No

FATHER
12. Name Robt Hunter
13. Birthplace N. C.

MOTHER
14. Maiden Name Marie Clarke
15. Birthplace N. C.

16 (a) Informant Marie Clarke
(b) Address 528 Bethel

17 (a) ✓ (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 27 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) JUL 27 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942 at 1.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to July 27 1942 and that I last saw him alive on July 27 1942.

Immediate cause of death
Atelectasis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
3hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature B. Fletcher
Address 1 N Pa Ave Date signed 7/27/42 M. D.

VS 3

9270

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

94352 H-52 71217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13

Registered 94352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.,
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6mo. 25 d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ? Chapel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Bellman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife ? Channey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-23-78

8. AGE: Years	Months	Days	If less than one day
63	8	26	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Bellman
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Harner
15. Birthplace Md.

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location

UNIVERSITY MEDICAL SCHOOL JUL 27 1942
Commissioner of Health

18 (a) Funeral director T. Cook & Son
(b) Address Huntington Williams, Md.

JUL 27 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-18 1942 at 4:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9-42 1942 to 7-18 1942 and that I last saw h/ alive on 7-18 1942

Immediate cause of death Squamous cell carcinoma of bronchus & metastases — Duration 3-5 yrs.
Due to — Duration 5 days
Due to
Other Conditions Basal cell ca of skin (Include pregnancy within 3 months of death)
Date of operation Nov. 21, 1941
Major findings of operation: Squamous cell ca of lung
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Pegram M. D.
Address Balto City Hosp. Date signed 7-24-42

VS 8

9272

Please write plainly. Physicians: please write the causes of death clearly and legibly. Give the correct age in years. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly

94353 73806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No. F 94353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals. 26-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 10 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Ponca St. ? (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Camel

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	B	Married

6 (b) Name of husband or wife Lucille 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 | 2 | 1901

8. AGE: Years	Months	Days	If less than one day
40	7	19	hr. min.

9. Birthplace Jamaica (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Brown Camel
13. Birthplace North Carolina

MOTHER
14. Maiden Name Evina ?
15. Birthplace North Carolina.

16 (a) Informant Baltimore City Hosp. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL JUL 27 1942 Commissioner of Health

18 (a) Funeral director
(b) Address

19 (d) JUL 27 1942 (By Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-21 1942, at 7 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-7 1942 to 7-21 1942 and that I last saw h alive on 7-21 1942

Immediate cause of death: Bronchopneumonia — Duration 3 days
Due to Acut. arteriosclerosis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M.D.
Address Balto. City Hosp. Date signed 7-24-42

VS 3

9271

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 N

Registered F 94354

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15mo. 4da
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
No Home
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Lula

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. -?-? 1861

8. AGE: Years	Months	Days	If less than one day
81	?	?	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name George Washington
13. Birthplace Va.

MOTHER
14. Maiden Name Martha ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 27 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 27 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-8 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-4 1941 to 7-8 1942 and that I last saw h[illegible] alive on 7-8 1942.

Immediate cause of death Bron Lupus pneumonia — Duration 2 days
Due to Cerebral thrombosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 7-29-42

VS 3

9273

94355 Case No. 15835

Entry Date 4-23-30

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

101 File 94355

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4040 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals 26

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore 12 (If outside city or town limits, write RURAL and give town)

(d) Street No. None (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Gertrude Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880?

8. AGE: Years	Months	Days	If less than one day
? 62	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JUL 27 1942 Commissioner of Health

18 (a) Funeral director

(b) Address

19 (d) JUL 27 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-20 1942 at 2:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-8 1941, to 7-20 1942 and that I last saw her alive on 7-20 1942.

Immediate cause of death	Duration
Bronchopneumonia	?
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. K. Rathbun

Address Balto. City Hosp Date signed 7-24-42 M. D.

V 8

9274

94356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1868

Registered No. E 94356

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and name town)
(d) Street No. 37 South Curley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph A. Zavosky (Joseph A. Zavosky)

3 (b) If veteran, name war

3 (c) Social Security Account No. 210-01-5269

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1919

8. AGE: Years	Months	Days	If less than one day
23	1	14	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business Behhlehem Steel Co.

FATHER
12. Name Michael Zavosky
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Susan Raposky
15. Birthplace BEaversdale, Pa.

16 (a) Informant Mr. Michael Zavosky
(b) Address Beaverdale, Pa.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof July 27,1942 (month) (day) (year)

(c) Cemetery or crematory
Location Beaverdale, Pa.

18 (a) Funeral director Millie Lawrence
(b) Address 1803 N. Baltimore St.

19 JUL 27 1942 Huntington Williams M.D. Registrar
(Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942 at 2:45 P.M.

21. I HEREBY CERTIFY, that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Hemorrhage, cerebral and subarachnoid — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following. 24
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 23, 1942 at 12:45 P.M.
(c) Where did injury occur? 34th. Street Co. (City or town) (County) King Highway (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Struck by end of conveyor belt on him

23. Signature H. L. Wolfenberger M.D. Medical Examiner.
Date signed July 23, 1942

F 94357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1706 Registered No. F 94357

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gnl Hosp. V
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 Light St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Benson Hughes

3 (b) If veteran, name war

3 (c) Social Security Account No. 421-18-2022

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1906

8. AGE: Years 36 | Months 5 | Days 17 | If less than one day hr. min.

9. Birthplace Tennessee (Town, county, and state)

10. Usual Occupation

11. Industry or business Knox Unig Thread Co.

FATHER 12. Name William Hughes
13. Birthplace Tennessee

MOTHER 14. Maiden Name Rose Weiss
15. Birthplace Tennessee

16 (a) Informant Bethel Blank
(b) Address 1510 Light St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-27-42 (month) (day) (year)
(c) Cemetery or crematory Florence Cemetery
Location Florence, Alabama

18 (a) Funeral director Maurice J. Flynn
(b) Address 1423 Light St.

JUL 27 1942 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 6 40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Multiple fractures	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 26 1942 at 12 50 A.M.
(c) Where did injury occur? Hanover ST near West St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? Not (Specify type of place)
(e) Means of injury Struck by auto

23. Signature Roland Lee Graham M.D. Medical Examiner.
Date signed July 26 1942

VS 6

F 94358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94358 Registered No. 830

PLEASE WRITE PLAINLY, with pen and ink. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 WILLIAM
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 William St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROSE A. JOYCE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	White	MARRIED

6 (b) Name of husband or wife JOHN L. JOYCE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 14, 1888

8. AGE: Years	Months	Days	If less than one day
54	6	17	hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)
10. Usual Occupation HOUSE-WIFE
11. Industry or business

FATHER
12. Name JOHN NAGEL
13. Birthplace BALTIMORE MD

MOTHER
14. Maiden Name BARBARA PRELL.
15. Birthplace BALTIMORE MD.

16 (a) Informant JOHN L. JOYCE
(b) Address 1417 WILLIAM ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 29/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer. Location Belair Rd

18 (a) Funeral director Maguire & Flynn
(b) Address 1422 Light St

19 (a) [illegible] (b) Huntington Williams, M.D.

JUL 27 1942

VS 3

MEDICAL CERTIFICATION

5.15

20. DATE OF DEATH July 26 1942, at A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942 to July 26 1942, and that I last saw her alive on July 26 1942

Immediate cause of death Cerebral Hemmhage — Duration 1 week

Due to Hemiplegia — 1 week

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1779 William St Date signed 7/26/42

94359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56e Registered E 94359

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Mass Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Mary Margaret Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Divorced

6 (b) Name of husband or wife ~~Nov 22 1905~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 1905

8. AGE: Years	Months	Days	If less than one day
36	9	5	hr. min.

9. Birthplace South Carolina (town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Ind Govt.

FATHER
12. Name Not Available
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Mrs. P. Pickering
(b) Address 716 Jackson Pl. N.W.

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 7-28-42 (month) (day) (year)

(c) Cemetery or crematory
Location Meggett S. C.

18 (a) Funeral director Geo. A. Fuller
(b) Address Jackson & Fayette Sts. Huntington Williams W. Va.

19 Date received JUL 27 1942 (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942 at 1 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942 to July 27 1942 and that I last saw her alive on July 27 1942.

Immediate cause of death	Duration
Cushing's Disease	2 years
Due to	
Due to (over)	
Other Conditions Bronchopneumonia	

(Include pregnancy within 3 months of death)

Date of operation

~~Major findings of operations~~ Solitary Tumor Pituitary Gland

of autopsy adrenals & ovaries

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp Date signed 7-27-42

94360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. F 94360

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Valley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Lydie de Ste Marcelle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years	Months	Days	If less than one day
24			hr. min.

9. Birthplace Minn.
(Town, county, and state)
10. Usual Occupation Religious
11. Industry or business

FATHER
12. Name Louis Stifter
13. Birthplace Minn.

MOTHER
14. Maiden Name Amanda Sherman
15. Birthplace Minn.

16 (a) Informant Little Sisters of the Poor
(b) Address 1201 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Weedfield
(b) Address 914 Greenmount Ave

JUL 27 1942 (Date received by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 1.55 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1940 to July 26 1942; and that I last saw h[illegible] alive on July 26 1942

Immediate cause of death Pulmonary Tuberculosis — Duration 6 mos.

Due to Bronchopneumonia — 10 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. McDermott M. D.
Address 1136 Dolphin St. Date signed 7/27/42

VS 2

94361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 94361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U S Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1744 Johnson Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES C. CUMMINGS

3 (b) If veteran, name war

3 (c) Social Security Account No. 216 05 8511

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mamie Clarey
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) June 10, 1902

8. AGE: Years	Months	Days	If less than one day
40	1	14	hr. min.

9. Birthplace Buffalo, New York
(Town, county, and state)
10. Usual Occupation Painter-Fairfield
11. Industry or business

FATHER
12. Name Aaron Cummings
13. Birthplace Buffalo, New York

MOTHER
14. Maiden Name Mary Ellen Dearth
15. Birthplace Pennsylvania

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 7/28/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md
18 (a) Funeral director Williams & Colton
(b) Address 1217 Eutaw St
(b) Huntington Williams, M.D.
JUL 28 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1942, at 9:05p M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22, 1942, to July 24, 1942, and that I last saw him alive on July 24, 1942.

Immediate cause of death Lobar pneumonia - Rt lower lobe — Duration 1 wk.
Due to
Due to
Other Conditions Peniandatis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature T. B. H. Anderson for Chas E. Smith M.D. M. D.
Address US Marine Hospital Date signed 7/25/42
Baltimore, Maryland.

VS 8

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

94362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 D Registered No. F 94362

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 87 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2717 Hampden Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George J. Baker

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4 Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2-1869

8. AGE: Years 72 | Months 8 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Night Watchman
11. Industry or business O'Neills Dpt Store

FATHER
12. Name Baker
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary B. Rager
15. Birthplace Baltimore Md

16 (a) Informant Miss Margaret Carney
(b) Address 2717 Hampden Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road
18 (a) Funeral director William Cook Sons
(b) Address 1217 St Paul St Balto Md
19 JUL 28 19[illegible] (b) Huntington Williams, M.D.
(Date received by Local Registrar)

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 8:05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1942, to 7/26 1942, and that I last saw h im alive on 7/26 1942.

Immediate cause of death Uremia — Duration 13 days

Due to Carcinoma of Bladder : Metastasis

Due to

Other Conditions R.S. Heart Disease. Vesico-cutaneous Fistula

(Include pregnancy within 3 months of death)

Date of operation 5/1/42

Major findings of operation: Carcinoma of Bladder

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Hellman M. D.
Address Sinai Hospital Date signed 7/26/42

94363 E.S. (75532)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
83B

F 94363 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Gray

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Charles (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace ?
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant [illegible]
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wallace Cook Inc
(b) Address 1217 E Fort Ave

19 (a) [illegible] JUL 28 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26 1942 at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22 1942 to 7-26 1942, and that I last saw h[illegible] alive on 7-26 1942.

Immediate cause of death	Duration
Bronchopneumonia	23 days
Due to Cerebral thrombosis	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. A. Kattburn M. D.
Address Balto. City Hosp Date signed 7-27-42

94364 | Dr Shrafty 5106 Park Heights 830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94364

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 Ingleside Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Ingleside Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Charles Beisel

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of ~~husband~~ or wife: Thelma
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 14 1876
8. AGE: Years 66 Months 1 Days 15 If less than one day hr. min.
9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business Self

FATHER
12. Name John Beisel
13. Birthplace (?)

MOTHER
14. Maiden Name Rose (?)
15. Birthplace (?)

16 (a) Informant Mrs Thelma Beisel
(b) Address 3402 Ingleside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St
19 (a) JUL 28 1942 (Date rec'd by Registrar) (b) Huntington Millidgeville Md

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942 at 7.30 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3 1942 to July 26 1942 and that I last saw h[illegible] alive on July 26 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days
Due to
Due to
Other Conditions: Hemiplegia - 3 yrs ago
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Shrafty M. D.
Address 5106 Park Heights Ave Date signed 7/27/42

VS 3

F 94365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

Registered No. F 94365

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PERSONS RESPONSIBLE FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3410 University Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3410 University Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Lander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10. 1864

8. AGE: Years	Months	Days	If less than one day
78	6	17	hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER 12. Name Andrew Lander
13. Birthplace Germany

MOTHER 14. Maiden Name Anna D. Schmidt
15. Birthplace Germany

16 (a) Informant Miss Miriam Coffman
(b) Address 712 Northam Bldg

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-29-42 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Baltimore Md

18 (a) Funeral director Nuhoba Funeral Home
(b) Address 1217 St Paul St

19 (a) JUL 28 1942 (Date rec'd by registrar) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942, at 1 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1937 to July 1942 and that I last saw h-- alive on July 24 1942

Immediate cause of death	Duration
Myocarditis	7 yrs
Due to Hypertension	10 years
Due to Arterio sclerosis	15 years
Other Conditions Carcinoma of the colon	10 years

(Include pregnancy within 3 months of death)

Date of operation 1932

Major findings of operation: Carcinoma of the colon

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Henry M. Hanson M. D.

Address 20 E. Preston Street Date signed 7/27/42

F 94366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 94366 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Linden Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Friedman

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Eva

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1877

8. AGE: Years	Months	Days	If less than one day
65	2	28	hr. min.

9. Birthplace New York City
(Town, county, and state)

10. Usual Occupation
11. Industry or business Watchman

FATHER 12. Name Simon Friedman
13. Birthplace Poland

MOTHER 14. Maiden Name Amelia ?
15. Birthplace Poland

16 (a) Informant Eva Friedman
(b) Address 2001 Linden Ave.

17 (a) Burial (b) Date thereof July 28, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowley's Lane

18 (a) Funeral director Sol Levenson Bro
(b) Address 1124-26 W North Ave

19 (a) JUL 28 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1942 at 12:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed July 27, 1942

VS 6

94367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. E 94367

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BURNS RECEIVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison Ave & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Moore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mr. Eston Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-3224

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 24 1895

8. AGE: Years	Months	Days	If less than one day
47	4	1	hr. min.

9. Birthplace W. Va.
(Town, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business U.S. Alcohol Plant

FATHER
12. Name Edgar Hardy
13. Birthplace ?

MOTHER
14. Maiden Name Kizzie Bradfield
15. Birthplace W Va.

16 (a) Informant Mrs. Lula B Hardy
(b) Address 2106 Moore st Brooklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 JUL 28 1942 (Date rec'd by Reg.) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942 at 3.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942, to July 25 1942, and that I last saw him alive on July 25 1942.

Immediate cause of death Generalized peritonitis — Duration

Due to Ruptured appendix — Duration

Due to — Duration

Other Conditions Abdominal pain, possible appendicitis — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations Perforated appendix, Septic Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. J. Coffman
Address Md. General Hosp. Date signed M. D. 7/26/42

94368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

F 94368 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14
(c) Hospital or institution: Hospital for Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel Co.
(c) City or town Curtis Bay - R.F.D.
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Mrs. Mary Allen Bell~~ ANNIE MAY Bell

3 (b) If veteran, name war

3 (c) Social Security Account No. 0

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Leroy M Bell
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug 4 1893

8. AGE: Years	Months	Days	If less than one day
48	11	22	8 hr. 30 min.

9. Birthplace Media Court House, Va
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Aubrey Allen
13. Birthplace Va

MOTHER
14. Maiden Name Mrs Jeter
15. Birthplace Va

16 (a) Informant Husband
(b) Address Curtis Bay, R.F.D.

17 (a) ~~Disposition~~ (Burial, cremation, or removal) (b) Date thereof 7/28/42 (month) (day) (year)
(c) Cemetery or crematory Lynchburg Va
Location Va.

18 (a) Funeral director William M Marech
(b) Address 715 Light St

19 JUL 28 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942 at 8:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 26 1942 and that I last saw her alive on July 26 1942.

Immediate cause of death: Myocardial Failure
Coronary occlusion.
Due to
Due to
Other Conditions Acute pancreatitis
Cholecystitis-acute
(Include pregnancy within 3 months of death)

Duration: 11 days ?

Date of operation July 4, 1942
Major findings of operation: Pancreatitis acute - Cholecystitis acute
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Arthur Yorke M. D.
Address Women's Hosp Date signed 7/26/42

VS 3

F 94369

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a Registered No.

F 94369

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore and
(b) Street address 1117 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Madison Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Law, C. Hill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Lelia Hill.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years 48yrs | Months | Days | If less than one day hr. min.

9. Birthplace Clinton S. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Calvin Hill
13. Birthplace Clinton S. C.

MOTHER
14. Maiden Name Nancy Bailey
15. Birthplace Clinton S. C.

16 (a) Informant Lelia Hill
(b) Address 1117 Madison Ave.

17 (a) Burial (b) Date thereof 7/30/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Clinton S. C.

18 (a) Funeral director Chas H Alexander
(b) Address 927 N. Mount St.

19 JUL 28 1942 Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942 at 5A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1941, to July 27 1942.
and that I last saw him alive on July 27 1942.

Immediate cause of death
Cardio-Renal

Duration
1 yr

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Hatcher M. D.
Address 1755 Pa Ave Date signed

F 94370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a

Registered No. F 94370

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fenderick Meadows
(c) Hospital or institution Maryland gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 W
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7404 Park Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME C. Jackson Waters.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Caroline Waters

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1893

8. AGE: Years 49 | Months 7 | Days 0/26 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Merchant.

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs Caroline Waters
(b) Address 7404 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/28/42 (month) (day) (year)

(c) Cemetery or crematory DRUID RIDGE
Location

18 (a) Funeral director Chas. J. Evans Son Inc
(b) Address 814 N. Mt. Royal Ave.

19 (a) Filed JUL 28 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942, at 11 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1942, to July 25 1942, and that I last saw h[illegible] alive on July 25 1942.

Immediate cause of death Myocardial Insufficiency.

Due to Myelogenous Leukemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jefferson C. Mitchell M. D.
Address 701 Eden Road Date signed 7/28/42

F 94371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94371

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 601 N. Bentalou St

(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 601 N. Bentalou St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Charles William Harrison

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife (Nee Hiser) Chrissie Harrison

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 9th 1868

8. AGE: Years	Months	Days	If less than one day
73	11	17	hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)

10. Usual Occupation Grocery Business

11. Industry or business for self.

FATHER 12. Name William H. Harrison

13. Birthplace Va.

MOTHER 14. Maiden Name Susan Gibbons

15. Birthplace Md.

16 (a) Informant Mrs. Chrissie Harrison

(b) Address 601 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29th 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Frederick, Md.

18 (a) Funeral director Geo. Wehrle & Son

(b) Address 28 1942 Edmondson Ave. Hunting Ton Station, Md.

19 (a) IUL 28 1942 (Date rec'd by registrar) (b) Huntington Station, Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26th 1942, at 10.00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1942 to July 26 1942 and that I last saw him alive on July 22 1942.

Immediate cause of death	Duration
Thrombosis of Coronary	
Artery	
Due to Hypertension	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Samuel J. Schwartz M. D.

Address 730 Harlem Ave Date signed 7/27/42

F 94372
E.3. (75325)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94372
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 Pearl St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula Mae Stokes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Sam Stokes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1900

8. AGE: Years	Months	Days	If less than one day
21 29	10	6	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Swanson
13. Birthplace North Carolina

MOTHER
14. Maiden Name Minnie Atchison
15. Birthplace North Carolina

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/29/42 (month) (day) (year)
(c) Cemetery or crematory Lawnville
Location Nottingham Rd.

18 (a) Funeral director A. Halstead
(b) Address 911 Druid Hill Ave.

19 (a) JUL 28 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-26 1942 at 3 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-14 1942 to 7-26 1942, and that I last saw h alive on 7-26 1942.

Immediate cause of death	Duration
Uremia	7
Due to Arteriolar nephrosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 7-26-42

VS 3

F 94373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 94373

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 954 Forrest St.

(c) Hospital or institution: Maryland Penitentiary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos. 10 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Washington, D.C. (If outside city or town limits, write RURAL and give town)

(d) Street No. 16 Patterson St. N.E. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Charles Jackson Benjamin

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1919

8. AGE: Years	Months	Days	If less than one day
23	5	24	hr. min.

9. Birthplace So. Carolina (Town, county, and state)

10. Usual Occupation Farm laborer

11. Industry or business

FATHER

12. Name Fulton Benjamin

13. Birthplace Unknown

MOTHER

14. Maiden Name Anna Rayson

15. Birthplace Greenville, So. Carolina

16 (a) Informant

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/42 (month) (day) (year)

(c) Cemetery or crematory

Location Miami Florida

18 (a) Funeral director Charles R. Law

(b) Address 882 Harlem Ave.

19 (a) JUL 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1942, to July 24 1942 and that I last saw him alive on July 24 1942.

Immediate cause of death	Duration
Dislocation of 5th cervical vertebra	
Due to Execution by hanging	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D.

Address 1123 St. Paul St. Date signed 7-24-42

VS 8

F 94374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 Registered No. F 94374

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. H
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 33 N. Eden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn Elva Swan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1920

8. AGE: Years	Months	Days	If less than one day
22	4 5	5 6	hr. min.

9. Birthplace Buckland Co., Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William Swan
13. Birthplace Va.

MOTHER
14. Maiden Name Susie Ellen
15. Birthplace Va.

16 (a) Informant Alexander Swan
(b) Address 1105 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-42 (month) (day) (year)

(c) Cemetery or crematory
Location Fairview Virginia

18 (a) Funeral director Fred Freeman & Hensley
(b) Address 578 W. Biddle St.

19 (a) (Date received by registrar) (b) Huntington Williams M.D.

JUL 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942, at 1 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death multiple fracture of skull — Duration

Due to fall

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 6/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 25 1942 at 12 45 P M
(c) Where did injury occur? 227 N. Broadway
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Clothing store While at work? yes
(Specify type of place)
(e) Means of injury fell thru stairlight.

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed July 26 1942

F 94375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94375 Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins Ave.
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Brooklandville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Quinnimus Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Emma Jane Blankenship

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1869

8. AGE: Years	Months	Days	If less than one day
73	1	17	hr. min.

9. Birthplace Ohio
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Calvin Shiveley
13. Birthplace Ohio

MOTHER
14. Maiden Name Martha
15. Birthplace Ohio

16 (a) Informant Mrs. W. A. Mitchell
(b) Address Dundalk Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave

18 (a) Funeral director Howard H. Blight Jr.
(b) Address Belair Road
JUL 28 1942

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942 at 5:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26, 1942 to July 26, 1942 and that I last saw him alive on July 26, 1942

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to Arteriosclerosis — 10 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature James R. Crans M. D.
Address St. Agnes Hosp. Date signed 7/28/42

VS 3

3001 Shannon Drive

F 94376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 | B

F 94376

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address #102 Oakford ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. #102 Oakford ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Joseph Christle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Martha B. Christle

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Jan. 10 - 1867

8. AGE: Years	Months	Days	If less than one day
75	6	16	hr. min.

9. Birthplace Alexandria Va (Town, county, and state)

10. Usual Occupation Traffic Manager for

11. Industry or business Owens Illinois Can Co

FATHER

12. Name Otto Christle

13. Birthplace Germany

MOTHER

14. Maiden Name Margaret Gerhauser

15. Birthplace Schwabeaday New York

16 (a) Informant Maude M. Scott

(b) Address 4102 Oakford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

18 (a) Funeral director Mamie Cook Sykes

(b) Address 1600 W. North Ave

19 (a) JUL 28 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1942 to July 26 1942 and that I last saw h/m alive on July 26 1942

Immediate cause of death CARCINOMA of PROSTATE

Due to NEPHRITIS

Due to

Other Conditions UREMIA — SEPTICEMIA (Include pregnancy within 3 months of death)

Date of operation 1939

Major findings of operation: CANCER-PROSTATE

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Walter A Anderson M.D.

Address 3001 Shannon Drive Date signed 7/27/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94377 Registered No. 94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Mohr

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-6473

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Pauline H. Mohr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31 1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
54 56	6	26		

9. Birthplace Baltimore Co., Md. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business Glenn L. Martin Co.

FATHER
12. Name Charles Mohr
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Kern
15. Birthplace Maryland

16 (a) Informant Mrs. Gunffat Redmond
(b) Address 1105 N. Patterson Pk. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-42 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Baltimore Co., Maryland

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd

19 (a) JUL 28 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 19 42 at 5:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 27, 1942

VS 6

F 94378 — 3 Copies. ✓ — F 94378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 106 S. Morley St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S. Morley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Buschman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	Married.

6 (b) Name of husband or wife Adolph Buschman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9- 1873

8. AGE: Years	Months	Days	If less than one day
69	0	17	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Henry Athmann
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Rubeng
15. Birthplace Germany

16 (a) Informant Adolph Buschmann
(b) Address 106 S. Morley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Storck & Sons Inc.
(b) Address 1201 E. Eager St.

19 (Date received) JUL 28 19[illegible] Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 4 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from March, 18, 42 to July, 26, 1942. and that I last saw her alive on April, 16, 42

Immediate cause of death Chr. Myocarditis. — Duration Years

Due to Arterial Hypertension. — Years.

Due to

Other Conditions

(Include pregnancy within 3 months of death) 0

Date of operation

Major findings of operation: 0

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Lloyd Jo Smoot M. D.
Address Catonsville Md. Date signed 7/27/42

VS 8

F 94379

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 94379 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparrows Points (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 10 Box 32 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH ROSAR

3 (b) If veteran, name war —

3 (c) Social Security Account No. 199-09-6232

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Elaine Einbacher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1914

8. AGE: Years	Months	Days	If less than one day
27	9	29	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Bethlehem Steel Co.

FATHER
12. Name Phillip Rosar
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hammetz
15. Birthplace Pa.

16 (a) Informant Mr. Phillip Rosar
(b) Address 1/0 18 Beech St, Scranton Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-42 (month) (day) (year)
(c) Cemetery or crematory
Location Scranton, Pa.

18 (a) Funeral director John J. Faherty Sons
(b) Address 1318 Light St.

JUL 28 1942 (Date rec'd by Registrar) (b) Huntington Williamson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942 at 10 25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said " find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to Burns 1 2nd degree, two thirds, body	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 20, 1942 at 7 P. M
(c) Where did injury occur? Bethlehem Steel Co. Sparrows Pt. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury burned by blast furnace

23. Signature H. L. Wallbaum M.D.
Medical Examiner.
Date signed 7-27-42

VS 6

F 94380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 114d

F 94380 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 935 W. Fayette Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARVEY LEE

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 218-07-5713

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widowed

6 (b) Name of husband or wife: Ida May
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1891

8. AGE: Years	Months	Days	If less than one day
51	2	3	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation BARTENDER
11. Industry or business

FATHER
12. Name Samuel Lee
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Mary
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 7-29-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New National Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St Baltimore, Md.

19 (a) JUL 28 1942 Hunting
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25, 1942, at 4:15 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21, 1942 to July 25, 1942, and that I last saw h im alive on July 25, 1942.

Immediate cause of death	Duration
Toxemia and cacheria	2 wks.
Due to Lung abscess	Unk.
Due to	
Other Conditions	over

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 7/27/42

VS 3

F 94381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94381 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 N Mount
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6 N Mount
(If rural give location)
(e) Citizen of foreign country? No (Name)
If yes, name country

3 (a) FULL NAME Alonzo Miles

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-9866

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	col	Widow

6 (b) Name of husband or wife Emma Miles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1870

8. AGE: Years	Months	Days	If less than one day
72	2		hr. min.

9. Birthplace Eastern Shore Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Purnell Miles
13. Birthplace Eastern Shore Md

MOTHER
14. Maiden Name M Orion
15. Birthplace Eastern Shore Md

16 (a) Informant Carmel Miles
(b) Address 69 Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date received) JUL 28 1942 (b) Registrar Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/23 1942 at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1942 to 7/23 1942 and that I last saw him alive on 7/23 1942

Immediate cause of death: Cerebral Hemorrhage Apoplexy

Due to: Paralysis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Burkett M. D.
Address 2739 Date signed

VS 1

41921 F 94383 BALTIMORE CITY HEALTH DEPARTMENT F 94382
CERTIFICATE OF DEATH 131a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) [redacted]ltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 N Dallas (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta Phenix
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Earl
6 (c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) 11-21-99

8. AGE: Years	Months	Days	If less than one day
42	8	4	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business
FATHER 12. Name Henry Young
13. Birthplace Md
MOTHER 14. Maiden Name Wilhelmina
15. Birthplace Md
16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location B. C. Co
18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St
19 (a) [redacted] (b) Huntingtown Williams, Md
JUL 28 1942 Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH July 25 1942 at 6.53 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1942 to July 25 1942 and that I last saw her alive on July 25 1942
Immediate cause of death uremia — Duration 1 wk
Due to nephritis — Duration unknown
Due to hypertension — Duration unknown
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Roger L. Greif M. D.
Address J.H.H. Date signed

F 94383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 94383 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 N. Castle Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 N. Castle Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward A. Painter

3 (b) If veteran, name war: no
3 (c) Social Security Account No. None

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Celeste
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1888

8. AGE: Years 54 | Months 0 | Days 11 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Contractor

11. Industry or business self

FATHER
12. Name Edward Painter
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary (Unknown)
15. Birthplace Maryland

16 (a) Informant Celeste Painter
(b) Address 600 N. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/29/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Maryland

18 (a) Funeral director William C. Fox Inc
(b) Address 1217 St. Paul Street

19 (a) Filed JUL 28 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 7:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Traber M.D. Medical Examiner
Date signed July 23, 1942

94384 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 94384

CERTIFICATE OF DEATH

937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Woodhaven ave Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Louis Pinsky

If U. S. Veteran specify WAR _____

(a) Residence: No. 3706 Woodhaven ave St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Lee Kramer

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Dr B. Pinsky
(Address) 601 N. Kay St

18. BURIAL, CREMATION, OR REMOVAL
Place Herring Run Date 7/28 19 34

19. UNDERTAKER Adolph Lamb Inc
(Address) 1439 E. Baltimore St

20. FILED _____ 19___ _____ Registrar.

JUL 28 19[illegible]

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-28 19 34

22. I HEREBY CERTIFY, That I attended deceased from January 1934 19___ to 7/28/34 19___

I last saw h[illegible] alive on 7/25/34 19___. Death is said to have occurred on the date stated above, at 2 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Arteriosclerotic Cardiovascular Disease	1934
& Coronary Thrombosis	7/28/34

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19___

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) David Lamb M. D.

7/28/34 (Address) 101 N. Paca St. Balto. Md.

WHITE PAPER—WHEN ORDERING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

F 94385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94385 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St. & Rutland Ave

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) [redacted]

(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 5124 Chalgrove Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Aaron A. Mumfred

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Edna Mumfred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-7-71

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Isaac J. Mumfred

(b) Address 3504 Edgefield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-42 (month) (day) (year)

(c) Cemetery or crematory Edgewood Memorial Park

Location Bowleys Lane

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Balto. St

19 (a) JUL 28 19[redacted] (Signature of registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1942 at 3:[redacted] P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1942 to 7-28 1942 and that I last saw him alive on 7-28 1942

Immediate cause of death Pulmonary Edema — Duration

Due to Cardiac Failure

Due to (Over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Eugene A. Goldstein M. D.

Address Sinai Hospital Date signed 7/28/42

VS 3

E 94386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. E 94386

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 167 N. Monastery Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 167 N. Monastery Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ann L Mannion

3 (b) If veteran, name war ←
3 (c) Social Security Account No. ←

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph P. Mannion
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Mar 28th 1898.

8. AGE: Years	Months	Days	If less than one day
44	3 4	2	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Thomas Donnelly
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Welsh
15. Birthplace England

16 (a) Informant Sarah Welsh
(b) Address 167 N. Monastery Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 (month) (day) 42 (year)
(c) Cemetery or crematory Cathedral
Location Baltimore
18 (a) Funeral director Charles F. Dill
(b) Address 544 E. Fort Ave
19 (a) JUL 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to July 26 1942, and that I last saw h. alive on July 26 1942

Immediate cause of death: Death heart failure — Duration 1 hr.
Due to coronary thrombosis — 4 hrs
Due to Arteriosclerosis
Other Conditions generalized edema
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Theodore E. Stacy
Address 3803 Edmondson Date signed 7/28/42

VS 1

94387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223 N. High Street.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N. High Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur L. Robertson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-4525

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27, 1906

8. AGE: Years	Months	Days	If less than one day
36	1	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Chesapeake Shoe Co

FATHER
12. Name Harry E. Robertson
13. Birthplace Md.

MOTHER
14. Maiden Name Louise M. Carter
15. Birthplace Md.

16 (a) Informant Louise M. Carter
(b) Address 223 N. High St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto., Md.

18 (a) Funeral director Wellington Cook Dye
(b) Address 1217 St. Paul St. Balto. Md.

19 (a) (Local) Registrar Huntington Williams M.D. Registrar

JUL 28 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 12 noon M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic alcoholism — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 27, 1942

F 94388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 94388

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1751 Montpelier Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6302 Weidner Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine M. Quinn

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1877

8. AGE: Years	Months	Days	If less than one day
65	-	11	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name William Quinn
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Ellen Murphy
15. Birthplace Baltimore, Maryland

16 (a) Informant Helen B. Hoffman
(b) Address 1751 Montpelier Street

17 (a) Burial (b) Date thereof 7/27/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) JUL 28 1942 (b) Huntington Williams, M.D.
Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1942 19 , at 6 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1942 to July 24 1942 and that I last saw her alive on July 24 1942

Immediate cause of death: Arteriosclerotic cardio renal disease — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Helen B. Hoffman M.D.
Address 1801 Harford Rd. Date signed 7-25-42

F 94389

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 198

F 94389

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Forrest St
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 yr 10 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Leigh Point
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edward Wolffard (WOFFARD)

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13, 1914

8. AGE: Years 28 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Knoxville, Tenn.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Frank Wolffard
13. Birthplace Unknown

MOTHER
14. Maiden Name Emma Rachel
15. Birthplace Unknown

16 (a) Informant Embry Friday S.C.
(b) Address 623 South Lloyd Street

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 7 28 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County

18 (a) Funeral director Mrs. R. A. Elliott Undertaker
Address 112 N. Caroline St.

19 (a) JUL 28 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1942, at 12:11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1942 to July 24 1942 and that I last saw him alive on July 24 1942.

Immediate cause of death Dislocation of 5th Cervical vertebra — **Duration**

Due to Execution by hanging

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 1123 St. Paul St **Date signed** 7-24-42

VS 3

H. L. Wallenweber MD Asst Medical Examiner

F 94390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

123

Registered No. E 94390

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Fell St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Sanner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 1864

8. AGE: Years	Months	Days	If less than one day
77	11	19	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation unemployed

11. Industry or business

FATHER
12. Name Isac S Sanner
13. Birthplace Md.

MOTHER
14. Maiden Name -
15. Birthplace -

16 (a) Informant Mrs L Denney.
(b) Address 205 Howard St Elton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (month) (day) (year)
(c) Cemetery or crematory St Matthews
Location O'Donnell St East.

18 (a) Funeral director Leo J Cook
(b) Address 1703 Patterson Pk.

19 (a) JUL 28 1942 (Date rec'd by registrar) (b) Washington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942, at 5:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Gangrene of intestine — Duration

Due to thrombosis of mesentery

Due to

Other Conditions Healed infarct of left ventricle of heart.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed July 26 1942

94391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

164c

Registered No. E 94391

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 351 Forrest St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John G. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 28 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 28 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1942, at 4° M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence July 18 1942 at 3:30 P M
(c) Where did injury occur? Eden & Chase Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Bullet wound

23. Signature Robert Lee Bratton M.D. Medical Examiner.
Date signed July 21 1942

VS 6

9277

E 94392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. E 94392

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 938 Little Pine St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT STEPNEY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1923

8. AGE: Years	Months	Days	If less than one day
19			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 28 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 28 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1942 at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Tuberculous pulmonary chronic	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 7-17-42

VS 6

9576

Ruotolo

F 94393 ✓ F 94393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 181

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 30

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Victoria Ruotolo

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife George Ruotolo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 9, 1881

8. AGE: Years	Months	Days	If less than one day
60 61	8 9	16 17	hr. min.

9. Birthplace ITALY (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Giuseppe Malone
13. Birthplace Italy

MOTHER
14. Maiden Name Luigia Calandra
15. Birthplace Italy

16 (a) Informant Home Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Rd. Balt. Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) Date received 1942 (b) Registrar [illegible] for Wilmer M.E.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to July 27 1942, and that I last saw her alive on July 27 1942.

Immediate cause of death
Coronary Thrombosis

Due to

Due to (over)

Other Conditions Exophthalmic goiter

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations

of autopsy:

Duration
2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence About 7/27/42 at 211 S. Broadway St. P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Cattle of Wife Lost in fall

23. Signature H. K. Wollenweber M.D.
Address Church Home and Infirmary Date signed 7/27/42

H. K. Wollenweber, M.D. per Dr. Mantz

F 94394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

#6 F 94394 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bon Secours Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days

(e) Length of stay in Baltimore (yrs., mos., or days) 60 years?

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (Or County)

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2021 W. Mulberry St. (If rural, give location)

(e) Citizen of foreign country? Naturalized? Yes If yes, name country (Consular No.)

3 (a) FULL NAME Mrs Agnes Jeffries

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife Albert Eugene Jefferies

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/4/73.

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	2	24		

9. Birthplace Roscommon, Ireland. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER

12. Name Timothy Moran

13. Birthplace Roscommon Ireland.

MOTHER

14. Maiden name Ann Martin

15. Birthplace Roscommon Ireland.

16 (a) Informant Mrs. Margaret Ann. Moran

(b) Address 2021 W. Mulberry ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-42 (month) (day) (year)

(c) Cemetery or crematory Catholic

Location Baltimore Md

18 (a) Funeral director Jeffers & Fayette

(b) Address Fulton Ave & Fayette

JUL 28 1942

Registered by Registrar Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1942 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1942 to 7-27 1942 and that I last saw her alive on 7-27 1942

Immediate cause of death: Carcinoma Stomach

Due to

Due to

Other Conditions: Contributing Ca abdominal Viscera, Lungs & Brain

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: none

of autopsy none

Duration
5

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Edward L J Kenny M. D.

Address Bon Secours Hosp. Date signed 7-27-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

94395

CERTIFICATE OF DEATH

830 F 94395

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2301 Ashland Ave. Ward)
Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. if of foreign birth? 32 yrs. mos. da.
2. FULL NAME Antonie Zeman
(a) Residence: No. 2301 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Registered No.
(If death occurred in a hospital or institution give its NAME instead of street and number.)
If U. S. Veteran specify WAR

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: August Zeman

6. DATE OF BIRTH (month, day, year): June 13 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73 70	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bohemia

FATHER
13. NAME: James Budek
14. BIRTHPLACE (city or town) (State or country): Bohemia

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (city or town) (State or country): Bohemia

17. INFORMANT: August Zeman
(Address) 2301 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: July 30 1942

19. UNDERTAKER: Joseph Lewis Sons
(Address) 900 W. Lexington St.

20. [redacted] 1942
Washington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 7 1942 to July 26 1942
I last saw h[illegible] alive on July 26 1942 Death is said to have occurred on the date stated above, at 4:7 m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral Arteriosclerosis	years
Hypostatic Pneumonia	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Coprostasis	12 hrs

Was an operation performed? No Date of
For what disease or injury?
Name of operation: Clinical Findings
What test confirmed diagnosis? Was there an injury? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vincent D. Parks M. D.
(Address) 845 N. Eutaw St

JUL 29 1942

DATE SIGNED:- July 28, 1942

94396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940 ✓ Registered No. E 94396

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2206 Hennemann Place

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2206 Hennemann Place (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Bryson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of husband or wife Mary F

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 1881

8. AGE: Years	Months	Days	If less than one day
61	2	23	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER 12. Name Joseph Bryson

13. Birthplace Md

MOTHER 14. Maiden Name Elizabeth ~~Hoot~~ Huth

15. Birthplace Md

16 (a) Informant Mrs William Bryson

(b) Address 414 North Port St (Rooter)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location ~~3401 Eastern Ave~~ Eastern Ave

18 (a) Funeral director William M Marack

(b) Address 710 Light St

JUL 29 1942 (Date rec'd by registrar) (b) Huntington Williams Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942, at 7 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942, to July 27 1942, and that I last saw ~~him~~ alive on July 27 1942.

Immediate cause of death	Duration
Coronary Thrombosis	3 hrs.
Due to Coronary Arteriosclerosis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Karl Grosman M. D.

Address 1212 N. Pattison St. Date signed 7/28/42

F 94397 (over) BALTIMORE CITY HEALTH DEPARTMENT 1190 Registered No. F 94397

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 212 W. Hamburg St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME VON DIL FIELD (Birth 51915)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-19-42

8. AGE: Years 2 | Months 3 | Days 21 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Curtis H Fields
13. Birthplace SC

MOTHER 14. Maiden Name Bernettia Lou
15. Birthplace SC.

16 (a) Informant (See Birth 51915)
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 28 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 JUL 28 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 6

9280

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1942 at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death Malnutrition	
Due to Diarrhea infantile	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 7-10-42

F 94398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. F 94398

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hosp Sick
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Washington D.C.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 5th St. N.W.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Washington Broome

3 (b) If veteran, name war

3 (c) Social Security Account No. 577-24-2657

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL JUL 28 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUL 28 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-15- 1942, at 9:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereof and from the evidence obtained by said Autopsy - Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 7-15-42

VS 6

over

F 94399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94399

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Richmond
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Perry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM ALEXANDER JAMES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1904

8. AGE: Years	Months	Days	If less than one day
38			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 28 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 28 1942 (b) Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1942 at 7P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said I find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Chronic alcoholism	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallace Medical Examiner M.D.
Date signed 7-6-42

F 94400 419301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

F 94400 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 Gotts Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-17-42

8. AGE: Years | Months | Days: 5 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Brown

13. Birthplace

MOTHER 14. Maiden Name Grace Peters

15. Birthplace

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 28 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 28 1942 (Date filed by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22 1942, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1942 to July 22 1942 and that I last saw her alive on July 22 1942

Immediate cause of death Prematurity

Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Johns Hopkins Hosp. Date signed 7/27/42

VS 2

9281

F 94401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 94401 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3527 Lucille Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MISCHA R. BARGTEIL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1933

8. AGE: Years	Months	Days	If less than one day
9	1	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Meyer H Bargteil
13. Birthplace Russia

MOTHER
14. Maiden Name Hannah Stone
15. Birthplace Baltimore

16 (a) Informant Meyer H Bargteil
(b) Address 3527 Lucille Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29, 1 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) JUL 29 1942 (Registered by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at 4 15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 11/3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 28, 1942 at 3 P.M.
(c) Where did injury occur? 700 W. Fremont Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Bathing (Specify type of place) While at work? No
(e) Means of injury Drowned while swimming

23. Signature H. R. Wallenmeyer M.D. Medical Examiner.
Date signed 7-28-42

V8 6

94402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

462

F 94402

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 N.Castle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 N.Castle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Winter

3 (b) If veteran, name war -----
3 (c) Social Security Account No. ----

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Geo.C.H.Winter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.23/1905

8. AGE: Years 36 | Months 10 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Grocery Store
11. Industry or business

FATHER
12. Name Norman Gaphardt
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Jerousek
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Anna Wakefield
(b) Address 502 N.Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Mem.
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) 7-30-1942 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1942, at 7:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1942 to July 26 1942 and that I last saw h.. alive on July 26 1942.

	Duration
Immediate cause of death: Lung abscess left Lower lobe	3 mos.
Due to: Carcinoma Splenic flexure of Colon	7 mos
Due to:	
Other Conditions: Phlebitis left saphenous Vein	

(Include pregnancy within 3 months of death)

Date of operation July 5/42

Major findings of operation: Carcinoma Splenic flexure

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jeanette J. Ayd M. D.
Address 2005 E. Monument St Date signed 7/28/42

94403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154 Registered No. F 94403

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 4hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2603 East Chase St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Johnson (Birth F.# 3808)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	w	new born

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1942

8. AGE: Years	Months	Days	If less than one day
New born			4 hr. 45 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Irvin Johnson
13. Birthplace Calvert Co. Md

MOTHER
14. Maiden Name Erna Kober
15. Birthplace Baltimore, Md

16 (a) Informant Erna Johnson
(b) Address 2603 East Chase St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 29 1942

18 (a) Funeral director Commissioner of Health
(b) Address JUL 29 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1942 to 7-28 1942, and that I last saw her alive on 7-28 1942.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rolland L. Burns M. D.
Address Sinai Hospital Date signed 7-28-42

VS 3

9282

F 94404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

179 DF 94404 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Saint Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2554 Garrett Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bernadine Magness

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1926

8. AGE: Years	Months	Days	If less than one day
16	-	-	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Charles A. Magness

13. Birthplace Harford County Md

MOTHER 14. Maiden Name Helen E Wolf

15. Birthplace Baltimore Md

16 (a) Informant Mrs Helen W Magness

(b) Address 2554 Garrett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location —

18 (a) Funeral director Mary M Medefind

(b) Address 501 E 22nd St

19 (a) JUL 29 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942 at 3:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Bichloride of mercury poisoning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Accident Not Ind
(b) Date of occurrence July 15, 1942 at 9:15 P M
(c) Where did injury occur? 2554 Garrett Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No.
(e) Means of injury Took bichloride of mercury

23. Signature D. L. Wollenweber M.D. Medical Examiner.

Date signed July 27, 1942

VS 6

F 94405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

63 b

F 94405

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Charles Apartments

(c) Hospital or institution: 3333 N. Charles St. none

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County none

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3333 N. Charles St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Mifflin Hood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1875

8. AGE: Years	Months	Days	If less than one day
67	--	18	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER

12. Name John Mifflin Hood

13. Birthplace Md.

MOTHER

14. Maiden Name Florence E. Haden

15. Birthplace Va.

16 (a) Informant Alice W. Hood

(b) Address 3833 N. Charles St. (Charles Apts.)

17 (a) Burial (b) Date thereof 7/29/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~no cemetery~~ Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.

(b) Address 1900 Eutaw Place

JUL 29 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1942, to July 26 1942 and that I last saw deceased alive on July 26 1942

Immediate cause of death	Duration
Myocarditis (chronic)	unknown
Due to Toxic Goiter	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Lothar R. Geesbo... M.D.

Address 2923 St. Paul St. Date signed

VS 8

F 94406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92d

F 94406 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 606 Cumberland St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 606 Cumberland St
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) FULL NAME Joseph Green

3 (b) If veteran, name war: No

(c) Social Security Account No. 212-16-6556

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of ~~husband~~ or wife Clara Green

6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Mar 17, 1877

8. AGE: Years	Months	Days	If less than one day
65	4	11	..... hr. ..... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Cementing

FATHER
12. Name Richard Green
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Seeley
15. Birthplace Md.

16 (a) Informant Clara Green

(b) Address 606 Cumberland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Md.

18 (a) Funeral director Geo. B. Kelson

(b) Address 1303 Presstman St

19 (a) (Signature) Huntington Williams Registrar

JUL 29 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942 to July 28 1942, and that I last saw him alive on July 27 1942.

Immediate cause of death: Chronic Valvular Heart Disease — Duration: 2 years

Due to

Due to

Other Condition Broken Compression — 6 mos

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

M.D. Signature E William Frey M.D.

Address 1928 Pa Ave Date signed 7/28/42

F 94407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94407 Registered No. 1510

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Williams
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Prince George's
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Laurel Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Cole

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26-1942

8. AGE: Years	Months	Days	If less than one day
2		2	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George
13. Birthplace Md

MOTHER
14. Maiden Name Hazel Cole
15. Birthplace Md

16 (a) Informant St Agnes Hospital
(b) Address Caton + Williams

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 29-42 (months) (day) (year)
(c) Cemetery or crematory Savage
Location Savage Md.

18 (a) Funeral director C. Floyd Laney
(b) Address Laurel Md

19 JUL 29 1942 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1942 at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/27 1942 to 7/28 1942 and that I last saw h.e.r alive on 7/28 1942.

Immediate cause of death Congenital heart disease — Duration 2 days
Due to Newborn
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Delivered 7/27
Major findings of operation: Caesarean section
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Demas M.D.
Address St Agnes Hosp. Date signed 7/29/42 M. D.

Cover

F 94408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

F 94408 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 20 days
(e) Length of stay in Baltimore (yrs., mos., or days): 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 1812 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME Lula Mae Wilson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife: Henry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11th, 1906

8. AGE: Years	Months	Days	If less than one day
36	3	16	hr. min.

9. Birthplace: Ga. (Town, county, and state)
10. Usual Occupation: Domestic
11. Industry or business

FATHER
12. Name: Felix Clark (D)
13. Birthplace: Ga.

MOTHER
14. Maiden Name: Jamie Berton
15. Birthplace: Ga.

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-42 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary Cem
Location:

18 (a) Funeral director: Chas H Aycock
(b) Address: 12 or Mt Calvary Ave

19 (a) [illegible] JUL 29 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1942 at 5:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/19/42 to 7/27 1942 and that I last saw h[illegible] alive on 7/27 1942

Immediate cause of death	Duration
Pulmonary Tuberculosis	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William Jackson M. D.
Address: Baltimore City, Md. Date signed 7/28/42

94409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94409 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State U. S. (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. 25 South St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial Burial, cremation, or removal) (b) Date thereof 7-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Old Carmel

18 (a) Funeral director Lowe Brooks & Son
(b) Address 1338 Huntington Williamsport, Pa.

19 (a) JUL 29 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 19 1942 at 3 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

Immediate cause of death: fracture of skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following (U)
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 18 1942 at 11 PM
(c) Where did injury occur? 1 Caroline St Clean (City or town) (County) FLEET
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? no (Specify type of place)
(e) Means of injury Struck by trackless trolley

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 19 1942

VS 6

F 94410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92d

F 94410 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2802 Woodbrook Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-4
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Woodbrook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Thos. Hoy Yingling

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Mary Catherine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1859

8. AGE: Years	Months	Days	If less than one day
83	5	22	hr. min.

9. Birthplace Reisterstown, Md. (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business

FATHER
12. Name John Wesley Yingling
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Lydia Knight
15. Birthplace Carroll Co., Md.

16 (a) Informant Mrs. Paul Wendler
(b) Address 2802 Woodbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Asbury, M. E. Cem.
Location Reisterstown, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave., Balto., Md.

19 (a) July 29 1942 Huntington Williams, M.D. Registrar
(b) Date received

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1942, at 3:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942, to July 28 1942 and that I last saw him alive on July 27 1942.

Immediate cause of death Tuberculosis Pulmonary Duration 2 yrs. 1 m.
Due to Hemiplegia
Due to
Other Conditions Cardiac Coma 3 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. G. Smith M. D.
Address 6000 Woodbrook Date signed 7-29-42

F 94411 SCHNUR ✓ F 94411

BALTIMORE CITY HEALTH DEPARTMENT 186a Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 514 N. Pine (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Schnur (Schnur)

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War I	yes: ?? 217-07-3944

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	divorced

6 (b) Name of husband or wife Roberta E. Schnur
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1884

8. AGE: Years	Months	Days	If less than one day
58	0	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation driving general
11. Industry or business R. Ford & Co

FATHER
12. Name John Schnur
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name M. Francis Schire
15. Birthplace Baltimore, Md.

16 (a) Informant Son Edward W. Schnur
(b) Address 601 Washington Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pennsylvania Ave., Baltimore, Md.

19 (a) JUL 29 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942 at 7:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1942 to July 27 1942, and that I last saw h. alive on July 27 1942

Immediate cause of death Ileus

Due to Diffuse purulent-fibrin peritonitis

Due to Perforated intestinal tumor

Other Conditions Septic Infect, Right Lung, Multiple fractures, Amputation left.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident 4-1
(b) Date of occurrence July 4, 1942 at 10:45 P.M.
(c) Where did injury occur? Baltimore Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [illegible] While at work? [illegible] (Specify type of place)
(e) Means of injury Fell from a tree.

23. Signature E. A. Schnur M. D.
Address University Hospital Date signed July 28/42

VS 3 (over) O.H.d. Wallenweber, M.D. Insf.

F 94412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 b

F 94412 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument & Patterson Avenue

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 28 da

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 4912 Reisterstown Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thelma Pick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Theodore J. Pick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20th 1899

8. AGE: Years	Months	Days	If less than one day
42	10	8	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm E. Bussey

13. Birthplace Md

MOTHER 14. Maiden Name Nellie L. Werner

15. Birthplace Md

16 (a) Informant Mr Theodore Pick

(b) Address 1709 N Patterson Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31st 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Leo G. Leach

(b) Address 1709 N Patterson Park Ave

19 (a) JUL 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942, at 5:46 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1942, to July 28 1942, and that I last saw him alive on July 28 1942.

Immediate cause of death Pulmonary edema — Duration

Due to

Due to

Other Conditions uremia, portal cirrhosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Morton L. Hamburger M. D.

Address Date signed

VS 3

F 94413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 94413 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 N Vincent St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Vincent St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Carroll Cuff

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col	Married

6 (b) Name of husband or wife Major Cuff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1895

8. AGE: Years	Months	Days	If less than one day
47	2	18	hr. min.

9. Birthplace Annapolis Md (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Thomas Tyler
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Ball
15. Birthplace Anne Arundel Co Md

16 (a) Informant Major Cuff (Husband)
(b) Address 520 Vincent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

JUL 29 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942, at 8:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 15 1942 to July 28 1942 and that I last saw h[er] alive on July 28 1942

Immediate cause of death	Duration
Aortic Insufficiency	April 15, 1942
Due to	
Due to (OVER)	
Other Conditions Hypertension Nephritis also irreparable fibroid uterus	April 15, 1942

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. H. Jenny
Address 4726 Monument St Date signed 7/28/42 M. D.

F 94414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94414 Registered No. 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Kirby Snow

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Edgar S. Snow

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-30-1860

8. AGE: Years 82 | Months 2 | Days 8 | If less than one day hr. min.

9. Birthplace At Home Va (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name James L. Smith
13. Birthplace

MOTHER 14. Maiden Name Mary E. Kirby
15. Birthplace

16 (a) Informant Clyde W. Snow
(b) Address 1509 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/42 (month) (day) (year)

(c) Cemetery or crematory London Park
Location Frederick Rd.

18 (a) Funeral director Leonard J. Bruck
(b) Address 530 Blackstone Rd.

19 JUL 29 1942 (Date received by Registrar) (b) Huntington Williams M.D. (Signature of Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/9/ 1942 to 7/28/ 1942 and that I last saw her alive on 7/27/ 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 3 weeks

Due to

Due to

Other Conditions Hypertension, associated with arterio-sclerosis (Any operation in connection with above pathology within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary Deibel

Address 1226 Hanover St. Date signed July 28 1942.

F 94415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 94415

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 628. Denison St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)

(d) Street No. 628. Denison St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Louisa Droll.

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow.

6 (b) Name of husband or wife Adam Droll

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15th. 1859

8. AGE: Years	Months	Days	If less than one day
82	7	12	hr. min.

9. Birthplace Baltimore City. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name A. Hohman

13. Birthplace Germany.

MOTHER

14. Maiden Name Mrs. Imhoff

15. Birthplace Unknown

16 (a) Informant John Droll

(b) Address 4309 Frankford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31st. 42 (month) (day) (year)

(c) Cemetery or crematory Most Holy Redeemer

Location Belair Rd.

18 (a) Funeral director Geo. M. Fink & Son.

(b) Address 811. N. Wolfe. St.

19 Date received JUL 29 1942 Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27th. 1942, at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27, 1941 to July 27 1942 and that I last saw her alive on July 27, 1942.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 hours
Due to Hypertension (arterial) and Arteriosclerosis	?
Due to	
Other Conditions Diabetes Mellitus	2 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Eugene R. Lecompte M. D.

Address 514 Drury Lane Date signed 7/28/42

94416

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83aF 94416 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3209 N. Charles St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) About 70 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3209 N. Charles St.
(If rural give location)
(e) Citizen of foreign country? ----- (Yes or No)
If yes, name country -----

3 (a) FULL NAME Florence C. Wilcox

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William Littleton Wilcox
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) ---------- 1872

8. AGE: Years	Months	Days	If less than one day
About 70	---	---	-- hr. --- min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name William Cowan
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Denmead
15. Birthplace Maryland

16 (a) Informant Mrs. Henrietta W. Matthews
(b) Address 3209 N. Charles Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares & Son
(b) Address 805 N. Calvert Street

19 (Date received by local registrar) JUL 29 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at 9 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1930 to July 28 1942
and that I last saw h[illegible] alive on July 28 1942.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 Hrs
Due to Hypertension	Years
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. P. Moody M. D.
Address 1403 Park ave Date signed 7/29/42

F 94417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83b

Registered No. F 94417

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 630 Stamford Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELBERT C. ELLIOTT

3 (b) If veteran, name war: No
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lena Heath
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 1875

8. AGE: Years	Months	Days	If less than one day
65	6	29	hr. min.

9. Birthplace Manticoke, Maryland (Town, county, and state)
10. Usual Occupation CAPTAIN
11. Industry or business Seafaring

FATHER
12. Name WILLIAM ELLIOTT
13. Birthplace Elliott Island, Maryland.

MOTHER
14. Maiden Name Mary
15. Birthplace Unknown

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Interment
Location Wyman Park

18 (a) Funeral director John Ulrich
(b) Address 1500 E Orleans St

19 (a) [redacted] 20 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29, 1942, at 7:20a.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24, 1942, to July 29, 1942, and that I last saw him alive on July 29, 1942

Immediate cause of death	Duration
Bronchopneumonia	Terminal
Due to Bilateral encephalomalatis	4 days
Due to Cerebral thrombosis	4 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Address US Marine Hospital Date signed 7/29/42
Baltimore, Maryland.

F 4418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 94418

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3016 Clifton Park Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3016 Clifton Park Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice V Parker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Married

6 (b) Name of husband or wife E Ross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1874

8. AGE: Years	Months	Days	If less than one day
68	—	9	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Home work at home

11. Industry or business

FATHER
12. Name Columbus Bristow
13. Birthplace Md

MOTHER
14. Maiden Name Mary Tapman
15. Birthplace Ohio

16 (a) Informant Mrs E. Ross Parker
(b) Address 3016 Clifton Park Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3901 Fredonia Ave

18 (a) Funeral director William H Marecks
(b) Address 715 Light St

JUL 30 1942 (Date received by local registrar) (b) Huntington Williams, M.D.

VS 3.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1942, at 4.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to July 26 1942, and that I last saw her alive on July 25 1942.

Immediate cause of death Chronic nephritis — Duration 1940?

Due to —

Due to —

Other Conditions Hypertension — 1940?

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Owen Mooney M. D.
Address 3105 Belair Rd Date signed 7-27-42

F 94419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94419

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ Mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Towson Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Willow.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Little

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white.	Married

6 (b) Name of husband or wife George J. H. Little
6 (c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.) May 27, 1882

8. AGE: Years	Months	Days	If less than one day
60	4	2	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Samuel Nicholson
13. Birthplace England.

MOTHER
14. Maiden Name Sarah Wilson
15. Birthplace Scotland.

16 (a) Informant George J. H. Little
(b) Address 209 Willow, Towson, Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1/42 (month) (day) (year)
(c) Cemetery or crematory Hollands
Location Roslyn, Pa
18 (a) Funeral director Hutchinson & Donovan
(b) Address 3615-17 Chestnut Ave.
19. JUL 30 1942 (Date Rec'd by Local Reg.) (b) Huntington Williams M.D. (Signature of Local Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29-42 19 , at 12:30 M
21. I certify that death occurred on the date above stated; that I attended deceased from 12-10-41 19 to 7-29-42 19 , and that I last saw h alive on 7-28-42 19 .

Immediate cause of death Cerebral Collapse — Duration

Due to Coronary Thrombosis

Due to Metastatic Carcinoma.

Other Conditions (Osw)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature W. L. Rigsby Jr. M. D.
Address University Hospital Date signed 7-31-42

F 94420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170C

Registered No. F 24420

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Orleans St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FANNIE FISHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Deserted

6 (b) Name of husband or wife David Fisher

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 43 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Lazer Rothschild
13. Birthplace Russia

MOTHER
14. Maiden Name Anna —
15. Birthplace Russia

16 (a) Informant Fannie Klein (Sister)
(b) Address 1411 N. Washington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-42 (month) (day) (year)

(c) Cemetery or crematory Nelson Herring Inc
Location Burney's Lane

18 (a) Funeral director Jos Rewis Inc
(b) Address 1411 Balto. St

19 (a) JUL 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.R. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at 5:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fractures, multiple both tibia & fibula	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 28, 1942 at 11 A.M.
(c) Where did injury occur? Baltimore (City or town) Md. (County) (State)
Roadway Ave
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work?
(Specify type of place)
(e) Means of injury Pedestrian struck by auto on
23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 7-28-42

VS 6

F 94421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94421

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 535 N. Chester St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 28

(e) Length of stay in Baltimore (yrs., mos., or days) L

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 535 N. Chester (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Hilda Obertier

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Isidore

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) May 8

8. AGE: Years 34 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation House

11. Industry or business Wife

FATHER 12. Name Isaac Meyers

13. Birthplace Russia

MOTHER 14. Maiden Name Getta Kitar

15. Birthplace Russia

16 (a) Informant Husband

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/42 (month) (day) (year)

(c) Cemetery Mt Carmel Cem

Location Mt Carmel

18 (a) Funeral director Isaac Levin Inc

(b) Address 1439 E. Balto St

19 (a) JUL 30 1942 (Date received by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/29 1942, at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1942, to July 29, 1942 and that I last saw her alive on July 29 1942

Immediate cause of death	Duration
Bronchopneumonia	
Due to Cardiac Failure	
Due to ~~Malignant Hypertension~~ Malignant Hypertension	
Other Conditions ~~Nil~~	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Eugene Goldstein M.D.

Address Sinai Hospital Date signed 7/30/42

VS 3

F 94422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 94422

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 W. Montgomery St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 W Montgomery
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SYLVIA L. WHITE (Birth F 51608)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1942

8. AGE: Years | Months 4 | Days 11 21 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Spencer White

13. Birthplace Va.

MOTHER 14. Maiden Name Lelia Dorsey

15. Birthplace Md.

16 (a) Informant Lelia White

(b) Address 510 W. Montgomery St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Md

18 (a) Funeral director Isaiah L Brown Son

(b) Address 108 W Montgomery St

19 (a) JUL 30 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at 7:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia, lobular — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.

Date signed 7-29-42

F 94423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

F 94423 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Apts.
(c) Hospital or institution 4 0 St + Beach Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wyman Park Apts Beach Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Taylor White

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 23 1883

8. AGE: Years	Months	Days	If less than one day
59	1	6	hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Chas Ridgely White
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Eliza W. Taylor
15. Birthplace Balto Md

16 (a) Informant Henry S T White
(b) Address 39 Warrenton Rd Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 42 (month) (day) (year)
(c) Cemetery or crematory London
Location Balto Md

18 (a) Funeral director Henry H Jenkins Sons Co
(b) Address McCall & Buchanan

19 (a) Filed Huntington Williams, M.D. Registrar

JUL 30 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29 1942, at 10.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1942, to — 19—, and that I last saw her alive on 7-28 1942.

Immediate cause of death ARTERIOSCLEROTIC HEART DISEASE — Duration 1 YR. (?)

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Donnay M. D.
Address 1129 St. Paul St. Date signed 7-29-42

N. L. Williamson, M.D. per S. T.

#19372

F 94424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 F 94424 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 S. Castle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Kalinowski (Kelly)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Josephine (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-8-83

8. AGE: Years	Months	Days	If less than one day
58	11	20	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Joseph Kalinowski
13. Birthplace Poland

MOTHER 14. Maiden Name ?
15. Birthplace Poland

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof JULY 31 '42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) JUL 30 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942 to July 28 1942 and that I last saw him alive on July 28 1942

Immediate cause of death Cerebral accident — Duration

Due to Rheumatic Heart disease, M.S., M.I., A.F., auricular fibrillation.

Due to Cardiac decompensation, asystemia, acidosis.

Other Conditions Subacute Bacterial Endocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address J. H. H. Date signed 7-28

F 94425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94425 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3018 Christopher Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3018 Christopher Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie K. Stein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Wm. H. Stein
6 (c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) Oct. 29 - 1879
8. AGE: Years 62 Months 9 Days 0 If less than one day ... hr. ... min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

MOTHER / FATHER
12. Name Conrad Bregenwinkle
13. Birthplace Germany
14. Maiden Name Mary Eyphart
15. Birthplace Baltimore, Md

16 (a) Informant William H. Stein
(b) Address 3018 Christopher Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 - 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md.
18 (a) Funeral director C. Richard Gregory.
(b) Address 1476 Light St.
19 (a) Filed JUL 30 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/28 1942 at 5 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1942 to 7/28 1942
and that I last saw h alive on 7/28 19 42

Immediate cause of death: Angina Pectoris — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hans Zeller M. D.
Address 703 Hartford Rd. Date signed 7/29/42

VS 3

F 94426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

17a

F 94426
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Wilmington N. C.
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: James Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 1233 E. Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Dunmore

3 (b) If veteran, name war WWI | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 39 | Months — | Days — | If less than one day hr. min.

9. Birthplace Wilmington N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Baltic Brick Co

FATHER 12. Name Sandy Dunmore
13. Birthplace North N. C.

MOTHER 14. Maiden Name Martha Streeter
15. Birthplace North Carolina

16 (a) Informant Katie Myers
(b) Address 1409 Ashland Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 7/30/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County

18 (a) Funeral director Lottie Gross
(b) Address 1405 Ashland Ave.

19 (a) (b) Huntington Williams, M.D. Registrar

JUL 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 25 1942, at 9:07 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above. (Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fracture of Skull — Duration

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident ? /
(b) Date of occurrence July 25 1942 at 2:07 P.M.
(c) Where did injury occur? 3601 E. Monument St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No (Specify type of place)
(e) Means of injury Struck by street car

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 26 1942.

F 94427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94427 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline St. 1400
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 N. Montford.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Sims

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W. | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~.

6 (b) Name of husband or wife Mrs Minnie Sims

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14 - 1869

8. AGE: Years 72 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore - Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Thomas Sims
13. Birthplace Balto Co Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Frank R Sims
(b) Address 1402 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor ave

18 (a) Funeral director Clarence F Hoffman
(b) Address 1639 N Broadway

19 (a) JUL 30 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28 - 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942 to July 28 1942, and that I last saw him alive on July 28 1942

Immediate cause of death - Heart failure
Arterio sclerotic C.V.D.

Due to

Due to

Other Conditions Ca. of bladder

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Biopsy of bladder

Date of autopsy: No autopsy

Duration
(?)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J Stapleton M.D.

Address 21 Joseph's Hosp Date signed 7/30/42

VS 3

F 94428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

112

F 94428
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimor
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 Parkdawn ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Yeager

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 2 - 1909

8. AGE: Years 32 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John F. Yeager
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Christania Romeier
15. Birthplace Baltimore Md.

16 (a) Informant John F Yeager
(b) Address 3416 Parkdawn ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 / 31 / 42 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel
Location Connelly Ln

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N Broadway

19 (a) [illegible] (b) Huntington Wilkes Registrar, M.D.

JUL 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28-42 19 , at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27-42 19 to 7-28-42 19 , and that I last saw her alive on 7-28-42 19 .

Immediate cause of death Bronchial asthma with secondary circulatory Collapse

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. L. Byerly Jr.
Address University Hospital Date signed 7-28-42 M. D.

F 94429 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1310 F 94429

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 533 Wilson St., Ward 24 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Travers Stewart If U.S. Veteran specify WAR

(a) Residence: No. 533 Wilson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence

6. DATE OF BIRTH (month, day, year) April 10, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Florence Stewart (Address) 533 Wilson St.

18. BURIAL, CREMATION, OR REMOVAL. Place Arbutus Pk. Date July 30, 1942

19. UNDERTAKER Mrs. Geo. A. Holland (Address) 2112 Druid Hill Ave

20. FILED JUL 30 1942 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 27, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1942 to July 26, 1942

I last saw him alive on July 26, 1942 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal Disease	9
	1

Other contributory causes of importance:

Hemiplegia

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) S. B. Hughes M.D.

(Address) 1413 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V8 3

F 94430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 94430 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline St.

(c) Hospital or institution St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ da.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Parkville Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3016 Acton Rd

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** William H. Bruff (Birth F. 51444)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 / 42

8. AGE: Years	Months	Days	If less than one day
	1	3 weeks 18	hr. min.

9. Birthplace Balto

(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name William H Bruff

13. Birthplace Balto

MOTHER — 14. Maiden Name Evelyn Gregler

15. Birthplace Balto

16 (a) Informant William H Bruff

(b) Address 3016 Acton Road Parkville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 / 42 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto Co Md

18 (a) Funeral director John Uhl

(b) Address 2008 Orleans St.

19 (a) JUL 30 1942 (Date rec'd by registrar) Huntington Williams, Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at 12 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1942 to 7-28 1942, and that I last saw h i alive on 7-28 1942

Immediate cause of death Lobar Pneumonia — Duration 2 wks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William J Supik M.D.

St Joseph Hosp Date signed 7/29/42

VS 1

F 94431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94431 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3418 E. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MILFORD HERTZ FELT

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-14-5530

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9-1922

8. AGE: Years	Months	Days	If less than one day
19	8	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Electric Welder

11. Industry or business

FATHER 12. Name Gustav Hertz Felt

13. Birthplace Germany

MOTHER 14. Maiden Name Charlotte Pittman

15. Birthplace Baltimore

16 (a) Informant Raymond Hertz Felt

(b) Address 3418 E Lombard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31 (month) (day) (year)

(c) Cemetery or crematory Parkwood Cem

Location Rural

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2006 E Orleans

19 (a) JUL 30 1942 (Date rec'd by registrar) (b) Witness Huntington Tennessee

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at 11 54 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fractures head (skull) and extremities — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 28, 1942 at 11 P M
(c) Where did injury occur? O'Donnell St & Penna R.R. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Collision of freight car and motorcycle

23. Signature T. J. Wollenweber M.D. Medical Examiner.

Date signed 7-29-42

F 94432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94432 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3411 Foster Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM HERTZFELT

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-1668

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Josephine Hertzfelt
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Aug 16-1917

8. AGE: Years	Months	Days	If less than one day
24	11	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business

FATHER
12. Name Gustav Hertzfelt
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Williams
15. Birthplace Baltimore

16 (a) Informant Josephine Hertzfelt
(b) Address 3411 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31-42 (month, day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Ulrich Funerals Home
(b) Address 2008 Orleans St

19 (a) JUL 30 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at 11 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull + lacerations	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 28, 1942 at 11 P.M.
(c) Where did injury occur? R.R. O'Donnell St. + Ocean (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury collision of motorcycle and train
(f) Signature H E Wallmuller M.D. Medical Examiner.
Date signed 7-29-42

VS 6

F 94433 T.N. 75651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1404

F 94433 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dorothy Arrington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Cephas Arrington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 19, 1922

8. AGE: Years	Months	Days	If less than one day
20	3	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Roy Elen
13. Birthplace Va.

MOTHER
14. Maiden Name Martis Coles
15. Birthplace Va.

16 (a) Informant Cephas Arrington
(b) Address 1924 E Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Q. A. County Md.

18 (a) Funeral director Mrs. A. Ellis's Dept
(b) Address 1129 N. Caroline Street

19 (a) JUL 30 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1942, at 8 45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1942 to 7-27 1942 and that I last saw her alive on 7-27-1942

Immediate cause of death: Aspiration Pneumonia — Duration
Due to: Septicemia
Due to: Infected Incomplete abortion
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel, Jr M. D.
Address Baltimore City Hosp Date signed 7-29-42

F 94434

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94434 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukland + Raynor ave
(c) Hospital or institution: West Balto General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 37

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 Clifton ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Soloman Brookman

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Rebecca Rosenbusky
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day hr.	min.
61				

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Retailer
11. Industry or business

FATHER
12. Name David B Brookman
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Baltimore
15. Birthplace Russia

16 (a) Informant Mrs. David Brookman
(b) Address 2111 Clifton ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-30-42 (month) (day) (year)
(c) Cemetery or crematory Har Jeriam Berg
Location Rosedale
18 (a) Funeral director Jos Levin Jr
(b) Address 1437 E. Baltimore St
19 (a) (b) Registrar

JUL 30 1942
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/30 1942, at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/29 1942 to 7/30 1942, and that I last saw him alive on 7/30 1942.

Immediate cause of death	Duration
Respiratory Failure	
Due to Cerebral Hemorrhage	4 days
Due to Hypertensive Cardio Vascular Dis.	
Other Conditions B. P. H.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. U. Tompakow M. D.
Address W. B. Gen. Hospital Date signed 7/30/42

F 94435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 94435 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4216 Liberty Hts Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK R. PERILLA

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-8790

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Teresa M. Perilla

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1896

8. AGE: Years	Months	Days	If less than one day
46	11	17	hr. min.

9. Birthplace New York, N. Y. (Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Metropolitan Life Ins Co

FATHER 12. Name Ralph Perilla

13. Birthplace Italy

MOTHER 14. Maiden Name Unknown

15. Birthplace Italy

16 (a) Informant Teresa M. Perilla

(b) Address 4216 Liberty Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1 1942 (month) (day) (year)

(c) Cemetery or crematory Precious Blood

Location Hazelton Rd

18 (a) Funeral director Harry N. Ammarell

(b) Address 4204 Edgewood Ave

19 (a) [illegible] (b) Huntington Williams, M.F. Registrar

JUL 30 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942 at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions ~~No~~

(Include pregnancy within 3 months of death)

Date of operation ~~No~~

Major findings of operation:

of autopsy: ~~No~~

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. L. Wollenweber M.D. Medical Examiner.

Date signed 7-29-42

F 94436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94436 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2513 Dulany St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2513 Dulany St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ann McNeill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Thomas McNeill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1852

8. AGE: Years	Months	Days	If less than one day
90	5	15	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James Farrell
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs. Neal Sheehan
(b) Address 2513 Dulany St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Miller Lamotray
(b) Address 1003 W. Baltimore St.

19 (a) JUL 30 1942 (Registered by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942, at 4.40AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1940 to July 29 42, and that I last saw her alive on July 28 1942.

Immediate cause of death	Duration
Arteriosclerosis	
Myocarditis-Senility	
Gangrene-Foot	
Due to	
Due to	
Other Conditions Pulmonary Oedema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert C. Nelson M. D.
Address 2151 Wilkens Ave. Date signed

VS 3

94437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

Registered No. F 94437

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4127 Highland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (Balto) (If outside city or town limits, write RURAL and give town)
(d) Street No. 4127 Highland (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Otto Lehmann

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ernestine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25 1873

8. AGE: Years 69 | Months 3 | Days 5-3 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Track Repair Man

11. Industry or business Balto Transit Co

FATHER 12. Name Ferdanand Lehmann

13. Birthplace Germany

MOTHER 14. Maiden Name Don't Know

15. Birthplace Germany

16 (a) Informant Mrs Ernestine Lehmann

(b) Address 4127 Highland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location 3901 Frederick Ave

18 (a) Funeral director William M Marsek

(b) Address 715 Light St

19 (a) JUL 30 1942 (Date rec'd by registrar) (b) 7-31-42 Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942, at 6 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1937 to July 28 1942 and that I last saw h alive on July 27 1942

Immediate cause of death	Duration
Coronary occlusion	
Due to My carditis	2yrs
Due to Arteriosclerosis & V. disease	6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin Planning M.D.

Address 1904 W Belt St Date signed 7-29-42

94438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94438 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Md. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Sparrows Pt
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 534 E 5th
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clifton Jackson (Birth F. 52412)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 20 1942

8. AGE: Years	Months	Days	If less than one day
	1	8 9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Clifton L Jackson
13. Birthplace Sparrow Point Md.

MOTHER
14. Maiden Name Evelyn J. Talbert
15. Birthplace Sparrow Point Md.

16 (a) Informant Clifton L Jackson
(b) Address Sparrow Point Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/30/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Eastern Ave Ext

18 (a) Funeral director William M Marach
(b) Address 715 Light St

19 (a) JUL 30 1942 (Date rec'd by registrar) by [illegible] Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Accidents — Duration

Due to Uremia & complications

Due to [illegible] Fracture

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Univ. Md. Hosp. Date signed 7/31/42

F 94439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d F 94439 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 879 W Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stephen P. Dulskis (Stefan Dalsky)
3 (b) If veteran, name war —
3 (c) Social Security Account No. 215-01-8172

4. Sex: Male
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Marie Dulskis
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Jan 15 1878
8. AGE: Years 64 | Months 6 | Days 14 | If less than one day hr. min.
9. Birthplace: Lith. (Town, county, and state)
10. Usual Occupation: Tailor
11. Industry or business

FATHER
12. Name: John Dulskis
13. Birthplace: Lith

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Lith

16 (a) Informant: Marie Dulskis
(b) Address: 879 W Lombard St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 1 42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Blair Rd
18 (a) Funeral director: Joseph Kasmskas Inc
(b) Address: 602 Washington Blvd
19 (a) Date of burial: JUL 30 1942 (b) Huntington Williamsburg M.T.

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1942 at 7:30 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1941 to July 29 1942 and that I last saw him alive on July 28 1942
Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days
Due to: Arteriosclerosis
Cardiovascular Disease — 2 years
Due to: Arteriosclerosis
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Edward F Milan M. D.
Address: 68 Eutaw Pl Date signed 7-29-42

VS 3

4184 F 94440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a

F 94440

Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 234 Colvin (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA Mc CRAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	MARRIED

6 (b) Name of husband or wife JOHN

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation H.W

11. Industry or business

FATHER

12. Name Samuel Hull

13. Birthplace S.C.

MOTHER

14. Maiden Name NANCY ?

15. Birthplace S.C.

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1. 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location A. A. Co. Md.

18 (a) Funeral director Robert E Williams

(b) Address 15 15 McElderry St.

19 Aug 30 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942 at 10 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942 to July 28 1942 and that I last saw her alive on July 28 1942.

	Duration
Immediate cause of death STAPHYLOCOCCAL SEPTICEMIA WITH MULTIPLE ABSCESSES	3 WKS
Due to BACTERIAL ENDOCARDITIS	
Due to CELLULITIS OF FACE & ORBIT	
Other Conditions CHRONIC NEPHRITIS	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. E. Klaer M.D.

Address Johns Hopkins Hospital Dated 7/29/42

VS 3

F 94441

BALTIMORE CITY HEALTH DEPARTMENT XV 163B F 94441 Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N Y (b) County
(c) City or town New York (If outside city or town limits, write RURAL and give town)
(d) Street No. Pickwick Arms (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RALPH E POWERS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1916

8. AGE: Years	Months	Days	If less than one day
26 ~~27~~	1	26	hr. min.

9. Birthplace not obtainable (Town, county, and state)

10. Usual Occupation waiter

11. Industry or business

FATHER 12. Name Archie I. Powers

13. Birthplace Oklahoma

MOTHER 14. Maiden Name Coralee Pigmans

15. Birthplace Oklahoma

16 (a) Informant Miss Pauline Paquette

(b) Address 10 Pine St, Roanoke, Va.

17 (a) Cremation (b) Date thereof 7/30/42 (month) (day) (year)
(Burial, cremation, or removal)

(c) Cemetery or crematory Greenmount

Location Baltimore, Md

18 (a) Funeral director H. W. Lyons & Son

(b) Address 805 N. Calvert St

19 (a) JUL 30 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 19 , at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Poisoning - Barbital derivative	
Due to: Suicide	
Due to: Constitution psychopathic inferior	
Other Conditions: No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence July 28, 1942 M
(c) Where did injury occur? Johns Hopkins Hospital (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Ingestion of barbital

23. Signature H. L. Weisenbach M.D. Asst. Medical Examiner.

Date signed 7-28-42

VS 6

F 94442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94442 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1924 Oakhill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 Oakhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George L. Jones

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-01-3529

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Annie E. Jones

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 16. 1882

8. AGE: Years: 59 | Months: 11 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Salesman

11. Industry or business: Wm. E. Deichert Co

FATHER
12. Name: Winfield S. Jones
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Louise Fohs
15. Birthplace: Unknown

16 (a) Informant: George L. Jones
(b) Address: 2870 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 1. 1942 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Taylor Ave.

18 (a) Funeral director: M. & Md. John W. Teufel & Son
(b) Address: 801 W. Fayette St.

19 (a) JUL 30 1942 (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH July 29. 1942. at 11 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1942 to July 29 1942 and that I last saw him alive on July 2 1942

Immediate cause of death: Myocarditis Hypostasis Pneumonia

Duration
1 hr
5 yrs

Due to: Chronic Myocarditis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Geo. L. Jones M.D.
Address: 2858 Harford Rd Date signed: 7/30/42

F 94443 GOSKA

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 F V Registered No. F 94443

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd + Herring Run
(c) Hospital or institution: Sydenham Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Gough St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Lillian Goska

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Edward Goska
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3-1-1913

8. AGE: Years	Months	Days	If less than one day
29	4	27	..... hr. ..... min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation .....
11. Industry or business .....

FATHER
12. Name George Reitz
13. Birthplace Balto

MOTHER
14. Maiden Name Frances Milanicz
15. Birthplace Balto

16 (a) Informant Edward Goska
(b) Address 2113 Gough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St. Cat

18 (a) Funeral director Wm. L. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) [illegible] (Date of [illegible]) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942, at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942, to July 28 1942, and that I last saw her alive on July 28 1942.

	Duration
Immediate cause of death Tbc Meningitis	
Due to Pulmonary Tbc	
Due to Tubercle Bacillus	
Other Conditions Tbc. Peritonitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Generalized Tbc

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature K. Kenneth Koulevitis M.D.
Address Sydenham Hosp Date signed 8/3/42

94444 | BALTIMORE CITY HEALTH DEPARTMENT | Registered No. E 94444

CERTIFICATE OF DEATH 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 E. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 Homestead St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Matthew M. Norton Sr.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Catherine
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 26, 1866
8. AGE: Years 76 | Months 3 | Days 2 | If less than one day hr. min.
9. Birthplace New Brunswick, N.J. (Town, county, and state)
10. Usual Occupation Supt. Shoe Dept
11. Industry or business Maryland Penitentiary

FATHER
12. Name Edward Norton
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne Mc Laughlin
15. Birthplace Ireland

16 (a) Informant Catherine Norton
(b) Address 728 Homestead St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Maryland Park
Location Parkville, Md
18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul St
19 Date received JUL 30 1942 (Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1942, at 1:25 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1942 to July 28 1942 and that I last saw [illegible] alive on July 28 1942.

	Duration
Immediate cause of death Hypostatic Pneumonia; Cachexia.	
Due to Carcinoma of Head of Pancreas.	
Due to Chronic adhesive Pericarditis (cause not determined)	
Other Conditions Hydrops of Gall Bladder	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: On abstract

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William Hupik M.D.
Address St Josephs Hosp Date signed 7/29/42

VS 3

F 94445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 94445

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 433 N. Carey St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Murdock (Burtle F-5 4175)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1942.

8. AGE: Years	Months	Days	If less than one day
0	0	0	1 hr. 45 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William Murdock
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Essie Williams
15. Birthplace Mount Olive, North Carolina

16 (a) Informant Mrs. Essie Murdock
(b) Address 433 N. Carey St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 30 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 30 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942 to July 29 1942 and that I last saw living alive on July 29 1942

Immediate cause of death — Duration

Due to Prematurity 38 wks

Due to Maternal syphilis

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jessie Jones M. D.
Address University Date signed 7/30/42

9289

VS 3

F 94446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94446 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20th
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 62 East Read St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GARLAND STEVENS

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 214-03-7526

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 31 1892

8. AGE: Years 49 | Months 8 | Days 28 | If less than one day: hr. min.

9. Birthplace Cape Charles Va. (Town, county, and state)

10. Usual Occupation Waiter
11. Industry or business Volkmer Restaurant

FATHER
12. Name James Henry Stevens
13. Birthplace Salisbury Md.

MOTHER
14. Maiden Name Lidie McGarty
15. Birthplace Girdletree Md.

16 (a) Informant Mrs. Anna Stevens, wife
(b) Address 62 E. Read Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore

18 (a) Funeral director Wm. J. Dickson & Son
(b) Address North Ave. Ave.

19 (a) JUL 30 1942 (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942, at 4:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Date of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Williams M.D. Medical Examiner.
Date signed 7-30-42

94447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 4 59

Registered No. 94447

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Glenburnie Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4th Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Green (Birth F 5 4499)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Fe | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife: Infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1942

8. AGE: Years | Months | Days | If less than one day: 9 hr. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual Occupation: Infant

11. Industry or business

FATHER
12. Name: Ernest Green
13. Birthplace: Glenburnie, Md

MOTHER
14. Maiden Name: Virgie Hall
15. Birthplace: Glenburnie, Md

16 (a) Informant: Virgie Green
(b) Address: 4th Ave Glenburnie

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL JUL 30 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) JUL 30 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1942 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to July 11 1942 and that I last saw him alive on July 10 1942

Immediate cause of death: Prematurity

Duration
1 day

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged, statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. Jones M. D.
Address Glenburnie Date signed 7-27-42

9-593

94448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 94448 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Hospital 13-2

(c) Hospital or institution Hospital for Women of Md

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 2 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 922 Mansington Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Girl Snyder (Birth 5 3837)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-29-42

8. AGE: Years	Months	Days	If less than one day
			2 hr. 3 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Gilbert Branson Snyder

13. Birthplace Richmond. Va.

MOTHER 14. Maiden Name Rebecca Louise McFadden

15. Birthplace Chester. N.C.

16 (a) Informant Mrs. Gilbert Snyder

(b) Address 922 Mansington Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL JUL 30 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUL 30 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/29/42 19 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Immediate cause of death

Due to Unascertainable factors — no autopsy permitted.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H Glenn Radcliffe M.D.

Address 9 Peabody Apts Date signed 7/29/42

VS 3

9292

94449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16a

F 94449 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. 238 S. Conkling St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Petrosillo (Birth F5458)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1942

8. AGE: Years 0 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Salileo Joseph Petrosillo
13. Birthplace Minersville, Penna.

MOTHER
14. Maiden Name Mary Lucy DeLeo
15. Birthplace Morgantown W. Va.

16 (a) Informant Mary Petrosillo
(b) Address 238 S. Conkling St. Balto

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL JUL 30 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) JUL 30 1942 (b) Huntington Williams, M.D. Registrar

9250

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 6 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942 to July 20 1942 and that I last saw him alive on July 20 1942.

Immediate cause of death — Duration

Pulmonary Atelectasis — 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edith Dann M. D.
Address University Hospital Date signed July 21/42

F 94450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

182a F 94450 Registered No.

MARGIN: RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and name of county)
(d) Street No. 1429 Winchester St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOYCE MARY McGUIRE (Birth F 5 7 19)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1942

8. AGE: Years | Months | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nathaniel McGuire
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Olivia Lee
15. Birthplace Baltimore Md

16 (a) Informant Olivia M. Guire
(b) Address 1429 Winchester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 1942 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial

Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3218 Sch[illegible]

JUL 30 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942 at 4.40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Asphyxiation	
Due to: strangulation by bed spring and mattress	
Due to:	
Other Conditions: ns	

(Include pregnancy within 3 months of death)

Date of operation: ns

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 16/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 29, 1942 at 4 P.M.
(c) Where did injury occur? at home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? ns
(e) Means of injury Was caught between bed spring and mattress

23. Signature H. J. Wollenmann M.D.
Medical Examiner.

Date signed 7-30-42

bed + mattress

VS 6

94451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 A

F 94451

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2413 James St

(c) Hospital or institution: 25-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2413 James St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John B Mc Kay

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lucy A Mc Kay

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5 1880

8. AGE: Years	Months	Days	If less than one day
61	8	24	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business

FATHER 12. Name John Mc Kay

13. Birthplace Md

MOTHER 14. Maiden Name Rebecca Cavey

15. Birthplace Md

16 (a) Informant Lucy A McKay

(b) Address 2413 James St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location Frederick Rd

18 (a) Funeral director Edward Towlson

(b) Address 2359 Wash Blvd

19 (a) Aug 30 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 13th 1940 to July 29 1942 and that I last saw h. alive on July 28 1942

Immediate cause of death Auricular Fibrillation — Duration 1½ yrs

Due to Hypertension — 1½ yrs

Due to Chronic Nephritis — 1½ yrs

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard Tate M. D.

Address 917 Scott St Date signed 7/30/42

VS 3

F 94452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 14

X ✓ F 94452
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County
(c) City or town York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W. King St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Robert Cecil Hardy (anna V.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Robert C. Hardy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1907

8. AGE: Years	Months	Days	If less than one day
34	9	11	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Mr. Henry Nye
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Annie Derflinger
15. Birthplace Pennsylvania

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/42 (month) (day) (year)
(c) Cemetery or crematory
Location York, Pa.

18 (a) Funeral director W. J. Fichtner & Son
(b) Address North 2nd Penn. Ave.

19 (a) Date received by local registrar JUL 30 1942 (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942 at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to July 30 1942, and that I last saw her alive on July 30 1942

Immediate cause of death Cardio-Respiratory failure — Duration 3 days
Due to Meningitis from — Duration 4 weeks
Due to Tuberculosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: ~~TB~~ meningitis-pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. Lesh M. D.
Address Union Memorial Hosp. Date signed 7/30/42

F 94453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94453 Registered No. 1700

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Caldwell Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALMAR V. PETERSON

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 503-18-8279

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 21, 1917

8. AGE: Years 25 | Months 3 | Days 8 | If less than one day: hr. min.

9. Birthplace Burdock, S. Dakota (Town, county, and state)

10. Usual Occupation Engineering Dept.

11. Industry or business Westinghouse Elec. Co.

FATHER
12. Name Peter J. Peterson
13. Birthplace Burdock, S. Dakota

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Westinghouse Elec. & Mfg. Co.
(b) Address 2519 Wilkens avenue

17 (a) Removal (Shipment) (b) Date thereof 7/30/42 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
DEST. INT. OR Edgemont, S. Dakota

18 (a) Funeral director Chas. J. Evans Son, Inc.
(b) Address 118 N. Mt. Royal Ave.

19 (a) 30 1942 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 19 42 at 9 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions: No

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident ?
(b) Date of occurrence July 29, 1942 5 P. M.
(c) Where did injury occur? Yard 21 Baltimore Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Pedestrian struck by auto

23. Signature H. J. Wallenmeyer M.D. Medical Examiner.

Date signed 7-30-42

VS 6

F 94454 (Stanislaus Wroblewski) Correct Name ✓ F 94454

F 94454 3150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1114 Haubert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanislaus Groblewski cross filed with Stanislaus Globewski
Stanislaus Wroblewski

3 (b) If veteran, name war
3 (c) Social Security Account No. No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife: Francis
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?, ? 1879
8. AGE: Years 63 Months Days If less than one day hr. min.
9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Sam Groblewski
13. Birthplace Poland

MOTHER
14. Maiden Name Anna
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M Welsh
(b) Address 406 S. Chester St

19 AUG 30 1942 (Date received by registrar) Washington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-27 1942, at 1 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24 1940 to 7-27 1942
and that I last saw him alive on 7-27 1942

Immediate cause of death: Bronchopneumonia — Duration ?30 days
Due to: Cerebral thrombosis — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Rathbun
Address Balto. City Hosp Date signed 7-28-42

F 94455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 94455 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Woodstock Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles E. Wmuk Hook Wamuck

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-2833

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaiete Wmuk

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16 - 1914

8. AGE: Years	Months	Days	If less than one day
27	9	12	13 hr. min.

9. Birthplace Delaware (Town, county and state)

10. Usual Occupation Schauffer

11. Industry or business

FATHER
12. Name Benjamin Wmuk
13. Birthplace Poland.

MOTHER
14. Maiden Name Veronica Gonowski
15. Birthplace Poland

16 (a) Informant Veronica Wmuk
(b) Address 3308 Woodstock ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1 - 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director John F. Miller
(b) Address 233 Jefferson St.
(c) JUL 30 1942 Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942 at 6 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942 to July 29 1942 and that I last saw him alive on 7/29 1942.

Immediate cause of death	Duration
Generalized Carcinomatosis ? ? Cholemia.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Apr 5 1938
Major findings of operation: Carcinoma of Splenic Colon
of autopsy: Gen'l Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene O. Sullivan M. D.
Address Sinai Hospital Date signed 7/30/42

VS 8

F 94456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45F

Registered No. F 94456

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 308 S. Pulaski St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20-5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 S. Pulaski St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 - 1880

8. AGE: Years 62 | Months — | Days 17 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired Laborer

11. Industry or business

FATHER
12. Name Thomas Clark
13. Birthplace Ireland

MOTHER
14. Maiden Name Catherine Kelley
15. Birthplace Ireland

16 (a) Informant J. Frank Linsenmeyer
(b) Address 308 S. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1st-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick Ave

19 (a) Filed JUL 31 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to July 29 1942 and that I last saw ... alive on July 29 1942

Immediate cause of death: Carcinoma of Throat Contributory to Debility

Due to THROAT

Due to

Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert W. Tilden M. D.
Address 21 St Paul Pl Date signed 7/30/42

VS 2

419476

4457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94457 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Aubrey Mortimer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-7-75

8. AGE: Years 66 | Months 7 | Days 23 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

MOTHER / FATHER

12. Name Henry Mortimer

13. Birthplace Md.

14. Maiden Name Sue Montague

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 1942 (month) (day) (year)

(c) Cemetery or crematory Reformed

Location Frederick Md

18 (a) Funeral director C. H. Fech & Bro

(b) Address Brunswick Md.

19 JUL 31 1942 (Date Received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942 at 3.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1942 to July 30 1942 and that I last saw him alive on July 30 42

Immediate cause of death Uremia — Duration

Due to Renal failure — 24 hrs

Due to Shock — 12 hrs

Other Conditions Acute catarrhal jaundice — 12 hrs

(Include pregnancy within 3 months of death)

Date of operation 7/28/42

Major findings of operation: Contracted vocal cords

of autopsy: neck

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H Lenahan

Address Johns Hopkins Hosp Date signed 7/30/42

94458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. E 94458

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2905 N Charles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2905 N. Charles St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NELLIE VALLIANT FOSTER

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.: none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Eugene A Foster
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1881

8. AGE: Years 61 | Months 2 | Days 28 | If less than one day hr. min.

9. Birthplace Preston Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Nathaniel T Talbert
13. Birthplace Maryland

MOTHER
14. Maiden Name Louisa Smith
15. Birthplace Delaware

16 (a) Informant Henry K McShane
(b) Address 1425 W Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/42 (month) (day) (year)
(c) Cemetery or crematory Lindenwood
Location Lindenwood Md

18 (a) Funeral director Tillson Cook Inc
(b) Address 317 E Lexington St

19 (a) Thornton Williams, M.D. Registrar
(Date rec'd by registrar) JUL 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942 at 7 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration
Due to
Due to
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Wallenmeyer M.D. Medical Examiner.
Date signed 7-30-42

VS 6

F 94459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161 C

Registered No. F 94459

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Kingsway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Michael Best (Birth F-53807)

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONP

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age 7 23 42 years
7. Birth date of deceased (mo., day, yr.) July 30. 1942
8. AGE: Years | Months | Days: 7 | If less than one day: hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Albert W. Best
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary C. Kerns
15. Birthplace Baltimore, Md.

16 (a) Informant Albert Best
(b) Address 1525 Kingsway
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location Baltimore, Md.
18 (a) Funeral director Wilhelm Cook Inc.
(b) Address 1211 E. Pratt St.
19. Filed JUL 31 1942 Huntington Williams, M.D. (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942, at 3 45 P M
21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1942 to July 30 1942, and that I last saw him alive on July 30 1942.

Immediate cause of death	Duration
Ictterus gravis neonatorum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Clarence J. Richter M.D.
Address St. Joseph's Hosp. Date signed 7/30/42

VS 3

F 94460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83c

F 94460 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 3336 Elmora Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days): 55 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 3336 Elmora Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Katherine E. Niederwemmer

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: August

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 6, 1880

8. AGE: Years: 62 | Months: 10 | Days: 23 | If less than one day: hr. min.

9. Birthplace: Germany (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Conrad Dersch
13. Birthplace: Germany

MOTHER
14. Maiden Name: ? Gimbel
15. Birthplace: Germany

16 (a) Informant: Mr. Edwin Niederwemmer
(b) Address: 3336 Elmora Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 1, 42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore
Location: North Ave.

18 (a) Funeral director: L. Heemann and Son
(b) Address: 32 S. Broadway

19 (a) JUL 31 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 18, 1941 to July 29 1942 and that I last saw her alive on July 28 1942.

Immediate cause of death: Cerebral arteriosclerosis and softening — Duration: 1941

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Milton C. Lang M. D.
Address: 7117 Belair Rd Date signed: 7-31-42

VS 8

F 94461

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a Registered No. F 94461

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. 33rd St.
(c) Hospital or institution: Union Memorial Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4656 York Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY S. WRIGHT

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-8399

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret E. Wright
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) May 27, 1879

8. AGE: Years	Months	Days	If less than one day
63	2	3	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county and state)

10. Usual Occupation Laborer at Bendix Co.

11. Industry or business

FATHER
12. Name RICHARD WRIGHT
13. Birthplace Ireland

MOTHER
14. Maiden Name VIRGINIA WOLFE
15. Birthplace BALTIMORE

16 (a) Informant Mrs. Margaret E. Wright
(b) Address 4656 York Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director Roby S. Sisler
(b) Address 2700 Edmondson Ave

19 (a) JUL 31 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942, to July 30 1942, and that I last saw him alive on July 29 1942.

Immediate cause of death	Duration
Heart failure	
Due to Rupture of wall of heart at site of infarct.	
Due to Coronary thrombosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Rupture of heart.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Miller M.D.
M. D.
Address Union Memorial Hospital Date signed 7-30-42

VS 8

F 94462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 94462

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3814 Copley Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d

(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 3814 Copley Road (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** Robert Williford Peach

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M

5. Color or race W.

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband or wife Mary Belle Peach

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Nov 27-1870

8. AGE: Years 71 | Months 8 | Days 3 | If less than one day ... hr. ... min.

9. Birthplace Mitchellville Prince George Md. (Town, county, and state)

10. Usual Occupation Gentleman Farmer

11. Industry or business Own Residence

FATHER 12. Name Dr. John Peach

13. Birthplace Md.

MOTHER 14. Maiden Name Betty Williford

15. Birthplace Va.

16 (a) Informant John W. Peach

(b) Address 2710 Calloway Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Oak Memorial Park

Location Mitchellville, P.G. Co. Md.

18 (a) Funeral director Kirkwood Bros.

(b) Address 2234 N. Charles St.

19 (a) JUL 31 1942 (Evidence by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30th 1942, at 11 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to July 30 1942 and that I last saw h~~im~~ alive on July 30 1942.

Immediate cause of death Myocarditis — Duration 2 mo

Due to Arteriosclerosis (advanced) — Duration ?

Due to — Duration —

Other Conditions Hypertension — Duration 6 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Walter D. Tuffield M. D.

Address 2220 Garrison Blvd Date signed July 30/42

VS 3

419780 F 94463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

520

F 94463

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 Brunt (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruby Carter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-22-37

8. AGE: Years	Months	Days	If less than one day
4	10	7	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Workem
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Carter
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md.

18 (a) Funeral director Ged. D. Kelson
(b) Address 1303 Pressman Huntington Building

19 JUL 31 1942 (Date rec'd) (b) Huntington, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942, at 6.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to July 29 1942 and that I last saw h[illegible] alive on July 29 1942.

Immediate cause of death	Heart failure	Duration
Due to	Lung Metastases	
Due to	& Wilms Tumor	
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation Oct 1941

Major findings of operation: Wilms Tumor

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kebbe

Address Johns Hopkins Hosp. Date signed 7/30/42 D.

VS 3

F 94464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 94464
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3316 Egerton Rd.
(c) Hospital or institution:

15-11

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3316 Egerton Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NANNIE C. HOLTZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John Holtz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/22/1872

8. AGE: Years	Months	Days	If less than one day
69	11	6	hr. min.

9. Birthplace Frederick Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Isiah Hodskins
13. Birthplace New Hampshire

MOTHER
14. Maiden Name Harriett Suman
15. Birthplace Maryland

16 (a) Informant Mr. John Holtz
(b) Address 3316 Egerton Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) (b)
(Date rec'd by registrar) Huntington Williams, M.D.
JUL 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28, 1942, at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to July 28 1942 and that I last saw h&A alive on June 23 1942.

Immediate cause of death	Duration
Cerebral Embolus	Immed.
Due to Arterio Sclerosis	
Due to Diabetes	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Walter Spencer M.D.
Address 3603 Edmondson Ave. Date signed 7/30/42

F 94465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 94465 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 915 Forrest St.
(c) Hospital or institution:

10-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 915 Forrest St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-3803

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov.-5-1878

8. AGE: Years	Months	Days	If less than one day
63	8	25	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Joseph J. Snyder
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sidonia Harmeyer
15. Birthplace Balto. Md.

16 (a) Informant Anna E. Snyder
(b) Address 915 Forrest St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug.1-1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Oberle & Sons Inc
Address 1301 E. Eager St.

JUL 31 1942

19 (a) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH July-30-1942 19 at 2.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to July 28 1942 and that I last saw him alive on July 28 1942.

Immediate cause of death	Duration
Acute Cerebral Hemorrhage	
Due to Chronic Hypertension	
Due to Chronic Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. L. Thomsteen
Address 733 Aisquith St Date signed 7/31/42 M.D.

VS 3

F 94466

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94B

F 94466 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3118 Virginia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 16
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3118 Virginia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bessie May Pumphrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife C. Herbert Pumphrey Sr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 24-1895

8. AGE: Years 47 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Geo W. Thompson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Richardson
15. Birthplace Md

16 (a) Informant C. Herbert Pumphrey Sr
(b) Address 3118 Virginia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1-1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location City

18 (a) Funeral director Leperich Funeral Home
(b) Address 2424 Pleasant St

19 (a) JUL 31 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942, at 1 05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1942 to July 30 1942 and that I last saw h[illegible] alive on July 30 1942

Immediate cause of death Angina Pectoris — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos D Burkert M. D.
Address 803 Park Heights Ave Date signed 7/31/42

F 94467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115c

Registered No. F 94467

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 N. Wolfe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernice (Byers) Threat

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21 1936

8. AGE: Years	Months	Days	If less than one day
6	6	1	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter Threat
13. Birthplace Va.

MOTHER
14. Maiden Name Estelle Byers
15. Birthplace Md.

16 (a) Informant B.C.H. records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Mrs R. A. Ellison & Dept
(b) Address 1129 N. Caroline St

JUL 31 1942 (Date rec'd by local registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-28-42 19 at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 28 1942, and that I last saw her alive on July 28 1942.

Immediate cause of death Anesthetic reaction

Due to Ether anesthesia during tonsilectomy

Due to

Other Conditions ? Still's Disease

(Include pregnancy within 3 months of death)

Date of operation 7/28/42

Major findings of operation: non-contributory

of autopsy: non-contributory

Duration immediate

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Wollenweber M. D.

Address Balto. City Hosp. Date signed 7-30-42

H. L. Wollenweber, M.D. Re S.M.7

F 94468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94468
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly given. Physicians: please write the causes of death clearly and legibly. Date is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Hr.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 W Lombard St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles C Eberhart

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/1880

8. AGE: Years	Months	Days	If less than one day
62	6	27	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Sheet Iron worker
11. Industry or business

FATHER
12. Name Henry Eberhart
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Isabelle Wallace
15. Birthplace Baltimore Md.

16 (a) Informant George E. Eberhart
(b) Address 1419 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore Md.

18 (a) Funeral director Robt. C. & B. M. Walters
(b) Address 121 S. Stricker St.

19 (a) JUL 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942, at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to July 30 1942, and that I last saw him alive on July 30 1942.

Immediate cause of death: Acute cardiac decompensation — Duration

Due to: Hypertensive Cardio-vascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Carey, M.D.
Address University Hospital Date signed July 30 1942

H. L. Wollenweber, M.D. S.T.

F 94469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 94469 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 807 Harlem Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 80 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 807 Harlem Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Emma J. Cooper

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Mathias W. Cooper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 1858

8. AGE: Years 83 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Adams Rodgers
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Dorsey
15. Birthplace Maryland

16 (a) Informant Emma Taylor
(b) Address 807 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3227 Schroeder St

19 (a) JUL 31 1942 (Date rec'd by registrar) (b) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1942 at 11.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to July 27 1942 and that I last saw Deceased alive on July 27 1942.

Immediate cause of death
Coronary Thrombosis
Due to
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles F Wood M. D.
Address 861 Hamilton Ave Date signed July 29 1942

VS 8

F 94470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

166

F 94470 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Mosher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George LEROY MURRAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife: Jessie Murray

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 22, 1917

8. AGE: Years: 25 | Months: 5 | Days: 6 | If less than one day: hr. min.

9. Birthplace: West Rives Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: George Murray
13. Birthplace: West River Md.

MOTHER
14. Maiden Name: Mamie Grant
15. Birthplace: Balto. Md.

16 (a) Informant: Jessie Murray
(b) Address: 946 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 4 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Auburn
Location

18 (a) Funeral director: Mrs Katie R. Williams
(b) Address: 322 N Schroeder St

19 (a) JUL 31 1942 (Registrar's signature) Mrs Katie R. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 28 1942 at 9 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest	
Due to	
Due to	
Other Conditions: no	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: no
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: homicide
(b) Date of occurrence: July 28, 1942 at 9 30 M
(c) Where did injury occur? Baltimore Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? outdoor While at work? no
(Specify type of place)
(e) Means of injury: Revolver - altercation
23. Signature: H. L. Wollenweber M.D.
Medical Examiner.
Date signed: 7-28-42

VS 6

T-F 94471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B Registered No. F 94471

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 2292
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 S. Paca St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irvin Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widower

6 (b) Name of husband or wife Lizzie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 20th, 1888

8. AGE: Years	Months	Days	If less than one day
53	9	7	hr. min.

9. Birthplace Washington D.C (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Hugh Clark
13. Birthplace Va.

MOTHER
14. Maiden Name Jennie Davis
15. Birthplace Washington

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Kytie R Wellington
(b) Address 322 N. Schroeder St.

19 (a) (Date received) JUL 31 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/27 1942 at 3:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/25 1942 to 7/27 1942 and that I last saw him alive on 7/27 1942

Immediate cause of death Pulmonary Tuberculosis — Duration 1 Year 7

Due to

Due to

Other Conditions C.N.S. Lues ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A J Hartz
Address Balto City Hosp Date signed 7/27/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Street age is especially important. Physicians: please write the causes of death clearly and legibly. USE FOR BINDING

F 94472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9/a

F 94472 Registered No.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly. DO NOT FOLD FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 Little Rock st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Little Rock st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Minton.
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-27-1893.

8. AGE: Years 48 | Months 8 | Days 2 | If less than one day hr. min.

9. Birthplace South Carolina. (Town, county, and state)

10. Usual Occupation House work

11. Industry or business

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name unknown
15. Birthplace

16 (a) Informant Lewis Minton.
(b) Address 533 W. Lexington st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director William A Jackson
(b) Address 846 Huntington Ave

19 JUL 31 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29th 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942 to July 29 1942 and that I last saw her alive on July 29 1942

Immediate cause of death: Acute myocarditis — Duration 7 days
Due to Hemi-Plegia — 2 mos
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature J. T. Gunn, M.D.
Address 542 Darlington Ave Registered

VS 3

F 94473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 94473 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 340 E 23½ st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY JOHNSON
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Seperated
6 (b) Name of husband or wife Rosa.
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 3-4-08

8. AGE: Years 34 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace Howard Co. Md. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Harry Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Florence Reynolds
15. Birthplace Md.

16 (a) Informant Rosa Johnson
(b) Address JOHNS HOPKINS HOSPITAL 313 E. 23-st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Location Linn Arundel County Md

18 (a) Funeral director Williams & Brothers, Undertakers & Embalmers
(b) Address 416 Penna ave

19 (a) [redacted] 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942 at 345 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942 to July 30 1942 and that I last saw him alive on July 30 1942

Immediate cause of death Heart failure

Due to Etiology unknown

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Lyears
2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger L. Greif M. D.
Address Date signed

F 94474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 94474 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 901 North Calvert Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 North Calvert Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE OAKES

3 (b) If veteran, name war

3 (c) Social Security Account No. 107-07-0377

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Clara Oakes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 10, 1886

8. AGE: Years	Months	Days	If less than one day
55	7	20	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Pipe Coverer

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Mrs. Paul Jones

(b) Address 901 North Calvert Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-31-42 (month) (day) (year)

(c) Cemetery or crematory

Location Brooklyn, N. Y.

18 (a) Funeral director Philip Henry Sandt

(b) Address 2024 Orleans Street Huntingtown Williams, M.D.

19 (a) JUL 31 1942 (Date rec'd by Reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death acute pulmonary edema	
Due to Chronic myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grayson M.D. Medical Examiner

Date signed 7-31-42

VS 6

F 94475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 W

F 94475 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 23rd and Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) 18 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County –

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6423 Glen Oak Ave.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country –

3 (a) FULL NAME Jeane Louise Phoebus Barth (F F 53696)

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single.

6 (b) Name of husband or wife –

6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) July 18, 1942

8. AGE: Years	Months	Days	If less than one day
0	0	12	hr. min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual Occupation –

11. Industry or business –

FATHER

12. Name Mr William W Phoebus.

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Louisa Rees.

15. Birthplace West Virginia

16 (a) Informant Mrs Phoebus

(b) Address 6423 Glen Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31/42 (month) (day) (year)

(c) Cemetery or crematory Bal. Lawn

Location Baltimore Md

18 (a) Funeral director Philip Henry Sons

(b) Address 2024 Orleans St

19 (a) JUL 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942, at 2:05 pM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29th 1942, to July 30 1942, and that I last saw h.e.r. alive on July 30 1942.

Immediate cause of death	Duration
Pulmonary Hemorrhage	3 mins.
Due to Bronchopneumonia	6 hrs.
Due to	
Other Conditions Diarrhea of Newborn.	12 days

(Include pregnancy within 3 months of death)

Date of operation –

Major findings of operation: –

of autopsy: –

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide –

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury –

23. Signature Mary L. Hayball, M.D.

M. D.

Address Union Memorial Hosp. Date signed 7-30-42.

F 94476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45a

F 94476 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo13da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo.13 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 Kent Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT WESLEY NORWOOD

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 050-18-5688

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Elizabeth Walten
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 24, 1857

8. AGE: Years	Months	Days	If less than one day
85	1	7	hr. min.

9. Birthplace: Delaware
(Town, county, and state)
10. Usual Occupation: ENGINEER
11. Industry or business: MARITIME

FATHER
12. Name: SA UEL BARNS NORWOOD
13. Birthplace: DELAWARE

MOTHER
14. Maiden Name: Bridgett Ann Clark
15. Birthplace: Delaware

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof: July 31-42 (month) (day) (year)
(c) Cemetery or crematory: Brooklyn N Y
Location: New Lot

18 (a) Funeral director: Williams Book Dan
(b) Address: 42 Court St Brooklyn N Y

19 (a) JUL 31 1942 (Date rec'd by registrar) (b) Registrar: Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1942 at 3:10 am/pm

21. I certify that death occurred on the date above stated; that I attended deceased from June 18, 1942, to July 31, 1942, and that I last saw him alive on July 31, 1942.

Immediate cause of death	Duration
BRONCHO-PNEUMONIA	5 days
Due to Metastatic squamous carcinoma right neck	9 mo.
Due to Squamous carcinoma of lip	2yr.2mo.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. Williams M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 7/31/42

F 94477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 94477 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Hewitts Point (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country France

3 (a) FULL NAME BERTHA KLEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single, married~~, widowed, or ~~divorced~~
F	W	Widowed

6 (b) Name of husband ~~or wife~~ Joseph Klein
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Riga, France (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Salomon Kagan
(b) Address Southern Hotel, Balt.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/31/42 (month) (day) (year)
(c) ~~Cemetery~~ or crematory Loudon Park
Location Baltimore

18 (a) Funeral director H.W. Mears & Son
(b) Address 805 N. Calvert St.

19 (a) JUL 31 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942, at 2 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. L. Wollenweber M.D. Asst. Medical Examiner.
Date signed 7-31-42

VS 6

94478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 94478 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Be sure the age is correct. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1715 N Payson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB SHEIN

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-03-9476

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	M

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Porter

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Dorothy Shein
(b) Address 1715 N Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/42 (month) (day) (year)
(c) Cemetery or crematory Oheb Shom
Location Odonnell

18 (a) Funeral director Sol Garfinkle Bro
(b) Address Hebrew Hospital

19 (a) JUL 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31 1942 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1942 to 7/31 1942 and that I last saw him alive on 7/31 1942

Immediate cause of death	Duration
Arteriosclerosis & Hypp. Ht. Dis.	
Due to	
Due to	
Other Conditions Lung abscess	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: 7/31/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Saul Joseph Farber, M.D.
Address Sinai Hosp. Date signed 7/31/42

VS 3

FARBER

F 94479

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 94479

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3803 Colbourne Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3803 Colborne Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LORETTA GILLEASE (Loretta E. Gillease)

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Michael B. Gillease
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1889

8. AGE: Years	Months	Days	If less than one day
53	0	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patrick J. Murphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Edna Smith
15. Birthplace Baltimore

16. (a) Informant Michael B. Gillease
(b) Address 3803 Colborne Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1/42 (month) (day) (year)
(c) Cemetery or crematory St. Francis Cem.
Location Abington Md.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 405 S. Bolfe St.

JUL 31 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942 at 2:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence
(Autopsy or Inquest)
obtained by said to find that said deceased came
(Autopsy or Inquest)
to her death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. J. Wollenweber M.D.
Asst. Medical Examiner.
Date signed

VS 6

F 94480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54a Registered No. F 94480

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly written. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 23 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Somerset
(c) City or town Ewell
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AARON B. EVANS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 10, 1889

8. AGE: Years	Months	Days	If less than one day
52	9	20	hr. min.

9. Birthplace Smiths Island, Maryland (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Johnson Evans
13. Birthplace Smiths Island, Md.

MOTHER
14. Maiden Name Sarah Baylor
15. Birthplace Smiths Island, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3/42 (mo.) (day) (year)
(c) Cemetery or crematory Ewell-Ken
Location Princess Anne Md.

18 (a) Funeral director J. Bradshaw
(b) Address Crisfield Md.

19 (Date rec'd by registrar) JUL 31 1942 Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1942, at 6:05p M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7, 1942, to July 30, 1942, and that I last saw him alive on July 30, 1942.

Immediate cause of death	Duration
Brain tumor, glioma	3 months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 7/31/42 M. D.

AB-72079 F 94481 BALTIMORE CITY HEALTH DEPARTMENT F 94481

CERTIFICATE OF DEATH 124a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Balt imore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mo. 5Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 925 S Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Bailey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8-1880

8. AGE: Years	Months	Days	If less than one day
62	4	22	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Salvation Army
11. Industry or business

FATHER
12. Name William Bailey
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Alphonia Lampley
15. Birthplace Baltimore, Md

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (month) (day) (year)
(c) Cemetery or crematory M. TABER
Location Hickory-Harford Co., Md.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Ave (W. T. Wooden-Successor)

19 (a) AUG 31 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-30 1942, at 2:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1942 to 7-30 1942, and that I last saw h alive on 7-30 1942.

Immediate cause of death: Carcinoma of Liver (Primary)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: On Hand

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathburn
Address Balto. City Hosp Date signed M. D. 7-30-42

94482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 ✓

Registered No. F 94482

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 536 N. Linwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - --
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 536 N. Linwood Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MARY ELIZABETH HIHN

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife John Bernard Hihn
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Sept. 1. 1863

8. AGE: Years	Months	Days	If less than one day
78	10	30 29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - - -

FATHER
12. Name ? Locates - deceased
13. Birthplace Maryland

MOTHER
14. Maiden Name Not Known - deceased
15. Birthplace Maryland

16 (a) Informant Mr. Clarence L. Hihn (Son)
(b) Address 536 N. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway.

19 (a) Date received by Registrar Jul 31 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30. 1942 at 1.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-20 1942, to 7-29 1942, and that I last saw her alive on 7-29 1942.

Immediate cause of death — Duration
Myocarditis — 3 yrs
Nephritis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Veit M. D.
Address 1014 St. Paul St. Date signed 7/30/42

94483 F 94483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No.) 2340 McCulloh St., Ward 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Robert Brown

(a) Residence: No. 2340 McCulloh St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	MARRIED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Brown.

6. DATE OF BIRTH (month, day, year) Oct. 18, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9 10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Wesley Brown

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

MOTHER

15. MAIDEN NAME Priscilla Dulaney

16. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

17. INFORMANT Martha Brown

(Address) 2340 McCulloh St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Pk. Date July 25, 1942

19. UNDERTAKER Mrs. Lyn. H. Holland

(Address) 1631 Druid Hill Ave.

20. FILED JUL 31 1942 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/22/1942

22. I HEREBY CERTIFY, That I attended deceased from April 15 1942 to July 22 1942

I last saw him alive on July 22 1942 Death is said to have occurred on the date stated above, at 2:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	

Other contributory causes of importance:

Hypertension
Arterio sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis E. Hamm M. D.

(Address) 2340 Madison Ave.

V8.3

X. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

94484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 94484

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 222 Ridgewood Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 222 Ridgewood Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Fannie McQuay

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/3/862

8. AGE: Years	Months	Days	If less than one day
80	4	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Martha ?
15. Birthplace unknown

16 (a) Informant Mrs. Bessie Harmon
(b) Address 1320 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Laurel
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lee W. Hall
(b) Address 1320 Druid Hill Ave.

19 SHE 31 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH May 31 1942, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to May 31 1942 and that I last saw her alive on May 31 1942.

Immediate cause of death Bronchopneumonia — Hypostatic

Due to Arteriosclerosis and arteriosclerotic gangrene

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration
24 hrs
3 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 516 Morley St Date signed July 29 1942

VS 3

94485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. E 94485

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 319 W. Hoffman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 W. Hoffman St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ADA JOHNSON

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lucian

6 (c) If alive, give age 1884 yrs

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1884

8. AGE: Years 58 63 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Forest, Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jack Talbot
13. Birthplace Forest, Va.

MOTHER
14. Maiden Name Malinda Everett
15. Birthplace Forest, Va.

16 (a) Informant Jack L. Young
(b) Address 319 W. Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/42 (month) (day) (year)

(c) Cemetery or crematory
Location Lynchburg, Va.

18 (a) Funeral director Mrs. C. W. H. Hyland
(b) Address 1631 Druid Hill Ave.

19 (a) AUG 1 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942 10:9 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 7-30-42

(over)

94486

L.S. (74380)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 Registered No. E 94486

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 50
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 S. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Green

3 (b) If veteran, name war: No

3 (c) Social Security Account No. NONE

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1886

8. AGE: Years 56 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Joseph Green
13. Birthplace Maryland

MOTHER
14. Maiden Name Bertha Myers
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/3/42 (month) (day) (year)
(c) Cemetery or crematory Lyon Cathedral
Location Baltimore Md

18 (a) Funeral director Wellborn Coffin Co
(b) Address 1347 A Pond St

19 (Date rec'd by registrar) AUG 1 - 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1942 19 ..., at 5:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1942 to 7-31 1942 and that I last saw h[illegible] alive on 7-31 1942

Immediate cause of death
Pulmonary tuberculosis — Duration: 7 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. Rabban M. D.
Address Balto. City Hosp Date signed 7-31-42

F 94487 — N Beck 2727 N Charles St — F 94487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5701 Oakshire Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5701 Oakshire Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry H Nice Jr

3 (b) If veteran, name war — 3 (c) Social Security Account No. none

4. Sex: Male — 5. Color or race: White — 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 1906

8. AGE: Years 36 | Months 4 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER — 12. Name Harry H Nice Sr
13. Birthplace Washington D C

MOTHER — 14. Maiden Name Edna Amos
15. Birthplace

16 (a) Informant Edna D Nice
(b) Address 5701 Oakshire Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/1/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Williams & Son Inc
(b) Address 1217 N Eutaw St

19 AUG 1 – 1942 (Date rec'd by Reg. Dist.) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1942, at 9 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to July 29 1942 and that I last saw him alive on July 29 1942

Immediate cause of death — Duration
Acute Heart Failure — Immediate
Due to Coronary Thrombosis — 6 wks
Due to
Other Conditions Epilepsy — 20 yrs
(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathaniel M Beck M.D.
Address 2727 N. Charles St Date signed July 30 1942

M. D. B. 1288-B

94488

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94488

CERTIFICATE OF DEATH 93e

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3725 Elkader Road Ward)

Length of residence in city or town where death occurred ..... yrs. 4 mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME MARGARET DORGAN

(a) Residence: No. 3725 Elkader Road St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or ~~divorced~~ (or) WIFE of John

6. DATE OF BIRTH (month, day, year) Oct 7, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
78	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Collins

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Mullen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret Schuster

(Address) 3725 Elkader Road

18. ~~BURIAL, CREMATION, OR~~ REMOVAL

Place Moorestown N.J. Date Aug 1 19 42

19. UNDERTAKER William Cook Inc

(Address) 1247 W Lanvale St

20. AUG 1 - 1942 19 Huntington Nottingham, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 31 July 19 42

22. I HEREBY CERTIFY, That I attended deceased from July 2 19 42 to 31 July 19 42

I last saw her alive on 31 July 19 42 Death is said to have occurred on the date stated above, at 2 10p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	10 yrs

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury X

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Z Vincent Hooper M. D.

(Address) 853 Edmondson Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

94489 AS-75425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94489 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.,
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Da
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
1431 E Fayette St.
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Saunders

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25-1895

8. AGE: Years	Months	Days	If less than one day
46	7	6	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Cornalys Monroe
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Jasper
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 / 42 (month) (day) (year)
(c) Cemetery or crematory Int Calvary Cemetery
Location A. Ave Co., Md.

18 (a) Funeral director Robert E. Willigus
(b) Address 1516 McCulloh St

19 (a) [illegible] (b) Huntington Williams M.D.

AUG 1 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-29 1942, at 10 15/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1942 to 7-29 1942 and that I last saw her alive on 7-29 1942

Immediate cause of death	Duration
Uremia	?
Due to Hypertensive C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. K. Carlton M. D.
Address Balto. City Hosp Date signed 7-30-42

F 94490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94490

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. & Rutland Ave.
(c) Hospital or institution: Sinai Hospital of Balto. Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 2 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 3309 13th St N.W. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME NORBERT ERDREICH

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1904

8. AGE: Years	Months	Days	If less than one day
38	3	8	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Electrical Engineer

11. Industry or business

FATHER 12. Name Simon Erdreich,
13. Birthplace Poland

MOTHER 14. Maiden Name Anna Kossovskyp
15. Birthplace Russia.

16 (a) Informant Brother (Emil Erdreich)
(b) Address 3309 13th St NW, Washt.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/2/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Riverside
Location Rockville Park N. J.

18 (a) Funeral director Chas. Sonnheim & Son
(b) Address 1202 Eastern Ave. Baltimore, Md.

19. (a) AUG 1 - 1942 (Date received by local registrar) Huntington Williamsport, Md. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942 at 8:17 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1942 to 7/31 1942 and that I last saw him alive on 7/31 1942.

Immediate cause of death Subacute bacterial endocarditis.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

23. Signature Robert A Moses M. D.
Address Sinai Hospital Inc. Monument St & Rutland Ave. Date signed 7/31/42

F 94491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94491 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 35 E. Heath Streat, Balto. Md.
(c) Hospital or institution: US Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo9da
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 35 E. Heath Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE EDWARD SNIDER

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lida V. Moon

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) October 11, 1877

8. AGE: Years	Months	Days	If less than one day
64	9	20	hr. min.

9. Birthplace New Haven, Indiana (Town, county, and state)

10. Usual Occupation WAITER

11. Industry or business

FATHER 12. Name John R. Snider
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Ada Butler
15. Birthplace Pennsylvania

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-42 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat.
Location Frederick Road

18 (a) Funeral director E. J. McCauley
(b) Address 130 E. Fort Ave.

19 (a) (Date received by local registrar) AUG 1 1942 (Signature of local registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1942, at 3:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 22, 1942 to July 30, 1942, and that I last saw him alive on July 30, 1942.

Immediate cause of death	Duration
HEART FAILURE	Term.
Due to HYPERTENSIVE HEART DISEASE	14 months
Due to	
Other Conditions CORONARY SCLEROSIS	Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify)
(e) Means of injury

23. Signature J. Williams M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 7/31/42

94492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94492

Registered No. 1398

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 113 Belman Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs Christine M. Young

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife George H. Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17th 1885

8. AGE: Years	Months	Days	If less than one day
57	9	14	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Frank Kraus
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Elizabeth Felter
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. George H. Young
(b) Address 113 Belman Ave. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6 1942 (Month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Maryland

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) Filed AUG 1 1942 (Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31-42 19 at 4:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1942, to 7-31 1942, and that I last saw her alive on 7-31 1942.

Immediate cause of death	Duration
Pulmonary Embolus	
Due to Postoperative (Uterus)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Franklin Sq Hosp Date signed 7/31/42

94493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94493

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: MERCY HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/2
(e) Length of stay in Baltimore Co. (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town TOWSON.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Satyr Hill Road
(If rural give location).
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHRISTOPHER GEORGE CLASS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	MARRIED

6 (b) Name of husband or wife Sybilla D. Class
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17th 1874

8. AGE: Years	Months	Days	If less than one day: hr.	min.
68	0	14		

9. Birthplace BALTO-CO.
(Town, county, and state)
10. Usual Occupation FARMER
11. Industry or business

FATHER
12. Name William Class
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Sumer
15. Birthplace Germany

16. (a) Informant Maj. C. G. Class
(b) Address Loch Raven Md.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md.

18. (a) Funeral director Sharrah Funeral Home
(b) Address 7401 Belair Road

19. (a) AUG 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31 1942, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/28 1942 to 7/31 1942 and that I last saw him alive on 7/31 1942

Immediate cause of death RESPIRATORY FAILURE

Due to R.O. TRANSURETHRAL RESECTION ??
CARCINOMA BLADDER

Due to CARCINOMA OF LIVER
PROSTATIC HYPERTROPHY

Other Conditions (SPINAL ANESTH)
POSS. ACE CEREBRAL ACCIDENT

(Include pregnancy within 3 months of death)

Date of operation 7/30/42

Major findings of operation:
ABOVE

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Lawrence Galbraith M.D.
Address Mercy Hosp Date signed 7/31/42

VS 3

418535
94494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94494

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. Co.
(c) City or town Raspeburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Summit Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronnie Wooda

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-23-41

8. AGE: Years	Months	Days	If less than one day
1	6	7	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Litchey Woods
13. Birthplace Va

MOTHER
14. Maiden Name Clara Wood
15. Birthplace D. C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (month) (day) (year)
(c) Cemetery or crematory Oak Grove
Location Baltimore Md.

18 (a) Funeral director John L. Mully Inc
(b) Address 2435 E. Oliver St

19 AUG 1 - 1942 (b) Registered by registrar Livingston Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942 to July 30 1942 and that I last saw him alive on July 30 1942

Immediate cause of death Tbc. Meningitis

Due to

Due to Marked Marasmus

Other Conditions & Dehydration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Johns Hopkins Date signed 7/30/42

F 94495 HAFele ✓ F 94495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1024 E. Chase St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry C. Hafele

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Sarah D. Hafele (nee Dolan)
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 12, 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
54 5-1	0	18		

9. Birthplace Philadelphia, Pa. (town, county, and state)
10. Usual Occupation plumber
11. Industry or business in Baltimore

FATHER
12. Name Adam Hafele
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Keagler
15. Birthplace Germany

16 (a) Informant Mrs. Sarah D. Hafele
(b) Address 1024 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3 '42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Cemetery
Location Harford Rd. Balto.

18 (a) Funeral director Edgar W. Conkling Sons
(b) Address 924 E. Eager St.

19 (a) Rec'd by reg. AUG 1 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1942 at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1942, to 7-30 1942, and that I last saw him alive on 7-30 1942.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration: 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip D. Flynn M. D.
Address 433 E. North Ave. Date signed 7-31-42

F 94496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 94496
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 45-S. Culver St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 45-S. Culver St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary L. Stolte.

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife John C. Stolte.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 15-1867

8. AGE: Years	Months	Days	If less than one day
74	9	15	hr. — min.

9. Birthplace Adams Co. Pa.
(Town, county and state)

10. Usual Occupation Housewife.

11. Industry or business At home.

FATHER
12. Name Cornelius Trostle.
13. Birthplace Pa.

MOTHER
14. Maiden Name Julia A. Kinstler.
15. Birthplace Pa.

16 (a) Informant Miss Dorothy Stolte.
(b) Address 45-S. Culver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-3-42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director Charles J. Deburd
(b) Address 505 N. Monroe St.

19 AUG 1-1942 (b) Huntington Williamson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30-1942 at 11.35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 29 1930 to July 30 1942 and that I last saw her alive on July 30 1942

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to Cardio Vascular Renal — 5 Years

Due to — —

Other Conditions Chronic Cystitis — 18 Months
Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Chas. W. Schumer M. D.
Address 2432 Druid Park Drive Date signed

94497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

462

F 94497
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3006 Ailsa Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Ailsa Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RUSSELL GREENE WILCOX

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary J. Wilcox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1887

8. AGE: Years	Months	Days	If less than one day
55	3	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Boiler Setter
11. Industry or business R. G. Wilcox Co.

FATHER
12. Name Samuel Wills Wilcox
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Raith
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mary J. Wilcox
(b) Address 3006 Ailsa Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) (Signature) Huntington Williams M.D. Registrar
AUG 1 [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1942 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to July 31 1942, and that I last saw h[illegible] alive on July 31, 1942

Immediate cause of death Rheumatic Heart Disease — Duration unknown

Due to — Duration unknown

Due to Chronic Glomerular Nephritis — Duration unknown
Other Conditions Carcinomatosis of Colon — Duration unknown
(Include pregnancy within 3 months)

Date of operation
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Dawson
Address 4808 Harford Rd. Date signed 8/1/42

F 94498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46M

F 94498 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto Gen'l Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5118 Fwendale Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Max Levine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bella.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Roland. (Town, county, and state)

10. Usual Occupation

11. Industry or business Merchant Cont.

FATHER
12. Name Hyman Jungle Levine
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant David Cohen
(b) Address 5118 Fwindale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Judah Cemetery
Location New York N. Y.

18 (a) Funeral director M. Levine & Bro
(b) Address 1124-26 W Mount ave

AUG 2 1942 (Date received by Local Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31 1942, at 1:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/18 1942 to 7/31 1942, and that I last saw him alive on 7/28 1942.

Immediate cause of death Ulcerated Carcinoma Colon — Duration

Due to Probably Gastro-Intestinal Heart failure — 6 months?

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. V. Tompkins

Address W. Balto Gen Hospital Date signed 7/31/42

F 94499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 94499 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT & SARATOGA Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 St. Paul St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Dorothy Englar
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife E. Ray Englar
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1890

8. AGE: Years 51 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Home work
11. Industry or business

FATHER
12. Name Willard Smith
13. Birthplace Tenn.

MOTHER
14. Maiden Name Isabelle Lewis
15. Birthplace N.Y.

16 (a) Informant E. Ray Englar
(b) Address 1001 St. Paul St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/42 (month) (day) (year)
(c) Cemetery or crematory Pipe Creek Church
Location Carroll County, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) AUG 2 - 1942 (Date rec'd by registrar) Hunting Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 6, 1942 to Aug 1, 1942 and that I last saw h[illegible] alive on Aug 1, 1942

Immediate cause of death Cardiac failure — Duration

Due to Carcinoma Ovaris — 4 Mos.

Due to — over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Thurs, Jr.
Address Mercy Hospital Date signed 8/1/42 M.D.

VS 8

F 94500 ✓ F 94500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 N. Fulton Ave
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country. Pender F 44799

3 (a) FULL NAME James Pendergast (James Richard Pendergast. N
3 (b) If veteran, name war
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	White	Child-Single

6 (b) Name of husband or wife 1-28-47 6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 27, 1942

8. AGE: Years	Months	Days	If less than one day
	6	4	hr. min.

9. Birthplace BALTIMORE. Md (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Joseph M. Pendergast
13. Birthplace Md

MOTHER
14. Maiden Name Mary E. Hitchcock
15. Birthplace Md.

16 (a) Informant Mother
(b) Address 1521 N. Fulton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Pleasant Location Balto. Md.
18 (a) Funeral director Wm. J. Packard Son
(b) Address North Ave.
19 AUG 2 - 1942 (Date rec'd by registrar) (b) Hunter for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1942, at 6:45 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1942, to 8-1 1942, and that I last saw him alive on 8-1 1942.

Immediate cause of death Circulatory & Respiratory Collapse — Duration
Due to Dehydration, toxemia
Due to Diarrhea, Vomiting & Malnutrition.
Other Conditions Rickets
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Van B. Bennett M. D.
Address University Hosp. Date signed 8/1/42

VS 3

1942

F 94501 [4]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44B

Registered No. F 94501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution:
U. S. Marine Hospital 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Delaware (b) County
(c) City or town Seaford (If outside city or town limits, write RURAL and give town)
(d) Street No. 211 Market St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME McWilliams, Harold Scott

3 (b) If veteran, name war: World War 1

3 (c) Social Security Account No. 214-10-0972

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Sep.

6 (b) Name of husband or wife: Hattie H. Truitt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1895

8. AGE: Years	Months	Days	If less than one day
46	9	24 25	hr. min.

9. Birthplace Sharptown, Md. (Town, county, and state)
10. Usual Occupation roofing work
11. Industry or business

FATHER
12. Name William D. McWilliams
13. Birthplace Sharptown, Md.

MOTHER
14. Maiden Name Jane Conley
15. Birthplace Sharptown, Md.

16 (a) Informant Records, U. S. Marine Hospt.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4-42 (month) (day) (year)
(c) Cemetery or crematory Laurel Del.
Location

18 (a) Funeral director Wingfield Funeral Home
(b) Address Laurel Del

19 (a) Huntington Williams, M.D. (Signature of registrar)
(b) Date received AUG 2-1942

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1942, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/23 1942 to 8/1 1942, and that I last saw him alive on 8/1 1942

Immediate cause of death ~~Carcinoma of~~ stomach with abdominal metastasis — Duration: 9 mos.

Due to Hodgkin's disease of stomach & mesenteric nodes — Duration:

Due to Malnutrition & inanition — Duration: May 12 days

Other Conditions Pleurisy, right
Bronchopneumonia, terminal
(Include pregnancy within 3 months of death)

Date of operation July 28, 1942

Major findings of operation: ~~Carcinoma of~~ Hodgkins disease of stomach with nodal metastasis and mesenteric nodes

of autopsy: not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Anderson per C. B. Mayer M.D.
Address U. S. Marine Hospt Date signed 8/1/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 94502 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 9 → 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Brother Joseph Ziolkos

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-21-1881

8. AGE: Years 61 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Kovno, Poland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Simon Zolkol
13. Birthplace Kovno, Poland

MOTHER
14. Maiden Name Magdalene Bernard
15. Birthplace Kovno, Poland.

16 (a) Informant Franciscan Fathers
(b) Address Ellicott City Md

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 8-3-42 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Baltimore Md

18 (a) Funeral director George A Weber
(b) Address 705 S Caroline St

AUG 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 1942, at 8 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1942 to July 31 1942, and that I last saw him alive on July 21st 1942.

Immediate cause of death: Congestive Heart Failure — Duration 1 week
Due to: Arteriosclerotic Cardio-Vascular Disease — ?
Due to:
Other Conditions: Pulmonary Emphysema
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Feasley M. D.
Address St. Joseph's Hospital Date signed

F 94503

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94503 Registered No. 1320

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1425 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Tolson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife ~~Septr 12, 1892~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/12/1892

8. AGE: Years 49 | Months 10 | Days 18 | If less than one day hr. min

9. Birthplace North Thumberland Co. Va (Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Travis Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Hattie Stinson
(b) Address 1425 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/2/42 (month) (day) (year)
(c) Cemetery or crematory
Location Lancaster, Va

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brookfield Ave
(c) Huntington Nellis, M.D. Registrar

AUG 2 - 1942 (Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942 at 5:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to July 3rd 1942, and that I last saw h er alive on July 3 1942.

Immediate cause of death — Duration

Pulmonary Tuberculosis — ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber, M.D. Fel S.T.
Address [illegible] Date signed [illegible] M. D.

F 94504

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94504
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23days
(e) Length of stay in Baltimore (yrs., mos., or days) 23days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County Roanoke
(c) City or town Roanoke (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 Windsor Ave, V.H. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Stewart Britts

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife: Mary Steele Britts
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) July 25, 1877

8. AGE: Years	Months	Days	If less than one day
65	0	7 6	hr. min.

9. Birthplace Craig County, Virginia (Town, county, and state)
10. Usual Occupation Business
11. Industry or business - Mercantile Agency

FATHER
12. Name John W. Britts.
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Anna Campbell.
15. Birthplace Craig County, Va.

16 (a) Informant Elsie Britts Persinger
(b) Address 816 Maiden Lane, Roanoke, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Roanoke, Va.

18 (a) Funeral director William J. Tickner Sons
(b) Address Huntington, West Virginia

19 AUG 2 - 1942 (Registered by Local Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st 1942, at 6:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10th 1942, to August 1st 1942, and that I last saw him alive on August 1st 1942.

Immediate cause of death: Cardio-respiratory failure — Duration: 4 hours
Due to: Malnutrition & — 1 month
Due to: Cancer carcinoma of rectum with extensive metastases. — 8 months?
Other Conditions: 1

(Include pregnancy within 3 months of death)
Date of operation July 16, 1942
Major findings of operation: Inoperable Carcinoma of rectum & metastases
of autopsy: none stated

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank H. Ridgely Jr. M.D.
Address Union Memorial Hospital Baltimore Md. Date signed 8-1-42 M. D.

F 94505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191

F 94505
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 103 N Monroeing Rd
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 103 N Monroeing Rd
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No. 104-03-8486

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1905

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Pipe coverer

11. Industry or business

FATHER 12. Name Richard Carroll
13. Birthplace Ireland

MOTHER 14. Maiden Name Bridget McLean
15. Birthplace Ireland

16 (a) Informant Michael Carroll
(b) Address same

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-1-42 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre New York
Location Long Island New York

18 (a) Funeral director Joyce & Fahey
(b) Address Fulton & Throop

19 (a) (b) Registrar

AUG 3 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942 at 5:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942 to July 31 1942 and that I last saw him alive on July 31 1942

	Duration
Immediate cause of death Encephalitis	2 days
Due to Heat stroke	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Some & Fatty deg. of liver

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. E. Davies M.D.

Address Mercy Hosp Date signed 8-1-42

94506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 94506 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3466 Dolfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gail Maxine Sokolsky (Birth F-52674)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1942

8. AGE: Years | Months | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Manuel Sokolsky
13. Birthplace Md.

MOTHER 14. Maiden Name Adele Friedlander
15. Birthplace Md.

16 (a) Informant Father
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Southern Ave Cemetery
Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

AUG 2 - 1942

(Signature) (b) Residence
Huntington Williams, MD

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1942, at 1:a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1942 to Aug 1 1942, and that I last saw h[illegible] alive on Aug 1 1942.

Immediate cause of death: Respiratory failure — Duration: 17 days.
Due to: Bronchopneumonia
Due to: Hem. staph aureus
Other Conditions: Empyema
(Include pregnancy within 3 months of death)
Date of operation 7/14/42
Major findings of operation: yes in rt. pleural cavity found on draining
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
1942
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Mary L. Hayhurst
Address Union Memorial Hosp. Date signed 8/1/42

F 94507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 a Registered No. F 94507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument + Rutland
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2027 N. Smallwood St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Mrs. Elsie Bloom

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. 212-12-5018

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Maurice Bloom
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) 1-21-1920

8. AGE: Years	Months	Days	If less than one day
22	6	10	hr. min.

9. Birthplace Balto Md
(town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business

FATHER
12. Name Charles Klein
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Ackerson
15. Birthplace Russia

16 (a) Informant Charles Klein
(b) Address 2027 N. Smallwood
17 Burial (Burial, cremation, removal) (b) Date thereof 8-2-42 (month) (day) (year)
(c) Cemetery or crematory Bethel Mendrish Agudas
Location Ryedale
18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St
19 (a) AUG 3 1942 (Date received by local registrar) (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942 at 2 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1942 to July 31 1942; and that I last saw h. er alive on July 31 1942.

Immediate cause of death	Duration
Asphyxiation	
Due to Metastases Lymph Nodes Upper Mediastinum & Thoracic Duct	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Katz M. D.
Address Sinai Hospital Date signed 7/31/42

F 94508 ✓ F 94508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Jewish Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4mos
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1316 Eutaw Pl
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nettie Levenson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Nathan Levinson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 47 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia
(town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Abraham Gloss
13. Birthplace Russia

MOTHER
14. Maiden Name Freda Schickett
15. Birthplace Russia

16 (a) Informant Sylvia H. Levinson
(b) Address 1316 Eutaw Pl

17 Burial (Burial, cremation, or removal) (b) Date thereof 8-2-42 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Northern Cemetery
Location Mt. Carmel

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto St

19 AUG 2 1942 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7-31 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to July 31 1942 and that I last saw her alive on July 30 1942.

Immediate cause of death — Duration

Due to Hemorrhage of Uterus
Pelvic Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation June 16/42
Major findings of operation: Tuberculosis, Pelvic
of autopsy: Hemorrhage of Uterus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. D. Sherman M.D.
Address Jewish Hosp Date signed 7/31/42
M. D.

VS 3

F 94509

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 94509 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U S Quarantine Station
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 S Sharp St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANDERSON MATHIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-5201

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Leanna

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Jan 30 1895

8. AGE: Years 47 | Months 6 | Days - | If less than one day ____ hr. ____ min.

9. Birthplace Ga (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Empire Construction Co

FATHER 12. Name Moses Mathis
13. Birthplace Ga

MOTHER 14. Maiden Name Nelazad Johnson
15. Birthplace Ga

16 (a) Informant Leanna Mathis
(b) Address 1105 S Sharp St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/2/42 (month) (day) (year)

(c) Cemetery or crematory Americus
Location Ga

18 (a) Funeral director Isaiah L Brownson
(b) Address 10 W Montgomery St

AUG 2 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 295
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 30, 1942 a M
(c) Where did injury occur? Harbor - Baltimore (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes (Specify type of place)
(e) Means of injury fell off dredging derrick

23. Signature [illegible] Wallenmeier M.D. Medical Examiner.

Date signed 7-30-42

VS 6

F 94510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 94510 Registered No. 170 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 21st
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 216 S. Fremont St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elphas F. Hughes

3 (b) If veteran, name war 2

3 (c) Social Security Account No. 215-05-2032

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Rosetta

6 (c) If alive, give age 25 years

7. Birth date of deceased (mo., day, yr.) Feb 12 1912

8. AGE: Years	Months	Days	If less than one day
30 29	4	18	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Hughes
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary Dark
15. Birthplace Baltimore Md

16 (a) Informant Rosetta Hughes
(b) Address 216 S Fremont Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location AA Co Md

18 (a) Funeral director Isaiah L Greene Son
(b) Address 1018 W Monroe Street

19 (a) AUG 2 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry in question, and that said deceased came to his death on the day stated above.

Duration
Immediate cause of death Crushing injuries of chest
Due to accident
Due to
Other Conditions (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 20/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 30 1942 at 2 P M
(c) Where did injury occur? 826 W. Baltimore St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? No
(e) Means of injury Auto struck by streetcar

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed July 31 1942

V8 6

F 94511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94511 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 2 or 3 Gold Spring Ave
(c) Hospital or institution: Gold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 E. Wolfe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Alice M. Flause

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James Flause
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): May 25-1860

8. AGE: Years: 82 | Months: 2 | Days: 8 | If less than one day: hr. min.

9. Birthplace: Saint Mary's Co. Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name: Wm. H. Brian
13. Birthplace: Bel Air County Md

MOTHER
14. Maiden Name: Elizabeth Smithwood
15. Birthplace: Temple Hall Co. Md

16 (a) Informant: Jesse E. Ryan
(b) Address: 1839 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 3 1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Road Dumpton

18 (a) Funeral director: E. J. WIPPERT - Son
(b) Address: 800 Eutaw Place

AUG 2 - 1942 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942, at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 10 1941, to July 31 1942, and that I last saw her alive on July 28 1942.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: M. H. Patterson M.D.
Address: 2324 Reisterstown Rd Date signed: 8/1/42

F 94512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 94512 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1628 E. 28th Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1628 E. 28th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edith Sarah Bowers

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: James F. Bowers 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14-1868

8. AGE: Years 73 | Months 7 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name James F. Turner
13. Birthplace England

MOTHER — 14. Maiden Name Rebecca E. Swam
15. Birthplace Maryland

16 (a) Informant Mrs. Fred Friencke
(b) Address 1628 E 28th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3-1942 (month) (day) (year)

(c) Cemetery or crematory New Market
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) Date rec'd Aug 1942 (b) Name and address of undertaker Williams, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31- 1942 at 7.07 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 20 1940 to July 31 1942 and that I last saw h[illegible] alive on July 31 1942

Immediate cause of death: Arteriosclerotic Cardio Vascular Renal disease — Duration Nov 1940

Due to: Coronary Thrombosis — 1½ Hrs.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas W. Edmunds
Address 2746 Alameda Date signed 8/1/42

VS 3

F 94513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94513 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4129 Falls Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4129 Falls Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPHINE ROBBINS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Thomas J. Robbins
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1866

8. AGE: Years	Months	Days	If less than one day
75	11	28	hr. min.

9. Birthplace Delaware.
(Town, county, and state)
10. Usual Occupation Seamstress
11. Industry or business

FATHER
12. Name John T. Hudson
13. Birthplace unknown

MOTHER
14. Maiden Name Rachel C. Mitchell
15. Birthplace unknown

16 (a) Informant Rachel A. Demmitt
(b) Address 4129 Falls Road

17 (a) Burial (b) Date thereof Aug 3, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location

18 (a) Funeral director Walter R. McNamee
(b) Address 4114 Falls Road

19 (a) 1942 Washington Millimans Register
(Date of this registration)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1942 at 8:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fechter M.D.
Medical Examiner.
Date signed July 31, 1942

VS 6

F 94514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163a

F 94514

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every ... correct age is especially important. Physicians: please write the cause ... information should be carefully supplied. ... of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 566 Orchard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ABRAHAM VICTOR DICHTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER
12. Name David
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca
15. Birthplace Russia

16 (a) Informant Rose Dichter
(b) Address 566 Orchard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-2-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Young Men
Location Fairview Rd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1409 E Oaltes St.

AUG 2 - 1942 (Date received by registrar) Huntington Williams Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942 at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Poisoning, arsenic rat paste	
Due to Suicide	
Due to mental dependency	
Other Conditions Diabetes mellitus (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 8-2-42

94515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94515 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1748 N. Chester St
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1748 N. Chester St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Brith F 41179

3 (a) FULL NAME DOROTHY MAE BROOKSHIRE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12 25 1941

8. AGE: Years — Months 7 Days 6 If less than one day ___ hr. ___ min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Melvin Ezell Brookshire
13. Birthplace North Carolina

MOTHER 14. Maiden Name Jessie Abernethy
15. Birthplace North Carolina

16 (a) Informant Melvin E. Brookshire
(b) Address 1748 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3-42 (month) (day) (year)

(c) Cemetery or crematory
Location North Carolina

18 (a) Funeral director Ellsworth Armacost
(b) Address 3911 Liberty Heights Ave

19 (a) (Local Registrar) Huntington Williams M.D.

AUG 2 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1st 1942 at 11 15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h death on the day stated above.

Immediate cause of death
Pneumonia lobar
Due to
Due to
Other Conditions h/o
(Include pregnancy within 3 months of death)
Date of operation h/o
Major findings of operation:
of autopsy: h/o

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 8-2-42

F 94516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 28c

F 94516 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution: U. S. Marine
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Maryland~~ (b) County
(c) City or town no residence in this country. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? yes (Yes or No) If yes, name country Mannheim, Germany

3 (a) FULL NAME Hirschhorn, Wilhelmine Sara (Pfieffer)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband ~~or wife~~ Jacob Hirschhorn
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) October 7, 1889

8. AGE: Years	Months	Days	If less than one day
52	9	23 24	hr. min.

9. Birthplace Mannheim, Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name David Pfieffer
13. Birthplace ?, Germany

MOTHER
14. Maiden Name Wilhelmine ?
15. Birthplace ?, Germany

16 (a) Informant Records of U. S. Marine Hospt.
(b) Address Baltimore, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/3/42. (month) (day) (year)
(c) Cemetery or crematory ?
Location Philadelphia, Pa.

18 (a) Funeral director Harris Sonnheim's Son
(b) Address 1902 Eutaw Place.

19 (Date received) AUG 3 1942 (Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1942, at 11:20 M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to August 1 1942, and that I last saw her alive on August 1 1942.

Immediate cause of death: Malaria, Estivo-autumnal — Duration: 1wk. ?

Due to

Due to

Other Conditions: Broncho pneumonia (terminal) (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J B H Andman Lt (MC) USN
Address U.S. Marine Hospt. Date signed 8/1/42

F 94517 Birth F 54065

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 119a

F. 94517 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Fawn St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Birth F-54065

3 (a) FULL NAME Baby Jerschied · Mary Elizabeth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20 1942

8. AGE: Years	Months	Days	If less than one day
0		12	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Adam Jerschied
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary E. O'Neill
15. Birthplace Balto.

16 (a) Informant Mrs. Jerschied
(b) Address 1107 Fawn St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

AUG 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29 1942 to 8-1 1942 and that I last saw her alive on 8-1 1942.

Immediate cause of death Epidemic diarrhea — Duration 3 da.

Due to Cause unknown.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuseler
Address St. Joseph's Hospital Date signed 8-1-42

F 94518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 94518 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reported. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jeanette Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Andrew

13. Birthplace

MOTHER 14. Maiden Name Mary Infassey

15. Birthplace

16 (a) Informant Little Sisters of the Poor

(b) Address 1200 Valley St

17 (a) Burial (b) Date thereof Aug 3. 1942
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rita Wrenfield

(b) Address 914 Greenmount Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942 at 5 p. m. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to July 31 1942 and that I last saw h[illegible] alive on July 29 1942

Immediate cause of death Stomach Occlusion / Left Ventricular Valve defect (?) — Duration 16 Days

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence None M

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? None While at work? None (Specify type of place)

(e) Means of injury None

23. Signature H. H. Dryden

Address 928 E. North Ave Date signed 8/1/42

VS 2

F 94519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94519 Registered No. 1600

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1163 E. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Thurman (Birth F 53965)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	w	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-31-42

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William A. Thurman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Francesconi
15. Birthplace Baltimore, Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 - 42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location

18 (a) Funeral director Bernard C Harke
(b) Address 121 E West St
Westminster, Md

19 AUG 2 - 1942 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942, at 6:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1942 to Aug. 2 1942 and that I last saw her alive on Aug 2 1942

Immediate cause of death: Intracranial Hemorrhage — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury

23. Signature Christine F. Richter M. D.
Address St. Joseph's Hosp. Date signed Aug 2, 1942

VS 3

F 94520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 B

F 94520 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Carey St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Ethel V. Hoffanider
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1895

8. AGE: Years	Months	Days	If less than one day
47	6	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business B & O. R. R.

FATHER
12. Name Henry Miller
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name — Collins
15. Birthplace Balto Md

16 (a) Informant Mrs. Ethel V. Miller
(b) Address 22 S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3/42 (month) (day) (year)
(c) Cemetery or crematory Carlwood
Location Taylor Ave.

18 (a) Funeral director Harry A. Witzke
(b) Address 4041 E. Monument Ave.

AUG 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942, at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942, to July 1 1942, and that I last saw him alive on July 1 1942.

Immediate cause of death Pulmonary Tuberculosis — Duration 2 wks
Due to Tuberculous Kidney
Due to Tubercular Colitis
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred Amerling M. D.
Address 1000 N. Patterson Park Ave. Date signed July 2 1942

VS 3

F 94521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2131 Jefferson st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Jefferson st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPHINE (KOMENDA) MAREK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
F	W	Widowed

6 (b) Name of husband or wife Joseph Komenda
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 2 1858

8. AGE: Years	Months	Days	If less than one day
84	6	28	hr. min.

9. Birthplace Bohemia
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Michael Baranik
13. Birthplace Bohemia

MOTHER
14. Maiden Name Unknown
15. Birthplace Bohemia

16 (a) Informant Joseph Komenda
(b) Address 2131 Jefferson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-4-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Baltimore Maryland

18 (a) Funeral director Frank J. Kracht Inc.
(b) Address 900 N. Chester St.

19 AUG 3 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942 at 8:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said I. find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 7-30-42

VS 6

94522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 94522 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Bald Spring Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 120 S. Exeter St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Eva Schutz (or) Schultz

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1872

8. AGE: Years 70 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John Kreesner

13. Birthplace Germany

MOTHER 14. Maiden Name Madline ?

15. Birthplace Germany

16 (a) Informant Mrs. Madline Kirby

(b) Address Essex, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave Rd

18 (a) Funeral director Mater N.E. Gospel's Sons

(b) Address 2 S. Green St.

19 (a) AUG 3 - 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1942 at 6:40 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1942, to Aug 1 1942, and that I last saw h.e.r. alive on July 31 1942.

Immediate cause of death Cardio-Renal Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. H. Puttermain

Address 2324 Reisterstown Rd Date signed 8/1/42

VS 8

94523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93N

F 94523
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1141 Gilmor St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Anderson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Col.	

6 (b) Name of husband or wife James Anderson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day
32 Yrs			hr. min.

9. Birthplace Sumpter S. C.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Robt. E. Rose
13. Birthplace S. C.

MOTHER
14. Maiden Name Alice Mc. Wurm
15. Birthplace Sumpter. S. C.

16 (a) Informant Frances Anderson
(b) Address 1141 Gilmor St.

17 (a) Burial (b) Date thereof 8/3/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount St.

19 AUG 3 - 1942 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31/42 19 , at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/8/42 19 , to 7/31/42 19 , and that I last saw her alive on 7/31/42 19

Immediate cause of death
Acute Cardiac Decompensation
Due to Hypertensive C. V. Disease
Due to [redacted]
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L Elsaesser Jr M. D.
Address Franklin Sq Hosp Date signed

F 94524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46

F 94524

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 613 N. Port St-

(c) Hospital or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 613 N. Port St. (If rural give location)

(e) Citizen of foreign country? no. (Yes or No) If yes, name country

3 (a) FULL NAME Veronica Scherer

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: no.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife William Scherer

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Feb 14 - 1864

8. AGE: Years 78 | Months 5 | Days 16 | If less than one day: hr. min.

9. Birthplace Wittenberg Germany. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name John Rhoss

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany.

16 (a) Informant Mamie Knepper Daughter

(b) Address 517 N Monteford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem. Location North Ave. + Gay St

18 (a) Funeral director John A. Mills

(b) Address 2334 Eastern Ave.

19 (a) AUG 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1939 to July 30 1942, and that I last saw her alive on July 29 1942.

	Duration
Immediate cause of death: Carcinoma Stomach	14 mo
" Liver	
Due to Mitral Regurg. Aortic Regurg.	34 mo
Due to Pulmonary Tuberculosis	34 mo.
Other Conditions Chronic Nephritis, Hypertension, Arteriosclerosis (Include pregnancy within 3 months of death)	34 mo

Date of operation None.

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thos. F. A Stevens M. D.

Address 2878 Harford Ave Date signed 7-30-42

VS 3

F 94525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

F 94525 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5108 Queensbury Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Russia M. Cressin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed or divorced: married

6 (b) Name of husband or wife: Anna 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 49 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county and state)

10. Usual Occupation Real Estate

11. Industry or business

FATHER
12. Name Hyman Cressin
13. Birthplace Russia

MOTHER
14. Maiden Name Chaddy —
15. Birthplace Russia

16 (a) Informant Anna Cressin
(b) Address 5108 Queens Bury Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-42 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Rd.
Location Hebrew Y.M.H.R. Assn

18 (a) Funeral director Jos. Levin Sons
(b) Address 1431 E. Balto. St.

19 (a) AUG 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2-1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to August 2 1942, and that I last saw him alive on August 2 1942.

Immediate cause of death Carcinomatosis — Duration

Due to Carcinoma of head of pancreas

Due to

Other Conditions Metastases to liver. Positive Wa Reaction (Include pregnancy within 3 months of death)

Date of operation June 5, 1942

Major findings of operation: Tetanus, growth involving pancreas & duodenum

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. R. Schwartz M.D.
Address Sinai Hospital Date signed 8-2-42

VS 8

F 94526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92b Registered No. F 94526

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1835 N. Spring St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 N. Spring St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie Quickey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	married

6 (b) Name of husband or wife Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-24-1886

8. AGE: Years	Months	Days	If less than one day
55	7	7	hr. min.

9. Birthplace Chase, Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Griffin
13. Birthplace Md

MOTHER
14. Maiden Name Mary Parks
15. Birthplace Md

16 (a) Informant William Parks
(b) Address 1703 N. Spring St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co
18 (a) Funeral director Rayner Sanders
(b) Address 2412 E. Preston St
19 (a) AUG 3 1942 (Date rec'd by registrar) (b) Huntingtown Millwaukie, Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2 1939 to 7-31 1942 and that I last saw her alive on 7-29 1942

Immediate cause of death chronic myocarditis — Duration Several yrs
Due to
Due to
Other Conditions Mitral insufficiency
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Rayner Browne
Address 500 E. Madison St Date signed 8/1/42

VS 2

Rayner Browne.

F 94527

Dr Adams 312 E 32nd St

F 94527.1

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 635 E. 28th St
(c) Hospital or institution: 9

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 635 E. 28th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Rainey

3 (b) If veteran, name war

3 (c) Social Security Account No. non

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-25-1894

8. AGE: Years	Months	Days	If less than one day
57 58	7	5	hr. min.

9. Birthplace N.C (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace N.C

MOTHER
14. Maiden Name Unknown
15. Birthplace N.C.

16 (a) Informant Louise Madison
(b) Address 635 E. 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) AUG 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942 at 10:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15, 1942 to July 30, 1942 and that I last saw him/her alive on July 30, 1942

Immediate cause of death
1 Tuberculous Cardiac Renal Failure

Due to

Due to

Other Conditions Hem. Anemia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
1 yr.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Moore Adams M. D.
Address 312 E. 32nd St Date signed 8-1-42

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94528

CERTIFICATE OF DEATH

186a F 94528

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3110 Clearview Ave. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Louise Good

If U. S. Veteran specify WAR

(a) Residence: No. 3110 Clearview Ave. St. Ward 27

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Henry Good

6. DATE OF BIRTH (month, day, year) Jan. 11, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) May 1916

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Dolphin Co., Pa

FATHER

13. NAME John Davies

14. BIRTHPLACE (city or town) (State or country) Dolphin Co., Pa

MOTHER

15. MAIDEN NAME — Wheat Davies

16. BIRTHPLACE (city or town) (State or country) Dolphin Co. Pa

17. INFORMANT (Address) John F. Good (son) Arnold, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place GALLAGHER Date 8-3-42 19

19. UNDERTAKER (Address) Lemmon & Pugh 5305 Harford Road

20. AUG 3 — 1942 19 Huntington Williams, M.D. Howard L. Mallonee, M.D. per Dr. Currie

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1935 to July 31 1942

I last saw her alive on July 30 1942. Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease.	7 yrs
Hypertension -	7 yrs +
Diabetes Mellitus	7 yrs +
Fracture of l. hip.	5-13-42
	5-30-42
	6-1-42

Other contributory causes of importance:

Nephritis

Bed sores

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-13 1942

Where did injury occur? 3110 Clearview Ave. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Fell in kitchen, slipped, caught foot in floor

Nature of injury Fracture of l. hip

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) H. M. Currie M. D.

(Address) 11 E. Chase St.

V. S. 3

2. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

518903

F 94529

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94529 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Columbus (If outside city or town limits, write RURAL and give town)
(d) Street No. 761 S. High (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Delmont Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife CLARA

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-14-63

8. AGE: Years	Months	Days	If less than one day
78	11	28	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Real Estate

11. Industry or business

FATHER 12. Name George Brown
13. Birthplace N.Y.

MOTHER 14. Maiden Name Charlotte Jenks
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Columbus OHIO

18 (a) Funeral director Allen F. Grand & Sons
(b) Address 168 W. Mt Royal Ave

19 AUG 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1942, at 950 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1942 to Aug 2 1942 and that I last saw him alive on Aug 2 1942.

Immediate cause of death Uremia — Duration 3 days

Due to Renal failure and anuria

Due to Urinary Bladder tumor

Other Conditions Treatment with radium

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Harris, M.D.
Address Johns Hopkins Hosp. Date signed 8/2/42

VS 3

F 94530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 F 94530 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3711 Hudson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 ½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3711 Hudson (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Louisa Hufnagle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife John Hufnagle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10 - 1858

8. AGE: Years	Months	Days	If less than one day
83	10	21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name — Klenger
13. Birthplace Switzerland

MOTHER
14. Maiden Name Catherine Heisen
15. Birthplace Switzerland

16 (a) Informant Mrs. Frannie Kafer
(b) Address 3711 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave. Huntington Building

19 (a) AUG 3 1942 (Received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942, at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2/42 19 to 7/31/42 19, and that I last saw her alive on 7/30/42 19

Immediate cause of death	Duration
Chronic Myocarditis with myocardial degeneration	2
Due to Age	
Due to	
Other Conditions Cardiac Hypertension	?

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Gaskel M. D.
Address 6675 Cooksville Date signed 8/2/42

VS 3

F 94531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1704 F 94531 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5132 Belair Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HELEN FISCHER

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife Walter V. Fischer
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) March 6th 1904

8. AGE: Years	Months	Days	If less than one day
38	4	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Russell , Md.
13. Birthplace Ella Russell (Carney) Baltimore, Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mr. Walter Fischer
(b) Address 5132 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4th 42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Rd.

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave. Essex.

19 (a) AUG 3 (Date received by Registrar) (b) 1942 Registered by [illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942, at 3:55PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said inspection (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture of skull — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 31, 1942 at 1:30 A.M.
(c) Where did injury occur? Marlyn and Essex Avenues (City or town) (County) Baltimore (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell from rear seat of motor-cycle

23. Signature [illegible] M.D. Medical Examiner.
Date signed August 1, 1942

94532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94532

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkens Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A.A. Co.
(c) City or town Odenton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Agnes Murray

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife George Murray Sr
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) February 19, 1890

8. AGE: Years	Months	Days	If less than one day
52	5	12	hr. min.

9. Birthplace Md. Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name John W. Murray
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Ann Murphy
15. Birthplace Ireland

16 (a) Informant Mr Geo. F. Murray Sr.
(b) Address Odenton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/42 (month) (day) (year)
(c) Cemetery or crematory Nichols Memorial
Location Odenton Md

18 (a) Funeral director John J Lennon & Son
(b) Address 901 Hollins St.
(c) Huntington Williams Mortuary (Date rec'd by registrar) AUG 3 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31 1942 at 7P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1942 to July 31 1942 and that I last saw her alive on July 31 1942.

Immediate cause of death	Duration
Chronic Nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosskeg M.D.
Address St. Agnes Hosp. Date signed 7/31/42

VS 3

E 94533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

928 Registered No. E 94533

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Dee

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife Nellie Ahearn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown 1858

8. AGE: Years	Months	Days	If less than one day
84 69			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Maurice Dee
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie O'Brien
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Curran & Son
(b) Address 901 Hollins St.

19 (a) AUG 3 – 1942 Huntington Williams, M.D. Registrar
Added by registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st 1942, at 2 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1942 to July 30 1942, and that I last saw h/m alive on July 30 1942.

Immediate cause of death	Duration
probably coronary occlusion as he was found dead in bed	
Due to	
Due to	
Other Conditions Mitral regurgitation	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations None
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence None at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? None
(e) Means of injury None

23. Signature Geoff Dueker M. D.
Address 928 E. North Ave Date signed AUG 3 - 1942

F 94534 7/7 418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94534 Registered No. 46e

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County WORCESTER
(c) City or town BERLIN (If outside city or town limits, write RURAL and give town)
(d) Street No. Route #2 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HERMAN G ADKINS

3 (b) If veteran, name war

3 (c) Social Security Account No. MARRIED

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	MARRIED

6 (b) Name of husband or wife MARY
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 12-7-1894

8. AGE: Years	Months	Days	If less than one day
47	7	25	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation CARPENTER
11. Industry or business

FATHER 12. Name GEORGE ADKINS
13. Birthplace MD

MOTHER 14. Maiden Name SARA PARSONS
15. Birthplace MD

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 142 (month) (day) (year)
(c) Cemetery or crematory Berlin
Location Berlin Md.

18 (a) Funeral director Phillips Funeral Home
(b) Address 2024 Orleans St

19 (a) AUG 3 - 1942 (b) Filed by registrar Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG 2nd 1942, at 3.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942, to AUG 2 1942 and that I last saw h[illegible] alive on AUG 2 1942.

Immediate cause of death: Cancer of Coecum — Duration 8 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 7/17/42
Major findings of operation: Cancer of Coecum
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R Longnecker Jr M.D.
Address Johns Hopkins Hospital M.D.

F 94535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1942

✓ F 94535 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belair Rd & Brenden Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 N. Carey ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3(a) FULL NAME Nellie Lee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) march 15, 1917

8. AGE: Years	Months	Days	If less than one day hr.	min.
25	4	16		

9. Birthplace md (Town, county, and state)
10. Usual Occupation Presser
11. Industry or business

FATHER
12. Name Bernard Lee
13. Birthplace md

MOTHER
14. Maiden Name alice moore
15. Birthplace md

16 (a) Informant alice Lee
(b) Address 1120 n. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof aug 3, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location mt auburn.

18 (a) Funeral director George H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Undertaker) (Address) Huntington Williams

AUG 3 [illegible]
VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Extensive 3rd degree burns.	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 7-31-42 at 1:31 P M
(c) Where did injury occur? Belair Road & Brenden (City or town) (County) Ave (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Burned by explosion of gasoline

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed July 31, 1942

F 94536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94536 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Hoffman Sts
(c) Hospital or institution: St Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Baldwin (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. C. Florence McClorina Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife not known

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 1866

8. AGE: Years	Months	Days	If less than one day
72 74	10	16 19	hr. min.

9. Birthplace Md. Md (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name	Solomon Burnett
13. Birthplace	Md.
MOTHER 14. Maiden Name	Mary Cook
15. Birthplace	Md

16 (a) Informant Hart Fisher
(b) Address Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1942 (Month) (day) (year)
(c) Cemetery or crematory Fort Mc Cemetery
Location Fort Mc

18 (a) Funeral director C. C. Corthen
(b) Address Fort Mc

19 (a) [illegible] AUG 3 - 1942 Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 - 2 - 1942 at 1:00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-19 1942 to 8-2 1942 and that I last saw her alive on 8 - 1 1942

Immediate cause of death Carcinoma of Stomach — Duration 3 MOS.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fristing M. D.
Address St. Joseph's Hosp Date signed 8-2-42

VS 1

F 94537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

F 94537 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4213 VERMONT AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4213 VERMONT AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME REV OSWALD W. KREINHEDER

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex MALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife ELEANOR KREINHEDER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 15 1880

8. AGE: Years 61 | Months 7 | Days 16 | If less than one day hr. min.

9. Birthplace BUFFALO NY.
(Town, county, and state)

10. Usual Occupation MINISTER.

11. Industry or business —

FATHER
12. Name HENRY J. KREINHEDER
13. Birthplace GERMANY

MOTHER
14. Maiden Name IDA E PORTTING
15. Birthplace BUFFALO N Y.

16 (a) Informant ELEANOR KREINHEDER
(b) Address 4213 VERMONT AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 3 42 (month) (day) (year)
(c) Cemetery or crematory WOODLAWN CEM
Location WOODLAWN MD

18 (a) Funeral director MRS Chas G J Robke
(b) Address 2327 Edmondson Ave

19 (a) AUG 3 – 1942 (Date received by registrar) Huntington-Robke, M.D.

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 31 1942 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1942, to July 31 1942
and that I last saw her alive on July 31 1942.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions Cholelithiasis

(Include pregnancy within 3 months of death)

Date of operation 7/13/42

Major findings of operation Cholelithiasis

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Aloha H Carruthers M. D.
Address 4709 Fredericks Ave Date signed 8/1/42

F 94538

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

931

F 94538
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2431 E Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 E Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME P Alexander Samuel Berger

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife Samm Berger

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 17 1860

8. AGE: Years: 82 | Months: 4 | Days: 14 | If less than one day: hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Martin Berger
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Bertha Berger
(b) Address 2431 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J Rusch
(b) Address 5305 Harford Road

19 (Date received by registrar) AUG 3 - 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 1 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 19 Aug 1 1942 and that I last saw him alive on Aug 1 19 42

Immediate cause of death	Duration
Cerebral Hemorrhage	July 15th
Due to Arterio Sclerosis	1927
Due to Ch Myocarditis	1940
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William R Sager M. D.
Address 801 N Eutaw St Date signed July 3 1942

F 94539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94539 Registered No. 932

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully compared. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 S. Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 0
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 S. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Finn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife William Finn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 21, 1871

8. AGE: Years	Months	Days	If less than one day
71	6	13	10 hr. min.

9. Birthplace Ireland
(town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Anthoney Ward
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mr William Finn
(b) Address 620 S. Monroe St

17 (a) Burial (b) Date thereof 8/5/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director John J. Lonergan & Son
(b) Address 901 Hollins St.

19 (a) AUG 3 1942 Hunting for Hillsdale, Md. (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1942, at 1 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 2 1942 to Aug 1 1942 and that I last saw h alive on 7/31 1942

Immediate cause of death — Duration
Chronic Myocarditis — 5 mos.
Due to Chronic Arthritis — 3 yrs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. M. Mebus M.D.
Address 1279 William St Date signed 8/3/42

F 94540

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94540 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Dillon St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Dillon St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Michel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 5 1873

8. AGE: Years	Months	Days	If less than one day
68	8	28	hr. min.

9. Birthplace Baltimore (Town, county, and State)

10. Usual Occupation Fire Dept. Pensioned

11. Industry or business

FATHER
12. Name Adam Michel
13. Birthplace Baltimore

MOTHER
14. Maiden Name Margaret Beck
15. Birthplace Germany.

16 (a) Informant Martin E. Michel
(b) Address 2914 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern ave

18 (a) Funeral director S. Walter May
(b) Address 619 N. Bonaparte St

19 (a) (Date received) AUG 3 1942 (b) Registrar Washington Wilkinson, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2 1942, at 1 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942, to Aug 2 1942, and that I last saw h alive on Aug 1 1942

Immediate cause of death: Carcinoma of Larynx & Visceral metastasis — Duration: Jan 1941

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eastchenmark M. D.
Address 842 N. East Ave Date signed 8-3-42

F 94541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 94541 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7II S. Lakewood Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 7II S. Lakewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel E. Flaherty.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 2I2-I2-I362

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Hilda Flaherty
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Mar. 30, I883

8. AGE: Years	Months	Days	If less than one day
59	3 4	I	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired Carpenter
11. Industry or business

FATHER
12. Name James Flaherty
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Lynch
15. Birthplace Maryland

16 (a) Informant Mrs Hilda Flaherty
(b) Address 7II S. Lakewood Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/I942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Balto.

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St.

19 (a) Filed AUG 3 - 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3I, 1942 at II30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 7 1940 to July 3I 1942 and that I last saw him alive on July 3I 1942

Immediate cause of death Coronary Embolism — Duration: I hour

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence none at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none While at work? (Specify type of place)
(e) Means of injury none

23. Signature O. F. Kelly M. D.
Address 100 N. Linwood Ave Date signed Aug 2/42

F 94542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9RN

F 94542

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Hospital Drive & Linden Ave.

(b) Street address Riviera Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Riviera Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BIRDIE OETTINGER

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1871

8. AGE: Years	Months	Days	If less than one day
71	6	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Henry Oettinger,

13. Birthplace Germany.

MOTHER 14. Maiden Name Jeannette Weil,

15. Birthplace Germany.

16 (a) Informant Mr. E. Blum,

(b) Address Riviera Apts. 4 E.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/42. (month) (day) (year)

(c) Cemetery or crematory Bheb Shalom

Location Baltimore, Md.

18 (a) Funeral director Harris Levy Funeral Home

(b) Address 1902 Eutaw Place

19 (a) AUG 3 - 1942 Huntington Williams M.D.

(Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2nd. 1942, at 1.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Aug 2 1942, and that I last saw h[illegible] alive on Aug 1 1942.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis Coronary arteries

Due to

Other Conditions Hypertension arthritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: Immediate

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert H. Gruber Jr. M. D.

Address Riviera Apts. Date signed 8/3/42.

B 94543
E.S. (74900)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94543
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 27
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 N. Howard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Banks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife Burrel Banks (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1872

8. AGE: Years	Months	Days	If less than one day
69	8 9	29 27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? Bias
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Gray
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. G. Co.

18 (a) Funeral director Samuel McCausland Son
(b) Address 628 N. Eutaw St.

19 (a) AUG 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-2 1942 at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-25 1942 to 8-2 1942 and that I last saw her alive on 8-2 1942.

Immediate cause of death	Duration
Coronary occlusion	Immediate
Due to Sen. arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 8-2-42

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94544 — CERTIFICATE OF DEATH — F 94544

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 Edmondson Street, Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Adele Brogden

If U. S. Veteran specify WAR ...

(a) Residence: No. 1011 Ed. mondson ave. Ward ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Winslow Wm Brogden

6. DATE OF BIRTH (month, day, year) 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Roanoke City Va.

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Gertrude Brogden

(Address) 1011 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Aug 3, 19 42

19. UNDERTAKER Mr Katie R. Williams

(Address) 322 N. Schroeder St

20. AUG 3 1942 19 Hunting for Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 31, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 41 to July 31 19 42

I last saw her alive on July 31 19 42 Death is said to have occurred on the date stated above at 1 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left breast with general metastases	about Sept 1941
Other contributory causes of importance: none	

Was an operation performed? no Date of ...

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19 ...

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 94545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

566 F 94545 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 443 W. Monument St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Handy

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 10 1906

8. AGE: Years	Months	Days	If less than one day
35	11	11 20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Private Home

FATHER
12. Name Lemore Handy
13. Birthplace Md.

MOTHER
14. Maiden Name Hattie Holladay
15. Birthplace Md.

16 (a) Informant Hattie Hill
(b) Address 622 Jasper Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Sykesville Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Wm. H. Holladay
(b) Address 1631 Druid Hill Ave.

19 (a) AUG 3 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942 to July 30 1942, and that I last saw her alive on July 30 1942.

Immediate cause of death — Duration

Anesthesia (Ether) — 1 hr

Due to Laparotomy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 30 1942

Major findings of operation: Uterine fibroids

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry M. B. Beck
Address Mercy Hospital Date signed 7/30/42 M. D.

Howard L. Mathis, M.D. pro Omer

94546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94546
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 140 Calvert St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna Edwards

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: not given
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 5/29/1881

8. AGE: Years 61 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Domestic
11. Industry or business

FATHER
12. Name: John Edwards
13. Birthplace: Unknown

MOTHER
14. Maiden Name: Unknown.
15. Birthplace: Unknown.

16 (a) Informant: Myrtle Chase (daughter)
(b) Address: 208 East St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cem.
Location: B. A. County Md.

18 (a) Funeral director: Joseph E. Locke
(b) Address: 1364 N. Central Ave.

19 (a) AUG 3 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 2 1942 at 6:22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/27/ 1942 to 8/2 1942 and that I last saw h[er] alive on 8/2 1942.

Immediate cause of death: Adams Stokes Attack (Heart)
Due to: Arteriosclerotic cardiovascular disease.
Due to:
Other Conditions: Cerebral hypotony

(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy: Meningitis & cerebral hypotony

Duration
2 hrs.
Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: John E. Osborne M. D.
Address: Mercy Hospital Date signed 8/3/42
Baltimore Md.

F 94547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 ✓

F 94547 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 2710
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 McCabe Avenue 800 Mc Cabe Avenue
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EUGENE C. KERNAN

3 (b) If veteran, name war: World War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary C. Whalen
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) May 29th, 1892

8. AGE: Years	Months	Days	If less than one day
49	2	2	########## min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Fireman
11. Industry or business: Balto; City

FATHER
12. Name: William C. Kernan
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Theresa V. Byrnes
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs. Mary C. Kernan (Wife)
(b) Address: 800 McCabe Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1942 (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location [redacted] Balto. Md.

18 (a) Funeral director: George J. Ruth, Inc.
(b) Address: 1735 Harford Avenue

19 (a) Filed AUG 3 1942 (b) Signature of Registrar: [illegible] for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1942, at 7:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Fat embolism of brain	
Due to: Compound comminuted fracture of right femur	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence: July 28, 1942 3:49 P.M.
(c) Where did injury occur? 5000 Aldeber Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home 3 (Specify type of place) While at work? Yes
(e) Means of injury: Explosion during fire

23. Signature: Robert Lee Gerlach M.D. Medical Examiner.
Date signed: August 1, 1942

F 94548 BALTIMORE CITY HEALTH DEPARTMENT #6a F 94548

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Monroe Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Johnson Nickens

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-10-1901

8. AGE: Years 41 | Months 2 | Days 2322 | If less than one day: hr. min.

9. Birthplace Carroll County Maryland
(Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER
12. Name George ?
13. Birthplace Md

MOTHER
14. Maiden Name Mary Jones
15. Birthplace Md.

16 (a) Informant: John Nickens
(b) Address 1204 Pennsylvania ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) Date received by registrar AUG 3 - 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942, at 2 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13-1942 to 8-2-1942 and that I last saw h[illegible] alive on 8-2-1942

Immediate cause of death: Pneumonia & Emphysema
Duration: 4 Months

Due to

Due to

Other Conditions: Chronic Bronchitis 11 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J Franklin Phillips

Address 1443 Pa. Ave Date signed 8/4/42

F 94549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91

F 94549 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL HASKINS

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Charlotte County, Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Peter Haskins

13. Birthplace Va.

MOTHER 14. Maiden Name Sallie?

15. Birthplace Va

16 (a) Informant Benjamin Lore

(b) Address 935 N. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 5 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Baltimore Md.

18 (a) Funeral director William A Jackson

(b) Address 916 Pennsylvania ave

19 (a) Received by registrar AUG 5 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942 at 9a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral arteriosclerosis — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. T. Wallenwebber M.D. Medical Examiner.

Date signed 8-2-42

F 94550

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

166

F 94550
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in years, months and days if under one year. Occupation should indicate the trade, profession or particular kind of work done, even if the deceased was retired or unemployed. Birthplace should be stated as the name of the State or Foreign Country. Residence should be stated in full, including street address or location. Name of husband or wife should be given in case of married, widowed or divorced women. Cause of death should be stated so as to show the primary cause, secondary cause, and complications, if any, and the duration of each. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Pennsylvania Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: HERBERT PARROTT

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-20-9778

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	Married

6 (b) Name of husband or wife: Nettie Parrott

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-5-1916 1916

8. AGE: Years	Months	Days	If less than one day
25	10	27	hr. min.

9. Birthplace: Chester County, S.C.
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: George Parrott
13. Birthplace: N.C.

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: David Simpson
(b) Address: 910 Pennsylvania Avenue

17 (a) Removal (b) Date thereof 8-5-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Antyoch Cemetery
Location: Chester, Chester County, S.C.

18 (a) Funeral director: William A. Jackson
(b) Address: 916 Pierce St. Huntington Williamson, W.Va.

19 (a) Filed (Date rec'd by registrar) AUG 3 - 1942 (b) Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942 at 11 65 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquest)

	Duration
Immediate cause of death: Bullet wound of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence August 2 1942 at 1 10 A M
(c) Where did injury occur? 910 Penna Ave Balto Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury Shot

23. Signature: Robert L. Graham M.D.
Medical Examiner.
Date signed August 3 1942

F 94551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

934 Registered No. F 94551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully ... correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2122 E. Biddle Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2122 E. Biddle Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK A. SOFSKY, Sr.

3 (b) If veteran, name war -----

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife Katherine McGainey

6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 74 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Paperhanger

11. Industry or business

FATHER
12. Name T. Sofsky
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Bourbon
15. Birthplace France

16 (a) Informant Mrs. F.A.Sofsky
(b) Address 2122 E Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/42 (month) (day) (year)

(c) Cemetery or crematory St. Marys
Location Govans

18 (a) Funeral director J. Lester Williams Funeral Chapel
(b) Address 201 E. 22nd Street.

19 (a) AUG 3 - 19[illegible] (Date rec'd by Reg.) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st, 1942 at 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to Aug 1 1942 and that I last saw h[illegible] alive on Aug 1 1942.

Immediate cause of death — Duration

Chr. Myocardial Degeneration — 5 yrs
Due to Generalized Arteriosclerosis
Due to Coronary Sclerosis

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank J. Ayd, M.D.
Address 2005 E Monument St Date signed 8/3/42

F 94552

TACChetti

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1314

F 94552 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caroline Street Extended

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2410 E. Baltimore St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Matilda Tacchetti

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Louis Tacchetti

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 1881

8. AGE: Years	Months	Days	If less than one day
60	11		hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name ?

13. Birthplace Italy

MOTHER

14. Maiden Name Matilda Matar

15. Birthplace Italy

16 (a) Informant Mrs. Louis Tacchetti

(b) Address 2410 E. Baltimore St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5th/42 (month) (day) (year)

(c) Cemetery or crematory St. Stanislaus

Location Mt. Carmel Rd. Baltimore Md.

18 (a) Funeral director Frank Della Mora

(b) Address 52 N. Morley St. Huntingtown Williams

19 (a) AUG 3 - 1942 (Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2, 1942, at 6:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25, 1942, to Aug 2 1942, and that I last saw h[illegible] alive on Aug 2, 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Uremic Poisoning	2 weeks
Due to	
Other Conditions	

(over)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

Means of injury

23. Signature Robert A. Kemp M. D.

Address Mercy Hosp. Date signed 8/3/42

VS 3

F 94553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 940 Gates Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William W. Walker, Jr.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
F	7		hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William Walker
13. Birthplace Va.

MOTHER
14. Maiden Name Lillion Lassiter
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 1942 (Month, day) (Year)
(c) Cemetery or crematory Forest Lawn Cemetery
Location Norfolk Va

18 (a) Funeral director John D. Mitchell & Son
(b) Address 1900 Eastern Ave Huntington Williamsburg, Va.

19 (a) (Date received by Registrar) AUG 3 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1942, at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1942 to August 3 1942 and that I last saw him alive on August 3 1942

Immediate cause of death	Duration
Communicating hydrocephalus	7 mo.
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation Aug 3rd, 1942
Major findings of operation: Comm. hydrocephalus
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 8-3-42 M. D.

F 94554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 94554

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6301 Eunice Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 6301 Eunice Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Mary E. O Dea

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Wh	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	7	1		

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER

12. Name Thomas O Dea

13. Birthplace Wash D.C.

MOTHER

14. Maiden Name Mary Bell

15. Birthplace Ireland

16 (a) Informant Mr Bell

(b) Address 6301 Eunice Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-42 (month) (day) (year)

(c) Cemetery or crematory New Catholic

Location

18 (a) Funeral director Leonard J Rauch

(b) Address 5305 Harford Rd

19 (a) [illegible] (b) [illegible]

Filed by registrar [illegible], M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-42 19 , at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1940 to Aug 1 1942 and that I last saw h[illegible] alive on Aug 1 1942.

	Duration
Immediate cause of death: Carcinomatosis	1 yr
Due to: carcinoma breast	1935
Due to:	
Other Conditions: Hypertensive cardio vascular renal disease	1935

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature S. A. Alesse

Address 6217 Harford Rd Date signed 8/7/42 M. D.

E 94555

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94555

Registered No. 13 a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 N. Robinson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 N. Robinson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Roth

3 (b) If veteran, name war

3 (c) Social Security Account No. 241-20-0311

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie E. Roth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25-1875

8. AGE: Years	Months	Days	If less than one day
67	5	6	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John Roth
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Minnie E. Roth
(b) Address 409 N. Robinson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Eastern Ave.

18 (a) Funeral director John F. Miller
(b) Address 2334 Jefferson St.

(a) Received (Registrar) (b)

AUG 3 1942

Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/31 1942, at 39 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to July 31 1942, and that I last saw him alive on July 30 42

Immediate cause of death Cancer of Prostate Gland
Complicated with Uremia

	Duration
Due to	7
Due to	
Other Conditions Nephritis Chronic	10 days
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Asher S. Sikorsky M.D.
Address 2929 McCleary St. Date signed 8/1/42

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 10C F 94556

94556

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 930 Rodman Way (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT FOX

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 - 1935

8. AGE: Years	Months	Days	If less than one day
6	10	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Andrew T. Fox
13. Birthplace Baltimore

MOTHER
14. Maiden Name Gladys Hodges
15. Birthplace Baltimore

16 (a) Informant Andrew Fox
(b) Address 930 Rodman Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md

18 (a) Funeral director John Ufford
(b) Address 2004 Pulaski St

(a) AUG 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st 1942 at 6 35 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration
Due to —
Due to —
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-1-42 at 6 P.M.
(c) Where did injury occur? Philadelphia Rd & Rodman Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury struck by auto driven by auto driver
23. Signature H. J. Williamsaker M.D. Medical Examiner.
Date signed 8-2-42 while playing in street

VS 6

F 94557

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1937 F 94557 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 Fawn. St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1005. Fawn. St. (If rural give location)
(e) Citizen of foreign country? yes No (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE POPOLI

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No. None.

4. Sex: Male. 5. Color or race: White. 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband/wife: Amalia Popoli
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 10. 1876.

8. AGE: Years 66. Months 5 Days 30 If less than one day hr. min.

9. Birthplace ITALY (Town, county, and state)

10. Usual Occupation
11. Industry or business CARPENTER

FATHER
12. Name Vito ANTHONY Popoli
13. Birthplace ITALY

MOTHER
14. Maiden Name UNKNOWN.
15. Birthplace ITALY

16 (a) Informant AMELIA Popoli
(b) Address 1005. FAWN. ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Aug 4. 1942 (month) (day) (year)
(c) Cemetery or crematory HOLY. ROSARY
Location BELAIR. Road.

18 (a) Funeral director WENDELL J. PIPPEL
(b) Address 312. E. Highland Ave.

AUG 3 - 1942 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY. 31. 1942 at 3.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29, 1942 to July 31/1942 and that I last saw him alive on July 31, 1942

Immediate cause of death: Myocarditis (Chronic) — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Pearson M. D.
Address 4-14 Drury Lane Date signed Aug 3, 1942

F 94558

E.S. (75672)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94558 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joe Beales

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1926

8. AGE: Years	Months	Days	If less than one day
15	8	7	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edd Beales
13. Birthplace Virginia

MOTHER
14. Maiden Name Ethel Gates
15. Birthplace W., Virginia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5: 1942 (month) (day) (year)
(c) Cemetery or crematory St. Matthias
Location Catonsville, Md.

18 (a) Funeral director Randell & Riggel
(b) Address 312 S. Highland Ave

19 (a) Filed AUG 8 1942 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5 1942 at 3:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-28 1942 to 8-5 1942 and that I last saw h alive on 8-5 1942

Immediate cause of death: B hem. strep. septicaemia — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 8-5-42

F 94559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1225

F 94559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) ~~County~~ Baltimore City
(c) ~~City~~ or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Park Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country —

3 (a) **FULL NAME** Rose Upshur Pope (Mrs. George Bayard Pope)

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George Bayard Pope
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1856

8. AGE: Years	Months	Days	If less than one day
86	3	24	23 hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business none

FATHER
12. Name Dr. George Martin Upshur
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace Maryland

16 (a) Informant Miss Dorothy Pope (daughter)
(b) Address 700 Park Ave, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 4 42 (month) (day) (year)
(c) Cemetery or crematory Friends
Location Hayford and Balto Md

18 (a) Funeral director Henry W. Jenkins Son Co
(b) Address McCulloh & Orchard St

AUG 3 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942, at 6:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 2 1942 to Aug 2 1942, and that I last saw him alive on Aug. 2 1942.

Immediate cause of death Cardio-respiratory failure

Due to Peritonitis with Fox reunion

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James McC. Finney M. D.
Address Date signed

F 94560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16HaF 94560 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1105 E. Federal St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 E. Federal St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Edna Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Robert J. Davis Sr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1898

8. AGE: Years 44 | Months 1 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Henry Lammert

13. Birthplace Balto.

MOTHER 14. Maiden Name Anna Foreman

15. Birthplace Balto

16 (a) Informant Robt. J. Davis Jr.

(b) Address 1104 E. Fredrick St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto. Md.

18 (a) Funeral director C. J. Fanning & Son

(b) Address 1938 E. Fayette St. Ave.

(a) Date received (Registrar) (b) Huntington Williams, M.D. Registrar

AUG 3 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942 at 2 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an examination (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry & examination (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxia	
Due to Hanging	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence August 2 1942 (month) (day) (year) 2 PM
(c) Where did injury occur? 1105 E. Federal St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanging by rope

23. Signature Robert A. Graham M.D. Medical Examiner.

Date signed August 3rd 1942

VS 6

F 94561-49

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94561 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ANNE ARUNDEL
(c) City or town ANNAPOLIS
(If outside city or town limits, write RURAL and give town)
(d) Street No. 34 Gotts
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Henry Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	MARRIED

6 (b) Name of husband or wife Dorothy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-5-00

8. AGE: Years	Months	Days	If less than one day
42	1	26	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name Louis Gross
13. Birthplace Md

MOTHER
14. Maiden Name MARY VONNIE
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Aug 5 1942
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bloomfield Hill
Location Annapolis
18 (a) Funeral director J. B. Johnson
(b) Address Annapolis
19 (a) AUG 3 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1942, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1942 to Aug 1 1942 and that I last saw him alive on Aug 1 1942.

	Duration
Immediate cause of death Respiratory failure	Hours
Due to Tuberculosis	3 Years
Due to	
Other Conditions ? Lymphosarcoma	24 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Lymphosarcoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Roger L. Graf
Address Johns Hopkins Date signed 8-2 M. D.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94562 (75768) 13k F 94562 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 S. Furrow St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Teufel

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7188

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carrie Barbara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1885

8. AGE: Years	Months	Days	If less than one day
57	0	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John Lambert Teufel
13. Birthplace Maryland

MOTHER
14. Maiden Name Florence Caspert Kispert
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 5/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto 2nd

18 (a) Funeral director Geo. J. Schwab
(b) Address 2101 Frederick ave

AUG 8 1942 (Date received) (Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/2 1942, at 10:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/31 1942 to 8/2 1942 and that I last saw h— alive on 8/2 1942

Immediate cause of death Pulmonary Tuberculosis — Duration 7 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Jackson
Address Baltimore City Date signed 8/3/42

F 94563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94563 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cumberland & Rayner
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 Wilhelm St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1881

8. AGE: Years	Months	Days	If less than one day
61 62	6	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Patrick Lee
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary McDermott
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Josephine Lee
(b) Address 2113 Wilhelm St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1942 (Month) (day) (Year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director George E. Schwartz
(b) Address 2101 Frederick Ave

1942 Aug 3 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to Aug. 2 1942, and that I last saw her alive on August 2 1942.

Immediate cause of death Uremia

Due to Carcinoma of the Urinary Bladder

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Duncan M. Cheelye
Address WBGH Date signed 8/4/42

F 94564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No.

F 94564

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2422 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No 2422 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry R Tiemann
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Blanche C
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52				

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Self

FATHER
12. Name Henry Tiemann
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Klitsch
15. Birthplace Baltimore Md

16 (a) Informant Blanche Tiemann
(b) Address 2422 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Williams & Jones
(b) Address 1924 Eutaw Pl Williams, M.D.

AUG 4 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3 1942, at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1942, to Aug 3 1942, and that I last saw him alive on Aug 2 1942

Immediate cause of death: Coronary Thrombosis — Duration: 2 days
Due to: Hypertension & Cardio-vascular disease — 2 years
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
Means of injury

23. Signature Wallace F Wallerman M. D.
Address 6 East Read St Date signed 8/5/42

VS 3

F 94565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94565 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Mill Race Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Mill Race Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A Shone

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 4 108

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Frank D Shone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1853

8. AGE: Years	Months	Days	If less than one day
89	5	8	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William T Downey
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Ankrum (Eugenia)
15. Birthplace Maryland

16 (a) Informant William T Shone
(b) Address 760 Bay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/5/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 E Pratt St

19 (a) AUG 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 2 1942, at 3:15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1941 to July 2 1942 and that I last saw h[illegible] alive on June 28 1942

Immediate cause of death
(a) Paralysis
Due to (b) Hypertension & Coronary Sclerosis
Due to (c)
Other Conditions Chronic Myocarditis

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

Duration
4 days
weeks
months
years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1515 W. Saratoga St M. D.
Date signed July 3 1942

F 94566
E.S. (70355)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

432

F 94566
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 ~~28~~
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 N. Paca St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Bohgart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1871

8. AGE: Years	Months	Days	If less than one day
71	6	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Lester S. Clark
13. Birthplace Maryland

MOTHER
14. Maiden Name Della Bohgart
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Hilburn Colvin Co
(b) Address 1210 E. Fayette St

19 (a) AUG 4 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3 1942, at 5-30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17 1942 to 8-3 1942 and that I last saw h alive on 8-3 1942.

Immediate cause of death: Uremia — Duration: 2 wks.
Due to: Hypertension & C.V. disease — Duration: ?
Due to — Duration:
Other Conditions — Duration:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature N. K. Rathbun M. D.
Address Balto. City, Md. Date signed 8-3-42

VS 3

F 94567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 94567

Registered No. (2nd)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Street

(c) Hospital or institution: South Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2414 E Federal St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Zimmerman

3 (b) If veteran, name war: Civil

3 (c) Social Security Account No.: Forth Mike

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie L. Zimmerman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 25 1876

8. AGE: Years 65 | Months 11 | Days 9 | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Printer

11. Industry or business: Printing Office

FATHER — 12. Name: Frederick W. Zimmerman

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden Name: Maria Goldsborough

MOTHER — 15. Birthplace: Baltimore Md

16 (a) Informant: Carrie L. Zimmerman

(b) Address: 2414 E Federal St

17. Burial (Burial, cremation, or removal) (b) Date thereof 8/5/42 (month) (day) (year)

(c) Cemetery or crematory: Greenmount Cemetery Baltimore Md

Location: Baltimore Md

18 (a) Funeral director: [illegible]

(b) Address: 1219 E Fort St

19 (a) AUG 4 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942, at 5.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942, to August 2 1942. I last saw him alive on August 2 1942.

Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul O Magnuson M. D.

Address 1213 Light Street Date signed 8-3-42

VS 3

F 94568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

930 F 94568 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTO. (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 Whitridge Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Heinecke

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Amalie Heinecke
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 5/9/1862

8. AGE: Years	Months	Days	If less than one day
80	2	23	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Gardener
11. Industry or business

FATHER
12. Name Gustavus Heinecke
13. Birthplace Germany

MOTHER
14. Maiden Name Marie ?
15. Birthplace Germany

16 (a) Informant Amalie Heinecke
(b) Address 316 Whitridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk. Cem
Location Balto.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul St.

19 (a) AUG 4 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/2/42, 1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/29 1942, to 8/2 1942, and that I last saw him alive on 8/1 1942.

Immediate cause of death	Duration
Cardio - Vascular Failure	
Due to Esophageal Varices, Benign Prostatic Hypertrophy,	
Due to Chronic Emphysema, Bronchial Asthma	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Gillespie M. D.
Address Mercy Hospital Date signed 8/3/42

VS 3

F 94569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13/a

F 94569 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 & 14
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town, write RURAL and give town)
(d) Street No. 505 E Old Town Lane (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Della Baalke

3 (b) If veteran, name war —
3 (c) Social Security Account No. 1110

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John Baalke
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25, 1871

8. AGE: Years 71 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace New York (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anthony O'Neil
13. Birthplace Maryland

MOTHER
14. Maiden Name Johanna Snyder
15. Birthplace 505 E Old Town Lane

16 (a) Informant Maryann Baalke
(b) Residence 505 E Old Town Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore MD

18 (a) Funeral director William J. Lee
(b) Address 1217 E Fort Ave

19 (a) AUG 4 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/3/42 19 , at 8 25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/2/42 19 to 8/3/42 19 , and that I last saw h[illegible] alive on 8/3/42 19 .

Immediate cause of death
Heart failure
Due to Hypertension C. V. Renal Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Eisenhauman Jr. M. D.
Address Franklin Sq Hosp. Date signed

PRESS WHITE PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94570

File 75748

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 94570

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitlas
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Welcome Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alonzo Carr (Alonzer)

3 (b) If veteran, name war	3 (c) Social Security Account No.
War Veteran	Yes

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Lena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4-1892

8. AGE: Years	Months	Days	If less than one day
49	9	28 27	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Alonza Carr
13. Birthplace N.C.

MOTHER
14. Maiden Name ? - ?
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto City

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) AUG 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1942, at 12:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1942, to Aug 1 1942, and that I last saw h(im/er) alive on Aug 1 1942.

Immediate cause of death	Duration
DIABETIC COMA	
Due to	
Due to	
Other Conditions HYPERTENSIVE CARDIO VASCULAR DISEASE (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Hattman M. D.
Address Baltimore City Hosps Date signed Aug 3

94571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94571
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Bolton st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~802~~ 1614 Bolton st
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Frank B. Haviland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9-1861

8. AGE: Years 80 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Harford Co Md
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Charles C. Haviland
13. Birthplace N Y.

MOTHER
14. Maiden Name Prudella Price
15. Birthplace Baltimore Co Md

16 (a) Informant Mary H. Matthews
(b) Address 1614 Bolton st

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug. 5-42 (month) (day) (year)
(c) Cemetery or crematory Forest Hill
Location Harford Co Md

18 (a) Funeral director Chas. E. Franck
(b) Address 802 Madison Ave

19 AUG 4 - 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2- 1942, at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21-1942 to Aug 2-1942 and that I last saw h[illegible] alive on Aug. 2-1942

Immediate cause of death	Duration
Cardiac decompensation	6 Mo.
Due to Senility -	
Due to Uraemia, chronic, Bronchitis	3 yrs.
Due to Bronchial Influenza	16 days
Other Conditions Heat -	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]

Address 2125 Maryland Ave. Date signed 8/4/42

VS 2

F 94572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94572 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Nil
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 N. Charles St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Edna Pretzmann

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1889

8. AGE: Years	Months	Days	If less than one day
53	4	26	hr. min.

9. Birthplace Harford Co.
(Town, county, and state)

10. Usual Occupation Companion

11. Industry or business

MOTHER / FATHER

12. Name Chas. Pretzmann

13. Birthplace Harford Co.

14. Maiden Name Mary Anna Givons

15. Birthplace Harford Co.

16 (a) Informant John Tarring

(b) Address Aberdeen Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/42 (month) (day) (year)

(c) Cemetery or crematory Lorraine Location [redacted]

18 (a) Funeral director Henry Tarring & Sons

(b) Address Aberdeen Md.

19 (d) AUG 4 1942 (Date rec'd by registrar) Huntington Williams Md. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2, 1942, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942 to Aug 2 1942 and that I last saw h.e.r alive on Aug 2 1942.

Immediate cause of death	Duration
Generalized carcinomatosis	?
Due to Carcinoma of ovary	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca. of ovary & abdominal metastases
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 8/20/42

VS 8

94573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No. 94573

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 401 N Fremont Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 401 N Fremont Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eliyah Green

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Col	widower

6 (b) Name of husband or wife Martha Esther Green

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Calvert Co. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Clarence Foote

13. Birthplace Calvert Co. Md

MOTHER 14. Maiden Name Harriett Green

15. Birthplace Calvert Co-Md

16 (a) Informant Sarah Singleton

(b) Address 1328 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A.A. Co. Md.

18 (a) Funeral director Mrs. Katie R. Williams

(b) Address 322 N Schroeder St.

Aug 5 1942 (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1942 at 6:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1942 to Aug 4 1942 and that I last saw h— alive on Aug 4 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 3 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature

Address Date signed Aug 5th 42

F 94574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94N

F 94574
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Birkhead Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Gardner

3 (b) If veteran, name war: --

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 1874

8. AGE: Years	Months	Days	If less than one day
67	10		hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Water Dept. City of Balto
11. Industry or business

FATHER
12. Name: William H. Gardner
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Annie M. Cannox
15. Birthplace: Balto Md.

16 (a) Informant: Mr. J. Brower Gardner
(b) Address: 3416 Mondawmin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5, 1942 (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery
Location: Edmondson Ave Balto Md.

18 (a) Funeral director: WM. J. TICKNER & SONS INC.
(b) Address: North & Pa Ave.

19 (a) Aug 4 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942, at 1'5 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide [redacted]
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Robert Lee Graham M.D. Medical Examiner.
Date signed August 3 1942

THE MORGUE F 94575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166 F 94575 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 E Lonsdale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LESTER BROWN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1913

8. AGE: Years	Months	Days	If less than one day
28	10	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business Unknown

FATHER 12. Name Robbin Brown

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Elizabeth Brown

15. Birthplace Annapolis, Md.

16. (a) Informant Elizabeth Brown

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18. (a) Funeral director Elroy Wilson

(b) Address 1002 Betterton Ave

19. (a) AUG 4 - 1942 (Date received by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942, at 11 30 P.M

21. I HEREBY CERTIFY, that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of abdomen.

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Aug 1st, 1942 at 11 P. M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury revolver shot during argument

23. Signature Jos L Wollanweber M.D. Medical Examiner.

Date signed 8-2-42

VS 6

F 94576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94N Registered No. F 94576

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1504 Byrd ST.
(c) Hospital or institution: 24
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1504 Byrd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Stoller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	W

6 (b) Name of husband or wife Emma C. Westervelt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4, 1865

8. AGE: Years	Months	Days	If less than one day
77	4	20	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Yard Inspector
11. Industry or business B. & O.

MOTHER / FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mr. Stoller (Son)
(b) Address 1504 Byrd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director L. F. Weckerly
(b) Address 20 E. Fayette

19 AUG 4 1942 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-1-1942, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1942, to 8-1-1942, and that I last saw h[illegible] alive on 7-30 1942.

Immediate cause of death Coronary Thrombosis — Duration 1 d.
Due to Arteriosclerosis — 5 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. C. Bullock M. D.
Address 707 Fairfax Date signed 8-3-42

F 94577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 94577 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens Ave

(c) Hospital or institution: St Agnes Hospt

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 5518 Fredrick Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country (Birth F 5-42-54)

3 (a) FULL NAME Baby Engle (William Arthur Engell)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2nd 1942

8. AGE: Years	Months	Days	If less than one day
			22 hr. 13 min.

9. Birthplace St Agnes Hospital - Balto. Md.

(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name William H. Engle

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Margarie Gladman.

15. Birthplace Balto. Md.

16 (a) Informant Mr. Wm H. Engel

(b) Address 5518 Fredrick Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (month) 4 (day) 42 (year)

(c) Cemetery or crematory Western

Location Balto. Md.

18 (a) Funeral director Wm. Wilson & Son

(b) Address 2503 Edmondson Ave

19 (a) AUG 7 1942 Huntington Williams, M.D.

Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3rd 1942, at 5:10 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 2 1942 to Aug 3 1942 and that I last saw him alive on Aug 3 1942.

Immediate cause of death Prematurity

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James N. Cranis M. D.

Address St Agnes Hosp, Date signed 8/3/42

F 94578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122 B

F 94578

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: St. Joseph's Hospital W

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1239 Carroll St (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) **FULL NAME** Mr. Joseph. B. Mc Connell

3 (b) If veteran, name war no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Della Mc. Connell

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug 24. 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
59	11	9		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Bowling alley Manager

11. Industry or business .....

FATHER

12. Name Thomas Mc. Connell

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Della Mc. Connell

(b) Address 1239 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5. 1942 (month) (day) (year)

(c) Cemetery or crematory Western

Location City

18 (a) Funeral director Mrs. Thos. John W. Teufel - Son

(b) Address 801 W. Fayette St

19 (a) AUG 4 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2nd 1942, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30th 1942, to Aug. 2nd 1942, and that I last saw him alive on Aug. 2nd 1942.

Immediate cause of death Intestinal Obstruction — Duration 1 week

Due to Volvulus of Ileum — ?

Due to .....

Other Conditions Meckel's Diverticulum & Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: Same as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature William H. Fuchs M.D.

Address St. Joseph's Hosp. Date signed 8-2-42 M. D.

VS 2

M. D. B. 1268-9

F 94579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13 1a

F 94579

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1567 Leslie St. St., 11 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da. 15

2. FULL NAME Sallie Ford

(a) Residence: No. 1567 Leslie St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard Ford

6. DATE OF BIRTH (month, day, year) July 27, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Buckingham Co., (State or country) Va.

FATHER

13. NAME Harold Booker

14. BIRTHPLACE (city or town) Va. (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Va. (State or country)

17. INFORMANT Bernard Ford (Address) 1567 Leslie St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 8/4 19

19. UNDERTAKER Geo. W. Gelson (Address) 1300 Gilmor St

20. FILED AUG 4 - 1942 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-1- 1942

22. I HEREBY CERTIFY, That I attended deceased from 7-22- 1942 to 8-1- 1942

I last saw h alive on July 31, 1942 Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal-Vascular Disease	8-3-42

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) George C. Page M. D.

(Address)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 94580

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1942 ✓ F 94580 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 720 North Bruce Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE L. Gaines Bey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant W. Faison El.
(b) Address 1713 Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Md

18 (a) Funeral director Geo. H. Kelson
(b) Address 1303 Pressman St

19 (a) AUG 4 - 1942 (Date received by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1942 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic myocardial degeneration — Duration

Due to

Due to

Other Conditions emphysema, pulmonary (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner
Date signed August 5 1942

VS 6

F 94581
AB-67404

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

16

F 94581
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr-20 Da
(e) Length of stay in Baltimore (yrs., mos., or days) 24 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1103 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Marshall

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes ? None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12-1906

8. AGE: Years	Months	Days	If less than one day
36	2	20 21	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Henry Marshall (D)
13. Birthplace S.C.

MOTHER
14. Maiden Name Alice ?
15. Birthplace Georgia

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm. H. Nelson
(b) Address 1503 Presstman St

19 (a) AUG 4 - 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1942 to 8-1 1942 and that I last saw him alive on 7-31 1942.

Immediate cause of death Enterovitis & fistula formation
Due to Tuberculosis
Due to
Other Conditions Syphilis & Pott's Disease
(Include pregnancy within 3 months of death)

Duration
3 Mo
2½ yrs

Date of operation 12-21-41
Major findings of operation: TB of spine - fusion attempted
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City. Hosp Date signed 8-3-42

VS 3

F 94582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94582 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1130 Forest St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Forest St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward C. Gordon

3 (b) If veteran, name war: No

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Grace A. Gordon

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) July 13 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	0	21	00	

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Baltimore City

FATHER
12. Name James Gordon
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Catherine O'Brien
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Grace A. Gordon
(b) Address 1130 Forrest Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 6-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Road

18 (a) Funeral director Edward Cahill & Son
(b) Address 917 N. Eutaw St

19 (a) AUG 4 (Date rec'd by registrar) (b) Huntington, West Virginia Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3rd 1942, at 3 05 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Coronary occlusion

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(c) Means of injury

23. Signature Robert Lee Fratzer M.D. Medical Examiner.
Date signed August 3 1942

VS 6

F 94583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N

F 94583 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3629 Kimble Rd
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3629 Kimble Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Vallee

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 1883

8. AGE: Years 59 | Months | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Worked at Home

11. Industry or business

FATHER 12. Name Jeremiah Vallee

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Catherine Cunningham

15. Birthplace Baltimore Md

16 (a) Informant Mrs Roach

(b) Address 3629 Kimble Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Cathedral Cem.

Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W. Conkling & Son

(b) Address 924 E. Baltimore St.

19 (a) AUG 4 (Date rec'd by registrar) (b) Harry [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3rd 1942, at 6a M

21. I certify that death occurred on the date above stated; that I attended deceased from 12 July 1942, to 3 Aug 1942, and that I last saw h[illegible] alive on 3 Aug 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 day
Due to: arterio sclerosis	14 years
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation: X

Major findings of operation: X

of autopsy: X

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: X
(b) Date of occurrence: X at M
(c) Where did injury occur? X (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? X (Specify type of place) While at work?
(e) Means of injury

23. Signature Z. Vance Hooker M. D.
Address 3534 Ellerslie Ave Date signed 3 Aug 42

VS 3

F 94584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

F 94584 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 47 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 52 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1904 Druid Hill Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ENNIS W. TURNER

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-6640

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife EVA ARTHUR
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) December 17, 1889

8. AGE: Years	Months	Days	If less than one day
52	7	14	hr. min.

9. Birthplace BALTIMORE, MARYLAND.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Ennis Turner
13. Birthplace Fredericksburg, Va.

MOTHER
14. Maiden Name GABRELA HOWARD,
15. Birthplace Bolling Green, Virginia

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-42 (month) (day) (year)
(c) Cemetery or crematory New National Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) [illegible] by [illegible] (b) Huntington Williams M.D. Registrar

AUG 4 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1, 1942, at 8:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16, 1942, to Aug. 1, 1942, and that I last saw him alive on Aug. 1, 1942.

	Duration
Immediate cause of death HEART FAILURE	3 mo.
Due to Hypertensive heart disease	Unknown
Due to	
Other Conditions Coronary disease; Infarction of both lungs (Include pregnancy within 3 months of death)	Unknown

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. M. Ar dorsey M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 8/3/42

F 94585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 F 94585 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 S. Sharp St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elijah Harvin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 8 1930

8. AGE: Years	Months	Days	If less than one day
12	4	22	hr. min.

9. Birthplace South Carolina
(Town, county, and state)

10. Usual Occupation School Boy

11. Industry or business

FATHER
12. Name Julius Harvin.
13. Birthplace South Carolina

MOTHER
14. Maiden Name Novel Felder
15. Birthplace South Carolina

16 (a) Informant Julius Harvin
(b) Address 1109 S Sharp St

17 (a) Bur removal (b) Date thereof Aug 4 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lemitre
Location South Carolina

18 (a) Funeral director Isaac L Brown Son
(b) Address 1058 W Monte [illegible] St

19 (a) [illegible] Registrar

AUG 4 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 4 15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & no autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said inquiry & no autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture of skull

Due to accident

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 20 1942 at 4 05 PM
(c) Where did injury occur? J. Hanover & West Sts. Balto. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? no
(Specify type of place)
(e) Means of injury Struck by auto & by truck

23. Signature Robert H. Graham M.D.
Medical Examiner.

Date signed July 21 1942

F 94586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13/a

F 94586
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 Pierce St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Balto mf
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 Pierce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie Crumpler

3 (b) If veteran, name war — none
3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	negro	married

6 (b) Name of husband or wife Alice Crumpler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1892

8. AGE: Years	Months	Days	If less than one day
50		28	hr. min.

9. Birthplace Fayetteville N C
(Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

FATHER
12. Name Thomas Crumpler
13. Birthplace Fayette Ville N C

MOTHER
14. Maiden Name Unknown
15. Birthplace Fayetteville N C

16 (a) Informant Alice Crumpler
(b) Address 707 Pierce St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address [redacted] E Schroeder St

19 (a) Aug 4 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 — 1942 at 8:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to 8-1- 1942 and that I last saw him alive on July 31 1942

Immediate cause of death Cerebral Thrombosis, Duration 1 day
Hemiplegia

Due to Coronary Occlusion
Due to Illness
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature W. Robert King M. D.
Address 1135 Belmont Date signed 8/3/42

F 94587

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94587 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Mount Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Barbour

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife Nannie Barber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Calvert County Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Frank Barber
13. Birthplace Savannah Georgia

MOTHER
14. Maiden Name Elizabeth Clary
15. Birthplace Huntingtown Maryland

16 (a) Informant Mrs Catherine Drake
(b) Address 726 N Carrollton Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8 (month) 4 (day) 1942 (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Mt Winans

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3 AUG 4 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1942 at 11.35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24-1942 to 7-31-1942 and that I last saw h~~im~~ alive on 7-31-1942.

Immediate cause of death: Intestinal Obstruction
Peritonitis — Duration 4 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. Harris M. D.
Address 1207 N Caroline Date signed 8-4-42

F 94588

LAWRENCE W. SALFNER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94N

Registered No. F 94588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 N. 42nd St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N. 42nd Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence W. Salfner

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Agnes M. Salfner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1889

8. AGE: Years	Months	Days	If less than one day
52	8	22	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Owner - Gasoline Filling
11. Industry or business Stations

FATHER
12. Name George A. Salfner
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah V. Bull
15. Birthplace Maryland

16 (a) Informant Mrs. Agnes M. Salfner
(b) Address 1101 N. 42nd St.

17 (a) Burial (b) Date thereof Aug 6-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3324 Falls Road

19 (a) AUG 4 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3- 1942, at 4:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy & Inquest, and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madeira M.D.
Medical Examiner.
Date signed 8-3-42

VS 6

F 94589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94589 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and correct answer is especially important. Physicians: please write the causes of death clearly and legibly. Do not abbreviate.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 N. 36th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 N. 36th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha L. Matthews

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1865

8. AGE: Years 77 | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Howard Co. Maryland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name William Matthews
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Jones
15. Birthplace Maryland

16 (a) Informant Mrs. Nannie Ayers
(b) Address 720 N. 36th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Biggee
(b) Address 3631 Pall Mall Road Williams, Md.

19 (a) (Date received by Registrar) AUG 4 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 2 1942 at 5.15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1942 to Aug 2 1942 and that I last saw her alive on Aug 2 1942

Immediate cause of death Cardiac Decompensation — Duration 16 days

Due to Cardio-Vascular disease — 6 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Dineen
Address 846 W 36th St. Date signed 8/3/42

F 94590

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registration No. H&E F 94590

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. + Fenden ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5323 Gwynn oak Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Miss Catherine De Boer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 9 1895

8. AGE: Years	Months	Days	If less than one day
56	9	15	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harm De Boer
13. Birthplace Germany

MOTHER
14. Maiden Name Louise Ebelke De Boer
15. Birthplace Germany

16 (a) Informant Mrs. John L. Schnader
(b) Address 1916 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Maryland

18 (a) Funeral director Harry H. Wilhelm
(b) Address 1101 Edmondson Ave.

19 (a) AUG 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1942, at 6:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to August 3 1942 and that I last saw her alive on Aug 3 1942

Immediate cause of death Shock of Unknown Origin — Duration 10 hrs.

Due to

Due to

Other Conditions Carcinoma of Colon; Multiple Colostomy — ?
(Include pregnancy within 3 months of death)

Major findings:
Of operation Annular Carcinoma of splenic flexure.
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Gordon De Young Jr. M. D.
Address Balt. Gen. Hosp. Date signed 8/3/42

VS 3

F 94591

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

932 Registered No. F 94591

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) over 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere - Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.? over 40 years

3 (a) FULL NAME Anna Kalitsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Solomon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1856

8. AGE: Years	Months	Days	If less than one day
86			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Greenspring - Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rodeph Shalom Cem
Location

18 (a) Funeral director Sol Levinson Bros
(b) Address 424-26 N. North ave

19 (a) (Date sold by undertaker) (b) Baltimore, Md.

AUG 4 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3 1942, at 11 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1930 to 8-3 1942, and that I last saw her alive on 8-3 1942.

Immediate cause of death Cir end vascular disease

Due to Arteriosclerosis Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Edmund Levin, M.D.
Address Levindale Date signed 8/4/42

F 94592

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83N

F 94592 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1713 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Ward

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. 212-18-5725

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1893

8. AGE: Years 49 | Months 4 | Days 26 | If less than one day: hr. min.

9. Birthplace Bethlehem Pa (Town, county, and state)
10. Usual Occupation Ship Worker
11. Industry or business Ship building

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Catherine Jones
(b) Address 1713 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road

18 (a) Funeral director Thos. J. Kenny
(b) Address Hollins & Pulaski

19 (a) AUG 4 - 1942 (Date received by Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3 1942 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1942 to 8-3 1942 and that I last saw h/him alive on 8-3 1942.

Immediate cause of death: Acute Cardiac Failure
Due to: Right cerebral hemorrhage
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. C. Wiedra M. D.
Address Univ. Hospital Date signed 8/3/42

VS 3

94593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

F 94593 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Green St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Anna Cordell

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Stall in Lexington Market
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant University Hospital
(b) Address 108 N. Green St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.
18 (a) Funeral director John J. Boyce's Son
(b) Address 901 Hollins St.
19 (a) [illegible] Harrington Williams, M.D. Registrar
(Date received) AUG 4 19[illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1942, at 1:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1942, to Aug. 3 1942, and that I last saw her alive on Aug. 3 1942.

Immediate cause of death	Duration
Chronic Cholecystitis	
Due to Cholelithiasis	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation August 4, 1942

Major findings of operations: Chr. Cholecystitis & Cholelithiasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Ross M. D.
Address Univ. Hospital Date signed 8/3/42

F 94594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 94594 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 Brunett (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JEROME ANDERSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Viola

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1919

8. AGE: Years	Months	Days	If less than one day
23	-	23	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business Cleaning Plant

FATHER 12. Name Richard Anderson

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mable Ennis

15. Birthplace Balto, Md.

16 (a) Informant Ella Anderson

(b) Address 606 Brune St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Park

Location Arbutus Maryland

18 (a) Funeral director Mrs. Geo. G. Rossford

(b) Address 1631 Druid Hill Ave.

19 (a) AUG 4 1942 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 1942, at 1 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Burns, 2nd & 3rd degree entire body — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 7-31-42 at 10 P. M

(c) Where did injury occur? 3402 Belair Rd (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? yes (Specify type of place)

(e) Means of injury burns fire - cleaning fluid caught fire

23. Signature H. J. Wollenweber M.D. Medical Examiner.

Date signed 8-1-42

F 94595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94595 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 545 Mc Mechen st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 545 N. Mechen Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James A. Carter

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-3747

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Liffie Carter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 25, 1881

8. AGE: Years	Months	Days	If less than one day
60	9	8	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation Porter for Old Bay Line
11. Industry or business

FATHER
12. Name Archer Carter
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace unknown

16 (a) Informant Mrs Liffie Carter
(b) Address 545 Mc Mechen Street

17 (a) Burial (b) Date thereof Aug 6, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Auburn
Location Baltimore City

18 (a) Funeral director Joseph A. Lively
(b) Address 1 [illegible] Mount Street

19 (a) AUG 4 - 1942 (b) Huntington Williamsport, Md.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1942 at 8 25 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Aug 7 1942 and that I last saw him alive on Aug 1 1942.

Immediate cause of death
Exhaustion
Due to Carcinoma of Prostate
Due to Chr. nephritis
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. R. Slaughter M. D.
Address 825 N. Fremont Ave Date signed 8/3/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 94596

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52a

F 94596
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 125 N. Pearl Street
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 N. Pearl Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	married

6 (b) Name of husband or wife Lena Thompson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Alexander Thompson
13. Birthplace N. C.

MOTHER
14. Maiden Name Anna Austin
15. Birthplace N. C.

16 (a) Informant Lena Thompson
(b) Address 1075 Pearl St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Howard C. Hensley
(b) Address 578 W. Biddle St.

19 (a) AUG 4 1942 (b) Huntington Williams, M.D. Registrar
Filed by

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-3- 1942, at 9:30 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma of Kidney	
Due to Brain metastasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 8-4-42

VS 6

F 94597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938 F 94597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3904 Hadley Square
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 67 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3904 Hadley Square (If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Charles E. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-2471

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie Roddy
6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1874

8. AGE: Years	Months	Days	If less than one day
67	6	28	-- hr. ---min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Adex Mfg. Co.

FATHER
12. Name James A. Smith
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Annie E. Wright
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Nellie R. Smith
(b) Address 3904 Hadley Square

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) AUG 4 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3 1942, at 6.30, M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941 to Aug. 3 1942 and that I last saw h[illegible] alive on Aug. 3 1942

Immediate cause of death Coronary Thrombosis — Duration
Due to Hypertension & myocardial degeneration
Due to
Other Conditions Slight Arterio Sclerosis
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas R. Brawner M.D.
Address Med. Arts Bldg. Date signed 8-3-42

VS 8

F 94598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd + Herring Run
(c) Hospital or institution: Sydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Worcester
(c) City or town Berlin
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Daniel Ayres

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-16-7806

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	Married

6 (b) Name of husband or wife Georgiana Bowen
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Berlin Md
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Daniel Ayres
13. Birthplace Berlin md

MOTHER
14. Maiden Name Ann Maria Tull Pitts
15. Birthplace Berlin Md

16 (a) Informant Carie L. Barnett
(b) Address Berlin md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1942 (month) (day) (year)
(c) Cemetery or crematory Evergreen
Location Berlin Md

18 (a) Funeral director James F. Stewart
(b) Address Salisbury md

19 (a) (Date received by registrar) Huntington Williams MD (Registrar)

AUG 4 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1 1942, at 6:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1942, to Aug. 1 1942, and that I last saw him alive on Aug. 1 1942.

Immediate cause of death	Duration
Cerebro Spinal Fever	
Due to Meningococcus	
Due to	
Other Conditions Bronchopneumonia Syphilitic Aortitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature K. Kenneth Kulansky M. D.
Address Sydenham Hosp Date signed 8/4/42

94599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 61 V 1509

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 230 N. Ducan St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 230 N. Ducan St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Korbel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife John
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) 5/24/1885

8. AGE: Years 57 | Months 2 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Carey
13. Birthplace

MOTHER 14. Maiden Name
15. Birthplace

16 (a) Informant Husband
(b) Address 230 N. Ducan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/'42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Jerome E. M. Cook
(b) Address 900 N. Chester St.

19 [redacted] by registrar 8/7/42 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1942, at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1941, to Aug 3 1942 and that I last saw her alive on Aug 1 1942.

Immediate cause of death: Coronary Occlusion — Duration, 10 mos.
Due to Arteriosclerotic Heart Disease — 3 yrs.
Due to Diabetes Mellitus — 4 yrs.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M. D.
Address 2413 E Monument St Signed 8/3/42

VS 3

FILLING WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94600 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Calvert St.

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days): 8 days

(e) Length of stay in Baltimore (yrs., mos., or days): Just Came

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md. (b) County: Carroll

(c) City or town: Sykesville (Rural)
(If outside city or town limits, write RURAL and give town)

(d) Street No.: Not given
(If rural give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME: Nannie Riffey

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife: Sherman Riffey
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.): Aug. 26, 1911

8. AGE: Years	Months	Days	If less than one day
30	11	22	hr. min.

9. Birthplace: Virginia
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER — 12. Name	W. H. Keene
FATHER — 13. Birthplace	North Carolina
MOTHER — 14. Maiden Name	Willey Dolinger
MOTHER — 15. Birthplace	Virginia

16 (a) Informant: Mrs Nannie Riffey

(b) Address: Sykesville Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-4-42 (month) (day) (year)

(c) Cemetery or crematory: Glade Springs Va

Location

18 (a) Funeral director: Geo. A. Farley

(b) Address: Fulton & Fayette Huntington West Virginia

AUG 5 1942 (Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 1942, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to Aug 4 1942 and that I last saw h[illegible] alive on Aug 4 1942

Immediate cause of death	Duration
Heart Failure	12 Hrs.
Due to Acute Lymphatic Leukemia	2 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

Signature John B Osborne M.D.

Address Mercy Hospital Date signed 8/9/42

VS 8

F 94601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1150 F 94601 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 233 Douglas Court (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Doris X. Wallace

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Colored	Married

6 (b) Name of husband or wife Joseph S. Wallace
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) 3/15/15

8. AGE: Years	Months	Days	If less than one day
27	4	20	4 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Howard Waddell
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma Brunsell
15. Birthplace Baltimore Md

16 (a) Informant Emma Waddell
(b) Address 246 Douglass Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem Park
Location Baltimore Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 421 Jefferson St E

19 AUG 5 1942 (Date received, 1942) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1942, to Aug 4 1942, and that I last saw h[illegible] alive on Aug 4 1942.

Immediate cause of death	Duration
respiratory obstruction	
Due to aspiration of vomitus and edema	
Due to infection of cellular tissues of neck	
Other Conditions (none)	

(Include pregnancy within 3 months of death)
Date of operation Aug 4, 1942
Major findings of operation:
of autopsy: Laboratory Report

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Hupek M.D.
Address St Joseph Hospital Date signed 8/14/42

VS 8

F 94602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d F 94602 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 314 S Broadway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 314 S Broadway (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Morris Ander

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Latvia (Town, county, and state)
10. Usual Occupation
11. Industry or business Merchant

FATHER
12. Name Israel Ander
13. Birthplace Latvia

MOTHER
14. Maiden Name Mollie ?
15. Birthplace Latvia

16 (a) Informant Ida Ander
(b) Address 314 S Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 5; 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1124 1126 W. Lafayette Ave Huntington Williams, M.D.

19 (a) AUG 5 — 1942 (Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1942, at 2.30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic myocardial degeneration	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed August 5 1942.

F 94603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91N

F 94603 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene St.

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7+

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3912 Woodhaven Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel H. Farber

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-7[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ruth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug, 26, 1906

8. AGE: Years	Months	Days	If less than one day
35	11	9	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business Insurance Agent

FATHER 12. Name Louis Farber

13. Birthplace Austria

MOTHER 14. Maiden Name Bertha Farber

15. Birthplace Austria

16 (a) Informant Ruth Farber

(b) Address 3912 Woodhaven Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug, 5, 1942 (month) (day) (year)

(c) Cemetery or crematory Southern ave

Location Southern ave

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124, 1126 W North Ave Baltimore

19 (a) AUG 5 - 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1942, at 4:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1942 to Aug 4 1942, and that I last saw him alive on Aug 4 1942

Immediate cause of death Anaemia — Duration 3 months

Due to Cardiac Failure

Due to Subacute Bacterial Endocarditis

Other Conditions Septicemia

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide none

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J G Bird M. D.

Address University Hospital Date signed 8-4-42

VS 8

94604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 94604 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 N. Luzerne Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 N. Luzerne Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael B. Schmitt

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-1184

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1895

8. AGE: Years	Months	Days	If less than one day
47	6	-	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Schaeffer & Pfaff
11. Industry or business Cigar Mfg.

FATHER
12. Name Michael Louis Schmitt
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Schafer
15. Birthplace Baltimore County

16 (a) Informant Mother & Brother John M. Schmitt
(b) Address 432N. Linwood Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Fairfield Street

19 AUG 5 - 1942 (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1942, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942, to Aug 3 1942, and that I last saw him alive on Aug 3 1942.

Immediate cause of death

	Duration
Cerebral Hemmorrhage	1 day
Due to Chronic Cardio Renal Disease	
Due to with Hypertension	not known
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank J. Ayd M. D.
Address 2005 E. Monument St Date signed 8/4/42

F 94605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94605
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2907 Southern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Southern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Trautmann

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah Trautmann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8 - 1869

8. AGE: Years	Months	Days	If less than one day
72	7	26	hr. min.

9. Birthplace Germany
(Town, county and state)

10. Usual Occupation Baker
11. Industry or business Retired 20 yrs

FATHER
12. Name Jacob Trautman
13. Birthplace Germany

MOTHER
14. Maiden Name Francis Wintgarter
15. Birthplace Germany

16 (a) Informant Sarah Trautmann
(b) Address 2709 Southern Ave

17 (a) Burial (b) Date thereof Aug 7 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2225 Reisterstown Rd

19 (a) AUG 5 - 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1942 at 5:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1942 to Aug 4 1942 and that I last saw h. l. alive on Aug 4 1942.

Immediate cause of death	Duration
(a) Acute Coronary Thrombosis	2 days
Due to (b) Arteriosclerotic Heart Disease	5 months
Due to (c)	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23) Signature Georg Dawyer M.D.
Address 4808 Harford Rd. Date signed 8/4/42

F 94606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94606 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 S Bouldin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 808 S Bouldin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Ortman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Bernhardt Ortman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 29-1867

8. AGE: Years	Months	Days	If less than one day
74	7	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Ulitzer
13. Birthplace Germany

MOTHER
14. Maiden Name Dora Lum
15. Birthplace Germany

16 (a) Informant Miss Margaret Ortman
(b) Address 808 S Bouldin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 6th 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rosedale

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2002 Eastern Ave

19 (a) AUG 5-1942 (Date received by Registrar) Interring to be made in Baltimore City or County. Burial permit issued by H. Nestor

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1942 at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to Aug 3 1942 and that I last saw him alive on Aug 3 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	7
Due to Arteriosclerosis	1 Yrs
Other Conditions Chronic Nephritis	1 Yr

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M J Geary M.D.
627 N. Rosedale Date signed 8/5/42

VS 3

F 94607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94607
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) b

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Church Home and Infirmary
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Annie E. Wheeler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12, 1860

8. AGE: Years	Months	Days	If less than one day
81	11	23 22	hr. min.

9. Birthplace Prince George County
(Town, county, and State)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Richard Wheeler
13. Birthplace Montgomery County

MOTHER
14. Maiden Name Rebecca Burton
15. Birthplace Montgomery County

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director J. Wallace Lee Sons
(b) Address 300-4th St. N.E. Washington D.C.

19 (a) AUG 5 - 1943 (b) Huntington White Resident M.D.
(Registrar) (Deputy registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1942, at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1942 to August 4 1942, and that I last saw her alive on August 4 1942.

Immediate cause of death: Carcinoma of Uterus — Duration 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Regestery M. D.
Address Church Home and Infirmary Date signed 8/4/42

VS 2

F 94608

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a

F 94608 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied & correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 N. Belnord Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 N. Belnord Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antonia Bernard

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Frank J. Bernard 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1869

8. AGE: Years	Months	Days	If less than one day
73	5		hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER 12. Name unknown
13. Birthplace "

MOTHER 14. Maiden Name "
15. Birthplace "

16 (a) Informant Husband & Daughter Mrs. Bessie Zavadil
(b) Address 405 Woodward Dr. Essex, Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 8/5/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) AUG 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 1942 at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to Aug 2 1942 and that I last saw h[illegible] alive on Aug 2 1942

Immediate cause of death Cerebral Hemorrhage — Duration July 28 1942

Due to Arterio-Sclerosis — 1934

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

D. Signature William J. Roane M. D.
Address 801 N. Kenwood Ave

94609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

F 94609

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1500 Patapsco Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 Patapsco Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emil Yankay

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0711

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louise Yankay
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1895

8. AGE: Years	Months	Days	If less than one day
46	7	6	hr. min.

9. Birthplace Anne Arundel County
(Town, county, and state)

10. Usual Occupation Motorman
11. Industry or business Balto. Transit Co

FATHER
12. Name Gottlieb Yankay
13. Birthplace Germany

MOTHER
14. Maiden Name Gustina ?
15. Birthplace Germany

16 (a) Informant Louise Yankay (Wife)
(b) Address 1500 Patapsco St

17 (a) Burial (b) Date thereof Aug. 7, 1941
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Q. A. Co. Md.

18 (a) Funeral director Howard Evans
(b) Address 1400 E. Eberlett.

19 AUG 5 - 1941 Received by Registrar Whittington for Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4-1941, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Chronic Myocardial Degeneration	
Due to Acute Pulmonary Edema	
Other Conditions Generalized arteriosclerosis Chronic Nephritis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 8-4-41

F 94610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 F 94610 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Division St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry D. Brightman
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	married

6 (b) Name of husband or wife Rose M. Brightman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business

FATHER 12. Name unknown
13. Birthplace Md

MOTHER 14. Maiden Name unknown
15. Birthplace Md

16 (a) Informant Rose Matthews Brightman
(b) Address 1613 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Anne Arundel County Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Pedestrian

19 (a) AUG 5 - 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1942 at 5:17 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 16 1942 to Aug 4 1942 and that I last saw h[illegible] alive on Aug 3 1942.

Immediate cause of death: Mitral Insufficiency
Due to Hypertrophy with Dilatation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration: 4 yrs

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward Fisher M. D.
Address 2 E Monument Date signed 8-4-42

VS 8

F 94611

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

F 94611
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Patapsco River
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 19 S. Carey Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Wilson Shugars

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1917

8. AGE: Years 25 | Months 3 | Days 4 | If less than one day hr. min.

9. Birthplace Leisburg, Va. (Town, county, and state)
10. Usual Occupation Stonemason
11. Industry or business

FATHER 12. Name John Wilson Shugars
13. Birthplace Leisburg, Va

MOTHER 14. Maiden Name Louise Love
15. Birthplace Leisburg Va

16 (a) Informant John Wilson Shugars
(b) Address Pelhatton Beach, Pasadena

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn

18 (a) Funeral director Geo. D. Kenny
(b) Address Hollins & Gilmore

AUG 5 - 1942 (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4- 1942 at 10A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Formal Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Formal Autopsy and that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Drowning
Due to
Due to
Other Conditions Decomposed
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes - partial

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/5
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence 8-1-(?)42 at — M
(c) Where did injury occur? Docks · City Harbor near Fort Carroll (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? —
(Specify type of place)
(e) Means of injury Recovered from water.

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 8-4-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94612

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 758 Pine St., ✓ Ward) 131 B

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Ida Jones

If U.S. Veteran specify WAR ____

(a) Residence: No. 758 Pine St., ____ Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col.

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Winfield Jones

6. DATE OF BIRTH (month, day, year): June 20 77

7. AGE — Years: 65 | Months: 1 | Days: 13 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Moses Oliver

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lucy Johns

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Martha Jennings

(Address) 758 Pine

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Aug 6, 19 42

19. UNDERTAKER: Mrs Katie R Williams

(Address) 322 N Schroeder St.

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 3. 42

22. I HEREBY CERTIFY, That I attended deceased from June 24 19 42 to Aug 3 19 42

I last saw her alive on Aug 2 19 42 Death is said to have occurred on the date stated above, at 5.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Was an operation performed? ____ Date of ____

For what disease or injury? ____

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19 ____

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? If so, specify ____

(Signed) Frank E. Wagner M.D.

(Address) 3027 Eastern

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

BMC 5—1-42

F 94613

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94613 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St.
(c) Hospital or institution: Home for Incurables - 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Co'nd.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Dunbrook Rd. Govans (If rural give location) Govans -
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Della Wilkins Stocking -

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles Hendrickson Stocking -
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24 - 1858

8. AGE: Years	Months	Days	If less than one day
89	7	10	hr. min.

9. Birthplace St. Charles Ill.
(Town, county, and state)
10. Usual Occupation Housewife -
11. Industry or business

FATHER
12. Name David Wilkens
13. Birthplace Maine -

MOTHER
14. Maiden Name Mary Almira Lane
15. Birthplace Maine -

16 (a) Informant H. LaRue Browning.
(b) Address 700 West 40th St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/5/42 (month) (day) (year)
(c) Cemetery or crematory
Location Willoughby Ohio

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves.

19 (a) AUG 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1942, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1942 to August 4 1942, and that I last saw [illegible] alive on August 4 1942.

Immediate cause of death: Coronary Occlusion — Duration 24 hr
Due to Arteriosclerosis (Hemiplegia) — Duration 5 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature CA. Grafton Herberger, M.D.
Address 214 Medical Arts Bldg. Date signed 8/7/42

F 94614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 ✓ F 94614 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Also, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2275 Reisterstown Rd
(c) Hospital or institution:
13
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2275 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNIE C. KEENEY

3 (b) If veteran, name war **

3 (c) Social Security Account No. ***

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles Keeney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10 1868

8. AGE: Years	Months	Days	If less than one day
72 ~~73~~	10	23	hr. min.

9. Birthplace Carroll Co. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Beard
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Carroll Co. Md.

16 (a) Informant Mr. R. Kenney
(b) Address 3129 Oakford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (month) (day) (year)
(c) Cemetery or crematory Pleasent Hill
Location Balto Co.

18 (a) Funeral director WM J. TICKNER & SONS INC.
(b) Address North & Pa Ave

19 (a) AUG 5 - 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3, 1942 at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1939 to Aug 3 1942 and that I last saw h alive on Aug 2 1942.

Immediate cause of death Carcinoma of gallbladder. — Duration 2 yrs.

Due to

Due to

Other Conditions Hypertension & Hypertensive Heart Disease (Include pregnancy within 3 months of death)

Date of operation April 1942

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert J. Kinckel M.D.
Address 2302 Eutaw Pl Date signed 8/5/42

VS 3

F 94615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

Registered No. F 94615

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 3A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 Lloyd Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Porter — John Edward Porter

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-16-9649

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 23, 1924

8. AGE: Years 18 | Months 4 | Days 11 | If less than one day: hr. min.

9. Birthplace Arnettsville W. Va.
(Town, county, and state)

10. Usual Occupation Laborer Cold Storage Plant

11. Industry or business

FATHER
12. Name John W. Porter
13. Birthplace E. Millsboro Pa.

MOTHER
14. Maiden Name Martha Smith
15. Birthplace Connellsville Pa

16 (a) Informant Mr. John W. Porter
(b) Address 115 Lloyd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)
(c) Cemetery or crematory Meadowridge Mem. Park
Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves.

19 (a) AUG 5 - 1942 (b) [illegible] Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4- 1942, at 2:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Compound Comminuted Fractured Skull.

Due to

Due to

Other Conditions Crushed chest & Fractured Pelvis. Colles Fracture Left
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-4-42 at 2:15 P M
(c) Where did injury occur? 195 Pratt St. Balto City Balto
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Fell down elevator shaft

23. Signature Howard J. Wilders M.D.
Medical Examiner.
Date signed 8-4-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94616

CERTIFICATE OF DEATH

F 94616

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3909 Pinkney Rd Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Wellington Harward

If U. S. Veteran specify WAR

(a) Residence: No. 3909 Pinkney Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna C. Harward 705-07-9465

6. DATE OF BIRTH (month, day, year) January 27, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	53	6	4 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&O Rwy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

FATHER

13. NAME Ilai H. Harward

14. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

MOTHER

15. MAIDEN NAME Amelia Hubbard

16. BIRTHPLACE (city or town) (State or country) Raleigh N. C.

17. INFORMANT Mrs. Anna Harward
(Address) 3909 Pinkney Road

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Lorraine Date 8/8/42

19. UNDERTAKER Loring Byers
(Address) 5005 Park Heights Avenue

20. FILED AUG 5 - 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 4, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1941 to August 4, 1942

I last saw him alive on August 4, 1942 Death is said to have occurred on the date stated above, at 12 50 P a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized carcinomatosis abdomen	Nov 1941
Carcinoma prostate	Oct 1939
Other contributory causes of importance:	
Pulmonary tuberculosis	April 1942

Was an operation performed? yes Date of Oct 4, 1939

For what disease or injury? Carcinoma prostate

Name of operation prostatectomy

What test confirmed diagnosis microscopic examination of tissue Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Milton E. Lowman M. D.

(Address) 5013 Park Heights Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 94617

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a

F 94617
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Govans
(If outside city or town limits, write RURAL and give town)
(d) Street No. Linthicum Ave. 102
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Scheide (Birth F 54893)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 1942

8. AGE: Years | Months | Days: 13 | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name M. W. Scheide
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Virginia Reed
15. Birthplace King, Pa.

16 (a) Informant Mrs. Scheide
(b) Address Linthicum Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location

18 (a) Funeral director Loggahm, Funeral
(b) Address 7401 Belair Rd

19 (a) AUG 5 - 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1942, at 6 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942 to Aug. 5 1942, and that I last saw him alive on Aug. 5 1942.

Immediate cause of death: Epidemic Diarrhea of the New-born.
Duration: 1 week

Due to

Due to

Other Conditions Pneumonia.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fooling, M.D.
Address St. Joseph's Hosp. Date signed 8-5-42

VS 3

F 94618

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1942 F 94618 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully typed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1943 W Franklin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 W
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1943 W Franklin (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daisy Garrow

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed or divorced Married

6 (b) Name of husband or wife Jas A 1875
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28 1875

8. AGE: Years 67 | Months 6 | Days 6 | If less than one day hr. min.

9. Birthplace Balt Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Robt J Davidson
13. Birthplace Md

MOTHER
14. Maiden Name Margaret Bennett
15. Birthplace Md

16 (a) Informant Richard Garrow
(b) Address 1943 W Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Geo A Tarbox
(b) Address Fulton & Fayette

19 (a) AUG 5 - 1942 (Date received by registrar) Hunting for Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1942, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939, to Aug 4 1942, and that I last saw her alive on July 20 1942.

Immediate cause of death	Duration
Acute cardiac dilatation	1 hr.
Due to Chronic myocarditis &	
Due to Hypertension	6 yrs.
Other Conditions Hemoplegia 4 yrs ago.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Wales M.D.
Address 47 Facton Date signed 8/7/42

F 94619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94619

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town White Hall (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Mr. W. Albert Gross

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Jewella Troyer

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8/10/83

8. AGE: Years	Months	Days	If less than one day
58	11	25	hr. min.

9. Birthplace Taylor Harford Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name William B. Gross
13. Birthplace Harford Maryland

MOTHER
14. Maiden Name Katherine Hopp
15. Birthplace Taylor Harford Maryland

16 (a) Informant Homefronte Notes
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/8/42 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Madonna Harford Co. Md.

18 (a) Funeral director Martin Spencer
(b) Address Jarrettsville Md.

19 (c) AUG 6 - 1942 Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1942, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942 to Aug. 5 1942 and that I last saw him alive on 8/5 1942.

Immediate cause of death Pulmonary Embolus — Duration ?

Due to

Due to (or)

Other Conditions Generalized Carcinomatosis

(Include pregnancy within 3 months of death)

Date of operation 7/28/42

Major findings of operations: Generalized Carcinomatosis

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Ridgley Jr. M. D.
Address Union Memorial Hospital Date signed Aug 5 1942

F94620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92c

Registered No. F94620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 428 W. Mulberry St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 428 W. Mulberry St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert J. Lucas

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	Male	White	Widowed

6 (b) Name of husband or wife late Mary A.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 28 1856

8. AGE: Years	Months	Days	If less than one day
86	2	10	..... hr. ..... min.

9. Birthplace Richmond Va
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Frank Lucas

13. Birthplace Canada

MOTHER

14. Maiden Name Anna Meghen

15. Birthplace Ireland

16 (a) Informant Joseph D. Lucas (Son)

(b) Address 1914 Kernan Drive

17 (a) Burial (b) Date thereof Aug. 10/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cem.

Location 4300 Old Frederick Rd.

18 (a) Funeral director Frank Della Hoes

(b) Address 52 N. Morley St.

AUG 10 1942 (b) Huntington Williams M.D.
(Date Rec'd by Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8 1942 at 1220 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7-1942 to 8-8-1942 and that I last saw him alive on 8-8-1942.

Immediate cause of death	Duration
Coronary Thrombosis	36 hrs.
Due to Valvular heart	?
arterio sclerosis.	
Due to Rheumatic heart.	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature S. Demarest M. D.

Address Medical Arts Bldg. Date signed

94621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94621

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 96 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Asa Hepner

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Clara A. Hepner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1856

8. AGE: Years	Months	Days	If less than one day
86	4	11	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Retired Merchant
11. Industry or business —

FATHER
12. Name Daniel Hepner
13. Birthplace Virginia

MOTHER
14. Maiden Name Martha MacDonald
15. Birthplace Virginia

16 (a) Informant Wm Hepner
(b) Address Sykesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Springfield Cem.
Location Sykesville, Md.

18 (a) Funeral director C. Harry Wear
(b) Address Sykesville, Md.

AUG 8 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5-42 19 at 3:47 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-15-42 19 to 8-5-42 19 and that I last saw him alive on 8-5-42 19

Immediate cause of death	Duration
Circulatory collapse due to exhaustion	
Due to Carcinoma of head & pancreas	
Due to with metastasis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. L. Brantley Jr. M. D.
Address University Hospital Date signed 8-5-42

VS 8

F 94622

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

932 Registered No. F 94622

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 N Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joseph Conklin

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mathew

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7 1899

8. AGE: Years 62 | Months 11 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Froehlich
13. Birthplace Germany

MOTHER
14. Maiden Name Emma M. Ompteta
15. Birthplace Italy

16 (a) Informant Stephen Conklin
(b) Address 1428 N Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/42 (month) (day) (year)
(c) Cemetery or crematory Patterson
Location Baltimore Md

18 (a) Funeral director Welhorn Bros
(b) Address 1219 E Paul St

19 (a) Filed AUG 6 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1942 at 11:44 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1942 to 8-4 1942 and that I last saw her alive on 8-4 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive Cardio-Vascular Disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Boardman Jr M. D.
Address Franklin Sq Hosp Date signed

Every item of information should be carefully checked, with CAPITALIZING INK. Every item of information should be carefully checked, with CAPITALIZING INK. Every item of information should be carefully checked, with CAPITALIZING INK.

F 94623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94623
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton Ave & Wilkins Ave.
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3214 Rosalie Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Orem

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: 5 FIVE

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: SINGLE
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31. 1838

8. AGE: Years: 3yrs | Months: 7 | Days: 4 | If less than one day: hr. min.

Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Douglas O Orem
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Lillian Poole
15. Birthplace Baltimore Md

16 (a) Informant Douglas Orem
(b) Address 3214 Rosalie Rd. Hyattsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Wilhoyte & Son
(b) 1974 Pennsylvania Ave

19 (a) AUG 6 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5 1942, at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1942, to Aug. 6 1942, and that I last saw h[illegible] alive on August 5 1942.

	Duration
Immediate cause of death: Peritonitis	
Due to: Ruptured Appendix	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation Aug 4, 1942
Major findings of operation: Peritonitis Ruptured Appendix
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rosenberg
Address St. Agnes Hospital Date signed 8/7/42

VS 3

F 94624 75847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94624 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3423 Pleasant Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Long

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Alice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26th, 1873

8. AGE: Years	Months	Days	If less than one day
69	0	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Druid Hill Park

FATHER
12. Name Joseph Long
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Johnson
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Lutherville, Md.

18 (a) Funeral director Ebenezer Bowman
(b) Address 3615-17 Chestnut Ave

19 AUG 6 — 1942 (b) Huntington Williams, M.D.
Local Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/4/42 19 , at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/4/42 19 , to 8/4/42 19 , and that I last saw h alive on 19 .

Immediate cause of death	Duration
Interstinal Obstruction	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature P. Mathews M. D.
Address B. C. H. Date signed 8/5/42

94625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 94625

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline St.

(c) Hospital or institution St. Joseph's Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.

(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5500 Dillon Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Susan Ann Braham. (Birth F-54487)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3 - 1942.

8. AGE: Years	Months	Days	If less than one day
0	0		10 hr. 15 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER 12. Name Mr. Ernest Braham

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace Unknown

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL AUG 5 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3rd 1942, at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3rd 1942, to Aug 3rd 1942 and that I last saw her alive on Aug 3rd 1942.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William H. Fiselman M.D.

Address St. Joseph's Hosp. Date signed 8-3-42

VS 3

9296

94626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E Registered No. F 94626

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 703 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME "Baby" EDEMY (Birth F-53776)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1942

8. AGE: Years	Months	Days	If less than one day
			11 hr. 38 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name J. Bruce Edemy
13. Birthplace Maryland

MOTHER
14. Maiden Name Ella Burnette
15. Birthplace Pennsylvania

16 (a) Informant Ella Edemy
(b) Address 703 W. Lafayette Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 5 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) AUG 5 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20, 1942, at 2:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942, to July 20 19 42 and that I last saw him alive on July 20 19 42.

Immediate cause of death	Duration
Atelectasis	
Patent ductus arteriosus	
Partial coarctation of aorta	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholson J. Eastman M. D.
Address The Johns Hopkins Hospital Signed 7-20-42

VS 3

9299

94627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94627 Registered No.

E.S. (74180)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 4 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Cathedral St. Apt. B-1 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Coffelt, Baby Boy (Birth F- 49810)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, 1942

8. AGE: Years	Months	Days	If less than one day
			4 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charle Wilson Coffelt

13. Birthplace ?

MOTHER 14. Maiden Name Josephine [illegible]t WILLIE

15. Birthplace England

16 (a) Informant B.C.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL AUG 5 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 AUG 5 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 5/24/ 1942, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/24/ 1942 to 5/24/ 1942, and that I last saw him alive on 5/24/ 1942.

Immediate cause of death: Congenital Atelectasis — Duration 4 hr.

Due to Prematurity — 30 weeks

Due to Ruptured membranes

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D.S. Callender

Address Balto. City Hosp. Date signed 6/1/42

VS 8

9500

94628

AB-74359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 94628

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Type or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1627 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl White (Birth F- 50263)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1-1942

8. AGE: Years | Months | Days | If less than one day 6 hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Floyd White
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Williams
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 5 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 5 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

9298

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/11 1942, at 7:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6/11 1942 to 6/11 1942, and that I last saw h[illegible] alive on 6/11 1942.

Immediate cause of death Premature birth

Duration 2 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature O S Williams
Address Balt City Hosp Date signed 6/12/42

94629

HEALTH DEPARTMENT—CITY OF BALTIMORE

94629

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. _____

CITY OF BALTIMORE: (No. Bon Secours Hospital St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Baby Boy Wills 8-3

If U. S. Veteran specify WAR

(a) Residence: No. 1412 Edison Highway St., _____ Ward. (Birth F-54184)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/4/42

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

FATHER

13. NAME Roland Wills

14. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hupfeld

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Mr. Roland Wills

(Address) 1412 Edison Highway

18. BURIAL, CREMATION, OR REMOVAL

Place JOHN HOPKINS MEDICAL SCHOOL Date AUG 5 1942.

19. UNDERTAKER Commissioner of Health

(Address)

20. AUG 5 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 4 , 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 42 19___ to Aug 4 19 42

I last saw him alive on Aug 4 19 42 Death is said to have occurred on the date stated above, at 6:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approximately)
Immaturity	
Other contributory causes of importance:	
Atelectasis	
Immaturity	

Was an operation performed? no Date of —

For what disease or injury? _____

Name of operation —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19___

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

_____ If so, specify _____

(Signed) George Dawson M. D.

(Address) 4803 Harford Rd

V2 8

9987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

Registered No. F 94630

F 94630

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Central Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Clarence Bailey 75641

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	sep.

6 (b) Name of husband or wife Lena
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1904

8. AGE: Years	Months	Days	If less than one day
38	2	1	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER 12. Name Nathaniel Bailey
13. Birthplace

MOTHER 14. Maiden Name Jenny Camphen
15. Birthplace

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. Co. Md.

18 (a) Funeral director Robert E. Wilkinson
(b) Address 1515 N. Eutaw St

19 (a) AUG 6 1942 Huntington Williams, M.D.
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3 19 42 8:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942, to Aug. 3 1942, and that I last saw him alive on Aug. 3 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 10 yrs?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Far advanced Pulmonary tb bilaterally -
of autopsy: Cavitation on the right

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. White
Address Balto. City Hosp Date signed 8/7/42

F 94631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94631 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Lan Dogu Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 82 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Mt Travaire
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2213 Windsor Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
Mrs Margaret Pigeon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John Augustin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3 1860

8. AGE: Years	Months	Days	If less than one day
82	2	1	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Home's wife

11. Industry or business

FATHER
12. Name Joseph Clinton
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Margaret Riley
15. Birthplace Baltimore

16 (a) Informant Dr. M. Pastori, Mt. Pleasant
(b) Address M.T. Hospital, M.T. Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director John J. Fahey & Sons
(b) Address 1316 Light St

19 [illegible] Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 19 42, at 9:45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 19 42 to Aug. 4 19 42, and that I last saw h[illegible] alive on Aug. 4 19 42.

Immediate cause of death	Duration
Cardiac Failure	
Due to Arterio Sclerosis	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Trapp, M. D.
Address Mercy Hospital Date signed 8/7/42

F 94632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122b F 94632 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4101 Wilke Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 32 N. Ellwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Russell.

3 (b) If veteran, name war	3 (c) Social Security Account No.
****	******

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Edmund Russell
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Dec. 15. 1888

8. AGE: Years	Months	Days	If less than one day
53	7	21 20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Henry Moerschel.
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Lautterbach
15. Birthplace Germany

16 (a) Informant Mrs, Katherine E. Burns
(b) Address 4101 Wilke Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St. Huntington Hospital, Md.

19 (a) AUG 6 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5. 1942, at 12 30 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 3 1942 to Aug 5 1942 and that I last saw h e alive on Aug 3 1942

Immediate cause of death	Duration
Gen'ral Sepsis	
Due to Debility. Intestinal	
Due to Obstruction c.	
Due to Post operative	
Other Conditions Ureteral stone (ray)	

(Include pregnancy within 3 months of death)

Date of operation 8 mos ago
Major findings of operation: Int. obst. + ureteral trans-position.
~~Date of autopsy~~

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Trautfelder M.D.
Address 4613 Eastern Ave Date signed 8/6/42

F 94633

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59

F 94633 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully investigated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St
(c) Hospital or institution: So. Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ da.

2. USUAL RESIDENCE OF DECEASED: Anne Arundel
(a) State Md. (b) County Balt. Co.
(c) City, town, or location Balt. Co. Md. (If outside city corporate limits, write RURAL and give town)
(d) Street No. 1213 College Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Leroy Botts (Botts F-54426)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1942

8. AGE: Years	Months	Days	If less than one day
0	0	1	12 hr. 8 min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Francis Joseph Botts
13. Birthplace Susquehanna Pa.

MOTHER
14. Maiden Name Carol Beatrice Glaves
15. Birthplace Starrucca, Pa.

16 (a) Informant Hospital Record
(b) Address 1213 Light St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof Burial 8/7/42 (month) (day) (year)

(c) Cemetery or crematory Starrucca Cemetery
Location Starrucca Pa

18 (a) Funeral director William M Marsh
(b) Address 745 Light St.

19 (a) AUG 6 – 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1942, at 1:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 3, 1942 to Aug. 4 1942 and that I last saw him alive on Aug. 4 1942.

Immediate cause of death: Prematurity — Duration: 1 da, 12 hr 8 m

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Magruder M. D.
Address 1213 Light Street Date signed

VS 3

F 94634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 94634

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correctly stated. Physicians: please write the causes of death clearly and legibly. Underlining is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ da.
(e) Length of stay in Baltimore (yrs., mos., or days) ½ da.

2. USUAL RESIDENCE OF DECEASED: Anne Arundel
(a) State Md (b) County ~~Baltimore City~~ Baltimore Co.
(c) City or town ~~Baltimore~~ Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. Cottage Grove (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Darwin Batts (Birth F-54427)

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1942

8. AGE: Years	Months	Days	If less than one day
			13 hr. 28 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Francis Joseph Batts
13. Birthplace Susquehanna Pa.

MOTHER
14. Maiden Name Carol Beatrice Glaser
15. Birthplace Starrucca, Pa.

16 (a) Informant Hosp. Record
(b) Address 1213 Light St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)
(c) Cemetery or crematory Starrucca Cem
Location " Pa

18 (a) Funeral director William M Marsh
(b) Address 715 Light St

19 (a) AUG 6 – 1942 (Date received by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1942, at 8:28 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1942 to Aug 3 1942 and that I last saw him alive on Aug 3 1942

Immediate cause of death Prematurity — Duration 13 Hr 28 Min

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed

F 94635

E.S. (656)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

F 94635 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 3
(e) Length of stay in Baltimore (yrs., mos., or days) 47 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1002 E. Chase St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah May Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1881

8. AGE: Years	Months	Days	If less than one day
61	3	12	hr. min.

9. Birthplace Raleigh, N.C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter Duffy
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose May
15. Birthplace N.C.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Loch Raven Rd

18 (a) Funeral director Thos. F. Kenny
(b) Address Hollins & Calhoun, Huntington Ave, Md.

19 (a) AUG 6 - 1942 (Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/3/42 19 , at 7:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4/3 1942 to 8/3 1942 and that I last saw her alive on 8/3 1942

Immediate cause of death Ex Laparotomy — Duration 3 days

Due to Anaemia — 5 wks.

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mattina
Address B.C.H. Date signed 8/5/42 M.D.

F 94636 FAMBACK

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94636 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: So. Baltimore General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.

(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4411 Kavanac Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John Mathew Fambach

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mamie Fambach

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) April 3 1892

8. AGE: Years 50 | Months 4 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace South Baltimore, Md (City, county and state)

10. Usual Occupation Watchman

11. Industry or business U.S. Government

FATHER

12. Name Charles Fambach

13. Birthplace Balto. Md

MOTHER

14. Maiden Name Mary Wamhoffe

15. Birthplace Balto Md

16 (a) Informant Mamie Fambach

(b) Address 4411 Kavon Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Aug 8 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md.

18 (a) Funeral director Grasmick Funeral Home

(b) Address 7401 Belair Road

19 AUG 6 - 1942 (b) Chas. Williams, M.D. Registrar

Registered by

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1942, to Aug 5 1942 and that I last saw him alive on Aug 5 1942.

Immediate cause of death	Duration
Coronary Occlusion	1/2 hour
Due to Chronic Cardiovascular Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul A. Benjamin M. D.

Address 1213 Light Street Date signed

VS 8

F 94637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120a

F 94637 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4101 Garrison Blvd

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 4101 Garrison Blvd (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MELVIN LEON SIEGEL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 1923

8. AGE: Years	Months	Days	If less than one day
19	5	2	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Israel Siegel

13. Birthplace Russia

MOTHER 14. Maiden Name Sigrai Hourtz

15. Birthplace Russia

16 (a) Informant Father

(b) Address 4101 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-42 (month) (day) (year)

(c) Cemetery or crematory Herring Run Memorial Park

Location Baltimore County, Md.

18 (a) Funeral director Jack Jenzo Chapel

(b) Address 1439 E. Baltimore St.

19 (a) AUG 6 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1942, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1939, to Aug. 6 1942, and that I last saw him alive on Aug. 6 1942.

Immediate cause of death Terminal Delirium — Duration 3 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Jan. 13, 1942

Major findings of operation: Delirium entire ileum + Jejunum

of autopsy: not performed.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. A. Silver M.D.

Address 3703 Garrison Blvd Date signed 8/6/42 M. D.

VS 3

F 94638

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No. F 94638

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 2042 Fountain Av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Slonski (Birth F-52534)

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex male | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30 1942

8. AGE: Years | Months 1 | Days 6 5 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Benjamin Slonski
13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Stella Kikawska
15. Birthplace Baltimore Md

16 (a) Informant Stella Slonski (mother)
(b) Address 2042 Fountain Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Balto County

18 (a) Funeral director John M. Welby
(b) Address 1101 S Chester St

19 AUG 6 — 1942 (b) Signed by [illegible] Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1942 at 7.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1942 to Aug 5 1942 and that I last saw h[illegible] alive on Aug 5 1942

Immediate cause of death: Epidemic Diarrhoea Cause undetermined — Duration 2 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address St. Joseph's Hosp. Date signed 8-5-42

F 94639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94639

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7/26
(e) Length of stay in Baltimore (yrs., mos., or days) 8/6/42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Caroline
(c) City or town Greensboro
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY E. HUFF

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Grace
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) 1890
8. AGE: Years 51 | Months | Days | If less than one day: hr. min.
9. Birthplace Greensboro Caroline Md.
(Town, county, and state)
10. Usual Occupation Time Keeper
11. Industry or business

FATHER
12. Name John Luff
13. Birthplace Greensboro Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant University Hosp.
(b) Address Balt. Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)
(c) Cemetery or crematory Greensboro
Location Greensboro, Md.
18 (a) Funeral director C. B. Rawlings
(b) Address Greensboro, Md.
19 (a) AUG (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1942, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1942, to 8-5 1942, and that I last saw him alive on 8-5 1942.

Immediate cause of death Pulmonary Edema — Duration

Due to Bronchogenic Carcinoma (Probable)

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Townsend Jr. M.D.
Address University Hospital Date signed 8-7-42

51040 51846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

Registered No. E 94640

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 Carroll St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Blaude Whitlock.

3 (b) If veteran, name war None.

3 (c) Social Security Account No. 212-20-6176

4. Sex Male.

5. Color or race White.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) May-31-1890

8. AGE: Years 52. Months 2 Days 5 If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Plaster

11. Industry or business

FATHER
12. Name Andrew Whitlock
13. Birthplace Va

MOTHER
14. Maiden Name Anna. Flick
15. Birthplace Va.

16 (a) Informant Reeves.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 8-8-42 (month) (day) (year)
(c) Cemetery or crematory Rose Hill.
Location Hagerstown, Md.

18 (a) Funeral director Ambrose, Inc.
(b) Address 414 N. Franklintown Rd.

19 (a) AUG 8 - 1942 (Date rec'd by registrar) **(b)** Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug-5 1942 at 530 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July-23 1942 to Aug-5 1942 and that I last saw him alive on Aug-5 1942

Immediate cause of death Cachexia

Due to Metastatic carcinoma of lungs, liver, bones, skin, glands, kidney, pancreas, stomach, mediastinum, pleura

Duration at least 3 months

Other Conditions Primary site undetermined

(Include pregnancy within 3 months of death)

Date of operation July 30, 1942

Major findings of operation: Biopsy of cervical gland and skin - Autopsy: Metastatic carcinoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature David Grob M. D.
Address Johns Hopkins Hospital **Date signed** 8-5-42

VS 3

F 94641

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

932 Registered No. F 94641

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1914 Spenser St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 Spenser St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary L. Stone

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Joseph W. Stone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 24, 1857

8. AGE: Years	Months	Days	If less than one day
85	4	11	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Moses Simms
13. Birthplace Md.

MOTHER 14. Maiden Name Rebecca Weedon
15. Birthplace Virginia

16 (a) Informant Rebecca H. Sidnut
(b) Address 616 W. Hamburg St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave.

18 (a) Funeral director Fred A. Krause & Son
(b) Address 1216 S. Charles St.

19 (a) AUG 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5/1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-1-1942 to 8-5-1942 and that I last saw h[illegible] alive on 8-5-1942

Immediate cause of death	Duration
(a) Acute Heart Failure	
Due to (b) Chronic Heart Disease	10 yrs.
Due to (c) Arteriosclerosis	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred A. Krause M. D.
Address 916 Linden Ave. Date signed 8/6/42

F 94642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

F 94642 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2414 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Svoboda

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife James Svoboda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/17/1868

8. AGE: Years	Months	Days	If less than one day
74	3	4	17 hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Sophia Morrison (daughter)
(b) Address 2414 E. Madison St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) AUG 6 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1942 at 7:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection (Autopsy or inquiry) thereon and from the evidence obtained by said inspection (Autopsy or inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Fracture of skull	
Due to Compound comminuted	
Due to fracture of left leg	
Due to Comminuted fracture of right leg.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was there an autopsy? No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ?
(b) Date of occurrence August 3, 1942 at 9:45 P.M.
(c) Where did injury occur? Milton Ave & Madison (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed August 5, 1942

F 94643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48a

F 94643

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4014 Kathland Avenue

(c) Hospital or institution: none

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~7~~

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County none

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 4014 Kathland Avenue

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Virginia Ray Garrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife W. Franklyn Garrett

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) June 7, 1893

8. AGE: Years	Months	Days	If less than one day
49	1	29 28	hr. min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name Walter Bradburn

13. Birthplace Baltimore, Maryland

MOTHER

14. Maiden Name Annabel Henderson

15. Birthplace Virginia

16 (a) Informant Mr. W. Franklyn Garrett

(b) Address 4014 Kathland Avenue

17 (a) Burial (b) Date thereof 8/8/42

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery ~~or crematory~~ Druid Ridge

Location Pikesville, Maryland

18 (a) Funeral director John O. Mitchell & Sons, Inc.

(b) Address 9 Eutaw Place

19 (a) AUG 9 1942 Huntington Williams, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/5 1942 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/1 1942 to 8/5 1942 and that I last saw h alive on 8/4 1942.

Immediate cause of death

Carcinoma of cervix uteri — Duration 2 yrs.

Due to

Due to

Other Conditions Acute Intestinal obstruction — 48 hrs

(Include pregnancy within 3 months of death)

Date of operation 7/6/42

Major findings of operation: Cancer

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence ✓ at M

(c) Where did injury occur? ✓

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?

(Specify type of place)

(e) Means of injury

23. Signature Evelyn E Fuller

Address 10 W. Madison St. Date signed 8/10/42

VS 8

F 94644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94644 Registered No. 90b

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State La (b) County
(c) City or town Bogalusa (If outside city or town limits, write RURAL and give town)
(d) Street No. 227 Superior Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gladys LeMe Michael

3 (b). If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-30-09

8. AGE: Years	Months	Days	If less than one day
33	1.	7	hr. min.

9. Birthplace Miss (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Samuel Aldridge

13. Birthplace Miss

MOTHER 14. Maiden Name Minnie Hill

15. Birthplace Miss

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8/42 (month) (day) (year)

(c) Cemetery or crematory

Location Bogalusa La.

18 (a) Funeral director John O. Mitchell Sons

(b) Address 900 Eastern Place

19 Filed Aug 8 1942 (b) Huntington Willis Asst. H.O.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 19 42 at 10 35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942 to Aug 6 1942 and that I last saw her alive on July 6 42

Immediate cause of death Cardiac failure — Duration

Due to

Due to

Other Conditions Constrictive Pericarditis Post operative (Include pregnancy within 3 months of death) — 3-7 years

Date of operation 7.29.42

Major findings of operation: Constrictive pericarditis

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Flanagan Jr.

Address Johns Hopkins Hosp. signed 8/6/42 M.D.

F 94645

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115 B

F 94645 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked and correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3709 Chesholm Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3709 Chesholm Road
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Theodore Quentin Strigle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Corbin
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1919

8. AGE: Years	Months	Days	If less than one day
23	5	23	-- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business ------

FATHER
12. Name John W. Strigle
13. Birthplace Maryland

MOTHER
14. Maiden Name Dottie Davis
15. Birthplace Virginia

16 (a) Informant Mrs. M. Catherine Strigle
(b) Address 3709 Chesholm Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Western
Location Baltimore, Md.

18 (a) Funeral director H. W. Means and Son
(b) Address 805 N. Calvert Street

19 (a) AUG 6 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5/42 19..., at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to Aug 4 1942 and that I last saw him alive on Aug 4 42

Immediate cause of death Coronary thrombosis — due to Strepto coccus blood infection — Duration 1 mo

Due to ...

Other Conditions Jaundice — Septic throat — (Include pregnancy within 3 months of death)

Date of operation ...

Major findings of operation: ...

of autopsy: ...

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ---
(b) Date of occurrence --- at --- M
(c) Where did injury occur? --- (City or town) --- (County) --- (State)
(d) Did injury occur about home, on farm, industrial place, in public place? --- (Specify type of place) While at work? ---
(e) Means of injury ...

23. Signature Walter Dublet M. D.
Address 220 Garrison Blvd Date signed Aug 5/42

F 94646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a F 94646 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PENALTY IMPOSED FOR DELAY

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 S. Mount St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 S. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Elizabeth Ogle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 29, 1867

8. AGE: Years	Months	Days	If less than one day
75	2	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George W. Ogle
13. Birthplace England

MOTHER
14. Maiden Name Annie Adams
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Permelia Sinclair
(b) Address 104 S. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Md.

18 (a) Funeral director C. M. Amoreau
(b) Address 1006 N. Baltimore St.

19 AUG 6 - 1942 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1942, at 8.55A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1942 to Aug. 6 1942, and that I last saw her alive on Aug 5 1942

	Duration
Immediate cause of death Myocarditis	
	one week
Due to Chronic Arthritis	
Due to	
Other Conditions A fractured right hip (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide fall
(b) Date of occurrence July 31 at home M
(c) Where did injury occur? home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? In her bed room While at work? (Specify type of place)
(e) Means of injury fall

23. Signature Frances Count. M. D.
Address 2 W. Read St. Date signed 8/6/42

VS 2

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

94647 — CERTIFICATE OF DEATH — F 94647

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2505 Calverton Hgts Ave. 16th WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Helen F. Degenhard

(a) RESIDENCE NO. 2505 Calverton Hgts. Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. 5 mos. 22 ds. How long in U. S., if of foreign birth? LIFE yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

5a If married, widowed, or divorced ~~HUSBAND OF~~ (or) WIFE of George L. Degenhard

6 DATE OF BIRTH (month, day, and year) Feb. 13, 1898

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore, (State or country) Maryland

PARENTS

10 NAME OF FATHER Owen F. Finnegan

11 BIRTHPLACE OF FATHER (city or town) Baltimore (State or country) Maryland

12 MAIDEN NAME OF MOTHER Katherine Hopf

13 BIRTHPLACE OF MOTHER (city or town) Baltimore (State or country) Maryland

14 Informant Mother (Address) 2208 E. Baltimore

15 Filed AUG 6 – 1942 19 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) aug 5 1942

17 I HEREBY CERTIFY, That I attended deceased from Aug 5th, 1942, to Aug 5th, 1942

that I last saw h[illegible] alive on Aug 5th, 1942

and that death occurred, on the date stated above, at 5.40 P. m.

The CAUSE OF DEATH* was as follows:

Coronary sclerosis

10 mos. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Hobart Reed M. D.

19 (Address) 2501 Calverton Hgts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Druid Cathedral — DATE OF BURIAL aug 8 1942

20 UNDERTAKER Frank V. Pipitone — ADDRESS 2218 E. Baltimore

Howard J. Madden M. D.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 94648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

Registered No. F 94648

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 Gotts Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey Diggs

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-22-31

8. AGE: Years	Months	Days	If less than one day
10	9	14	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Harvey Diggs
13. Birthplace Md.

MOTHER 14. Maiden Name Irene Brown
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Brewers Hill
Location West Street Extended

18 (a) Funeral director Ethel L. Hinkle
(b) Address 45 North Dutch St.

AUG 6 — 1942 (b) Huntington Williams, M.D.
(Date rec'd by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942 at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1942 to Aug 6 1942 and that I last saw him alive on Aug 6 1942

Immediate cause of death Peritonitis, Purulent — Duration: About 4 days

Due to Acute Appendicitis With Rupture — Duration: 7 days

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation 8-3-42

Major findings of operation: Ruptured Appendix with peritonitis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. C. Clay M.D.
Address Johns Hopkins Hosp. Signed 8-6-42

94649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 94649

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 238 N. Frankleintown Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town C. 2442 Druid Hill Ave. (If outside city or town limits, write RURAL and give town.)
(d) Street No. Balto. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Urner Rollins

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-6069

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Montgomery County, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Chapel Rollins
13. Birthplace Montgomery County, Md.

MOTHER
14. Maiden Name Workmeister
15. Birthplace Unknown

16 (a) Informant William Rollins
(b) Address 1516 Mc Culloh St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 7-1942 (month) (day) (year)
(c) Cemetery or crematory Centerville Md.
Location Frederick Co.

18 (a) Funeral director Archibald R. Gaddis
(b) Address 1516 Mc Culloh St.

19 (a) AUG 7-1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1942 at 3 40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acute dilatation of heart — Duration

Due to Chronic myocardial degeneration

Due to

Other Conditions Pulmonary emphysema (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Aug. 5 1942

VS 6

F 94650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

Registered No. F 94650

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3616 Lucille Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3616 Lucille Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JENNIE GOLDSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Jacob
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Chaim Feldman
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Jacob Goldstein
(b) Address 3616 Lucille Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-42 (month) (day) (year)
(c) Cemetery or crematory Washington Rd.
Location Randallstown

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 AUG 7 1942 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1942 to Aug 6 1942, and that I last saw h or alive on Aug 6 1942.

	Duration
Immediate cause of death Coronary thrombosis	1 Day
Due to Hypertension Heart disease	5 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Manuel Levin M. D.
Address 4818 Reisterstown Rd Date signed Aug 6, 1942

VS 3

F 94651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94651

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave.
(c) Hospital or institution: Sinai Hospital of Balto., Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4013 Norfolk Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Hannah Hymowitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Barney

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Michael
13. Birthplace Russia

MOTHER
14. Maiden Name Myriam
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Philadelphia Rd & Hamilton Ave

18 (a) Funeral director Jewish Funeral Inc
(b) Address 1439 E. Baltimore St

19 (a) AUG 7 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/6 1942, at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to Aug 6 1942 and that I last saw her alive on Aug 6 1942

Immediate cause of death ventricular fibrillation — Duration

Due to Arteriosclerotic cardiovascular disease

Due to and uremia.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Q. Marco
Address Sinai Hospital of Balto Monument & Rutland Ave. Date signed M. 8 D. 7/42

VS 3

94652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94652
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly stated. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Emergency room at Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1045 Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leslie Braxton

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Negro	Separated

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1902

8. AGE: Years	Months	Days	If less than one day
40?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Dance master
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 4 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 4 1942 (b) Thurlington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

12:20 P.M.

20. DATE OF DEATH Aug 1 1942, at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 8/1/ 1942

Immediate cause of death Chronic alcoholism — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. E. Lemon M. D.
Address Provident Hospital Date signed 8.1.42

VR 3

9310

F 94653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

Registered No. F 94653

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 139 W. Camden St - Rooming (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miriam (Cotman) Topman

3 (b) If veteran, name war: NW —
3 (c) Social Security Account No.: none —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widowed —

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69				

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Topman
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace Calvert Co., Md.

16 (a) Informant Hattie Topman
(b) Address 438 St. Mary's St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt Alburn
Location Baltimore Md.

18 (a) Funeral director Walter B. Sivis & Son
(b) Address 139 W. Hamburg St.

19 (Date received by registrar) AUG 7 — 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5-1942, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
Cardiac Pneumonia
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 8-6-42

VS 6

94654 — 75518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 F

Registered No. F 94654

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 18 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 14 S. Bond St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Baby Boy McDuffie (Ethel)

(Birth F. 54687)

3 (b) If veteran, name war: infant

3 (c) Social Security Account No.: infant

4. Sex: C M

5. Color or race: C

(Single, married, widowed, or divorced.): infant

6 (b) Name of husband or wife: infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 21, 1942

8. AGE: Years | Months | Days | If less than one day: 18 hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: infant

11. Industry or business: infant.

FATHER — 12. Name: Walter Harris

13. Birthplace: N. C.

MOTHER — 14. Maiden Name: Ethel McDuffie

15. Birthplace: N. C.

16 (a) Informant: B. C. H. Records

(b) Address

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 7-29-42 (month) (day) (year)

(c) Cemetery or crematory: Baltimore City Hosp

Location: 4940 Eastern Ave

18 (a) Funeral director

(b) Address

19 AUG 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 22nd. 1942, at 12 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 21st 1942 to July 22nd 1942 and that I last saw him alive on July 22nd 1942

Immediate cause of death: Congenital Syphilis — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature: Louis G. Garcia M.D. M. D.

Address: Balto. City Hosp. Date signed 7-28-42

VS 8

94655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 94655

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. (There is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 949 Bennett Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 949 Bennett Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY A. WILSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-3484

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Cora Wilson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1894

8. AGE: Years	Months	Days	If less than one day
48	2	5	hr. min.

9. Birthplace Baltimord, Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Thomas Wilson
13. Birthplace Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Mrs Cora Wilson
(b) Address 949 Bennett Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 AUG 7 - 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Aug. 5, 1942 19 at 10:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Aug 5 1942 and that I last saw h in alive on Aug 5 1942.

Immediate cause of death	Duration
Bronchopneumonia	5 days.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jas L Julian Jr M. D.
Address 511 N. Eutaw St Date signed

F 94656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 123

F 94656 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4224 Evans Chapel Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Augustus Alfred Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	married

6 (b) Name of husband or wife Sydnetta Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-16-1891

8. AGE: Years	Months	Days	If less than one day hr.	min.
51	-	19		

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Laurence Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Annie
15. Birthplace ?

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) AUG 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5 1942 to Aug 5 1942 and that I last saw him alive on Aug. 5 1942

Immediate cause of death, Sepsis; Septicaemia, peritonitis — Duration 3 days

Due to Peritoneal abscess — ? 1 weeks

Due to

Other Conditions Auricular fibrillation — 2 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Roger L. Greif
Address Johns Hopkins Hosp. Date signed 8-5

F 94657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 94657 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1629 N. Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 N calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Theodore H. Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar-19-1904

8. AGE: Years	Months	Days	If less than one day
38	4	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Electrician

11. Industry or business

FATHER
12. Name Theodore H Schmidt
13. Birthplace Baltimore

MOTHER
14. Maiden Name Fanny Eyler
15. Birthplace Baltimore

16 (a) Informant Mrs Fanny Schmidt
(b) Address 1629 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Baltimore County

18 (a) Funeral director Albert W Berger
(b) Address 440 E. North Ave

19 (a) AUG 7 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1942, at 6.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1939 to Aug 4 1942.
and that I last saw h alive on Aug 4 1942.

Immediate cause of death Pulmonary Tuberculosis — Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Milton B. Kress M.D.
Address 2312 Callow Ave Date signed 8/6/42

F 94658

418703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

F 94658

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1608 Madison Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hannah Folland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	Black	Married

6 (b) Name of husband or wife Paul

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
62	5	19	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frederick Sikes

13. Birthplace Va

MOTHER 14. Maiden Name Mary Green

15. Birthplace Va

16 (a) Informant Rev. Paul Folland

(b) Address 1608 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George W. Hollan

(b) Address 1631 Mt. Hill Ave.

19 (a) [illegible] (b) AUG 7 1942 Huntington Williams, MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942 to Aug 4 1942 and that I last saw her alive on Aug 4 1942.

Immediate cause of death Tetanus — Duration 1 wk

Due to Clostridium tetani

Due to Wound infection

Other Conditions Metastatic adenocarcinoma in the liver (Include pregnancy within 3 months of death)

Date of operation 7/28/42

Major findings of operation: Metastatic carcinoma in the liver

of autopsy: Primary carcinoma of pancreas

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry F. Klinefelter

Address Johns Hopkins Hospital Date signed 8/7/42

VS 3

F 94659

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

182a Registered No. F 94659

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully completed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1507 W. Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Doris Croson (Birth 4-4-11)

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/3/1942

8. AGE: Years	Months	Days	If less than one day
	5	1	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Geo. Bundy
13. Birthplace md

MOTHER
14. Maiden Name Mattie Croson
15. Birthplace md

16 (a) Informant Geo. Bundy
(b) Address 1507 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Geo. G. Kolson
(b) Address 1303 Pennsylvania Ave

19 (a) AUG 7 - 1942 (Date rec'd by registrar) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 1942 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/4 1942 to 8/4 1942 and that I last saw h~~im~~ alive on 8/4 1942.

Immediate cause of death Strangulation

Due to accident

Due to Head was caught up side of bed.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8/4/42 at 5 P.M
(c) Where did injury occur? 1507 W Lanvale St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Head caught in bed.

23. Signature C. H. Pickett M.D.
Address 1536 W Lanvale St Date signed 8/7/42

VS 3

F 94660

AB-75898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 94660

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution:

Baltimore City Hospitals

15-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Hrs. 7Min.

(e) Length of stay in Baltimore (yrs., mos., or days) 1 Yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2408 Pennsylvania Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Ollie Sneed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30-1918

8. AGE: Years	Months	Days	If less than one day
23 24	11	7 6	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name Walter Sneed

13. Birthplace N.C.

MOTHER

14. Maiden Name Sallie Alston

15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/42 (month) (day) (year)

(c) Cemetery or crematory Norlina

Location North Carolina

18 (a) Funeral director Geo. L. Kelson

(b) Address 1303 Pleasant St

19 (a) (Date received by registrar) (b) Huntington Williams M.E. Registrar

AUG 7 - 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-6 1942, at 8 07 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6 1942, to 8-6 1942, and that I last saw h[illegible] alive on 8-6 1942.

Immediate cause of death Lobar pneumonia — Duration 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. K. Rathbun M. D.

Address Balto. City Hosp Date signed 8-7-42

F.N 94661
75846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94661 Registered No. 528

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 829 Hamiliton Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Chase (Herman Palmer Chase)

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20th, 1876

8. AGE: Years 66 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Chase
13. Birthplace Maryland St. Mary's County

MOTHER
14. Maiden Name Hannah Chesbrough
15. Birthplace Stonington Conn

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves.

19 (a) AUG 7 - 1942 (Date received by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8.5 1942 at 6 35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8.2 1942 to 8.5 1942 and that I last saw him alive on 8.5 1942.

Immediate cause of death: Carcinoma of Bladder — Duration: 3 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: as above

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Macht M. D.
Address Balto City Hosp Date signed 8.6.42

VS 3

F 94662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H8N

F 94662

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1400 N. Caroline St.

(c) Hospital or institution: St. Josephs Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11½ da

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2760 Tivoli Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lillie Land.

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wm E Land

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-25-1869

8. AGE: Years	Months	Days	If less than one day
73	5	11	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John H New

13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Berg

15. Birthplace Germany

16 (a) Informant Myrtle E Land

(b) Address 2760 Tivoli Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-42 (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson Ave

18 (a) Funeral director Leonard J Rusch

(b) Address 5305 Harford Rd

19 (a) AUG 7 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 19 42, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 19 42 to Aug 6 19 42 and that I last saw her alive on Aug 6 19 42.

Immediate cause of death Carcinoma of Uterus

2 metastasis to liver

Duration 1½ yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Feb. 25 - 1941

Major findings of operation: Adeno carcinoma of uterus & cervical extension.

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William Josephs M. D.

Address St. Josephs Hosp Date signed 8-6-42

F 94663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94663

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Catalpha Aves

(c) Hospital or institution:

St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5303 Catalpha (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) **FULL NAME** Mrs. Helen T. Hamm HAM

3 (b) If veteran, name war .....

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Fred L Ham

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 5-19-1874

8. AGE: Years 68 | Months 2 | Days 17 | If less than one day: hr. ..... min. .....

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business .....

FATHER 12. Name William Forbes

FATHER 13. Birthplace Scotland

MOTHER 14. Maiden Name Margaret Strachan

MOTHER 15. Birthplace Scotland

16 (a) Informant Robert Hamm

(b) Address 3511 W 63rd St Chicago Ill.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-42 (month) (day) (year)

(c) Cemetery or crematory Mt Hope

Location Chicago Ill.

18 (a) Funeral director Leban J Rands

(b) Address 5805 Hartford Ave.

19 (a) Filed by registrar AUG 7 - 1942 (b) Hunting ton Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942 at 6.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1942 to Aug 6 1942 and that I last saw h[illegible] alive on Aug 6 1942.

Immediate cause of death: Coronary thrombosis — Duration .....

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

.....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury .....

23. Signature E Cullen Rosenberg M.D.

Address St. Agnes Hosp Date signed 8/6/42

VS 3

F 94664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55e

Registered No. E 94664

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5152 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Edna W. Faber

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife: Frederick G. Faber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): December 26, 1895

8. AGE: Years	Months	Days	If less than one day
46	7	11	hr. min.

9. Birthplace: Bristol, Conn. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: James Scarrett
13. Birthplace: Conn.

MOTHER
14. Maiden Name: ? Johnson
15. Birthplace: Conn.

16 (a) Informant: Mr. Frederick G. Faber
(b) Address: 5152 Edmondson Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 8, 1942 (month) (day) (year)
(c) Cemetery or crematory: Calvary Cem
Location: Waterbury, Conn.

18 (a) Funeral director: Wm. J. Tickner & Sons, Inc.
(b) Address: North & Pa. Aves

19 (a) (Date rec'd by local registrar) (b) Huntington Williams, M.D. Registrar

AUG 7 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1942, at 8 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1942 to Aug 7 1942 and that I last saw her alive on Aug 7 1942.

Immediate cause of death	Duration
Carcinoma of lung secondary to	2 years
Due to Synovial tumor of left leg.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Dec. 1940
Major findings of operation: Synovial tumor, left leg
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp Date signed 8-7-42

F 94665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94665 Registered No. 108865

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eaton & Wilkens ave

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3901 W. Mulberry st. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Wm. Jerome Helwig

3 (b) If veteran, name war No

3 (c) Social Security Account No. 212-10-8733

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Dorothy Helwig

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 6, 1921

8. AGE: Years	Months	Days	If less than one day hr.	min.
21	5 6	1		

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Wire-man

11. Industry or business Electrical

FATHER 12. Name Charles Helwig

13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Mary Belman

15. Birthplace Baltimore, Md

16 (a) Informant Dorothy Helwig

(b) Address 3901 W. Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director Leonard J. Covington

(b) Address 21 W. 25th St.

19 (a) AUG 7 - 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1942 at 12 45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4 1942 to Aug. 6 1942 and that I last saw him alive on Aug. 5 1942.

Immediate cause of death Rocky Mountain Spotted Fever. Duration 9 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature L. Arthur Rosskam

Address St. Agnes Hosp. Date signed 7/6/42

VS 3

42003 F 94666

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 F 94666 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 Bank (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Joyce Goska (Birth F...)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-12-42

8. AGE: Years	Months	Days	If less than one day
	1 (1 Week)	25	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Goska
13. Birthplace Md

MOTHER
14. Maiden Name Lillian Reitz
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-7-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Irappe Rd

18 (a) Funeral director W. S. Fialkowski
(b) Address 2017 Eastern Ave

19 (a) AUG 7 - 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1942 at 2:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Aug 7 1942, and that I last saw h[illegible] alive on Aug 7 1942.

Immediate cause of death	Duration
Miliary Tuberculosis	
Due to following	
Due to Tbc. pneumonia	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe
Address Johns Hopkins Hosp Date signed 8/7/42

Med. Examiner

F 94667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117 N F ~~94698~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1500 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emanuel Douglas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years	Months	Days	If less than one day
20			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business odd Jobs

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Emley Douglas
15. Birthplace Ind

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
Address 1600 Birchtly ave

19 (a) AUG 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942 at 7 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/5/42 19 to 7/6 1942, and that I last saw h[illegible] alive on 7/6 1942.

Immediate cause of death ~~circulatory collapse~~ peritoneal

~~Due to~~ purulent peritonitis

Due to Ruptured gastric ulcer

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Douglas M.D.
Address Johns Hopkins Hosp. Date signed 8/6/42

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94668 — Registered No. F 94668

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 Somerset St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Anderson — 75300

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1922

8. AGE: Years	Months	Days	If less than one day
19	9	6	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Anderson
13. Birthplace Va.

MOTHER
14. Maiden Name Jessie Statham
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy W Lee
(b) Address 1000 Bentley ave

AUG 7 - 1942 (Date rec'd by Registrar) (b) Huntington Woods Md
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 4 19 42 at 4:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942, to Aug. 4 1942, and that I last saw him alive on Aug. 4 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 5 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alvin L Hart M.D.
Address Balto City Hosp Date signed 8/6/42

F 94669
419-37

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94669 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Walds St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vernon Hill

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-23-42

8. AGE: Years	Months	Days	If less than one day: hr. min.
	7	7	41

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Vernon Hill
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Barksdale
15. Birthplace Va.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bradford Ave

19 (a) Date received AUG 7 1942 (b) Registrar for Baltimore City

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1942, at 7 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942, to August 3 1942, and that I last saw him alive on August 3 1942.

Immediate cause of death: Cong. Heart Disease with Failure. — Duration:
Due to Abscesses of Pul. Artery
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Cong. Heart Dis.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe
Address Johns Hopkins Hosp. Date signed 8/5/42

94670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered 94620

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1305 Wise Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Wise Court (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME William (Staple) Stoewer

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-0202

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Rose J. Limbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1893

8. AGE: Years	Months	Days	If less than one day
48	11	23	22 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Sparrows Point Md.

FATHER
12. Name Anton
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Holtzschuer
15. Birthplace Germany

16 (a) Informant Mrs. Agusta Stoewer
(b) Address 3419 Odonnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/42 (month) (day) (year)
(c) Cemetery or crematory Zion Cemetery
Location Stemmers Run Md.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) Aug 7 1942 (Date received by registrar) (b) Huntington Williams MD Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1941 to Aug 6 1942 and that I last saw h alive on Aug 5 1942.

Immediate cause of death Bilateral Pulmonary Tuberculosis Interstitial Pneumonia — Duration Aug 6/41

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Aug 1941

Major findings of operations Interstitial Pneumonia

of autopsy? Yes.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Earl Schumuck M. D.
Address 842 S East Ave Date signed 8-7-42

F 94671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1245 Registered No. F 94671

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4113 Glenarm Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 71
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4113 Glenarm Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME CAPT. FREDERICK GILLES INSLEY Sr.

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 217-14-1983

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife: Amelia Marsch Insley
6 (c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): Nov. 26. 1877

8. AGE: Years	Months	Days	If less than one day
64	8	9	hr. min.

9. Birthplace: Bivalve Md. (Town, county, and state)
10. Usual Occupation: Master Mariner
11. Industry or business: United Fruit Co.

FATHER
12. Name: George Henry Clay Insley-deceased
13. Birthplace: Bivalve, Md.

MOTHER
14. Maiden Name: Margaret Elizabeth Howard
15. Birthplace: Dames Quarter Md.

16 (a) Informant: Mrs. Mildred Insley Jarrett (Son)
(b) Address: 4113 Glenarm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 8. 1942 (month) (day) (year)
(c) Cemetery or crematory: Moreland Mem. Park
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) AUG 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 5. 1942 at 19 12.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1940, to Aug. 5 1942
and that I last saw him alive on Aug. 5 1942

Immediate cause of death: Mesenteric Thrombosis — Duration 18 hrs.
Due to: Cirrhosis of Liver — 2 Yrs.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Frederick Insley Jr M.D.
Address 2002 Effratt St Date signed 8/6/42

VS 3

F.M. 94672 27350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94672
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days): 5 yrs
(e) Length of stay in Baltimore (yrs., mos., or days): Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 1624 Shakespeare St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME: William Meehan

3 (b) If veteran, name war: —

3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec, 15th, 1879

8. AGE: Years	Months	Days	If less than one day
62	7	20	hr. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business:

FATHER
12. Name: William Meehan
13. Birthplace: Ireland

MOTHER
14. Maiden Name: Mary Mac Lynn
15. Birthplace: Ireland

16 (a) Informant: Baltimore City Hospitals
(b) Address: 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore

18 (a) Funeral director: Childs Herring Funeral
(b) Address: 2024 Orleans St

19 (a) Registered AUG 7 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1942 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1942 to 8/5 1942 and that I last saw him alive on 8/5 1942

Immediate cause of death	Duration
Acute heart failure & probable cerebral thrombosis	1 day
Due to Arteriosclerosis & V.D.	
Due to	
Other Conditions Arteriosclerotic [illegible] Left foot. History of [illegible]	

(Include pregnancy within 3 months of death)

Date of operation 5/14/42

Major findings of operation: [illegible] Gumma [illegible]

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature [illegible] M.D.
Address Baltimore City Hosp. Date signed 8/6/42

F 94673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94673 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Lonella Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Reesey

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Kenneth V Reesey
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Oct. 4 - 1906

8. AGE: Years	Months	Days	If less than one day hr.	min.
35	10	1		

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Hash - Santmyer
13. Birthplace Md.

MOTHER
14. Maiden Name Unk.
15. Birthplace

16 (a) Informant Kenneth V. Reesey
(b) Address 9 Lonella Ave - Md. Rivr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave - Rd.

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave. Corp

19 (a) (Date rec'd by Reg.) (b) Huntington Williams M.D. (Registrar)
AUG 7 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5-1942, at 11 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death — Duration
Fractured skull
Due to
Due to
Other Conditions Multiple bruises
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably accidental
(b) Date of occurrence Aug. 2 - 42 at 11 P. M
(c) Where did injury occur? Pharmacy on Alt Belair Rd. Baltimore County
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fall (?) from moving automobile
23. Signature Howard J. Reesey M.D.
Medical Examiner.
Date signed 8-6-42

F 94674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94674 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 36 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucille Spivey 75035

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife Fred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June ? 1914

8. AGE: Years	Months	Days	If less than one day
28	2	?	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Gus Gilliam
13. Birthplace N.C.

MOTHER
14. Maiden Name Sophie Taylor
15. Birthplace N.C.

16 (a) Informant Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10 1942 (month) (day) (year)
(c) Cemetery or crematory Mt - Zion
Location

18. (a) Funeral director Mrs Katie R Williams
(b) Address 3[illegible] Schroeder St.

19 (a) AUG 7 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5 1942, at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942, to Aug. 5 1942, and that I last saw her alive on Aug. 5 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Pulmonary Tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Haste
Address Balto City Hosp Date signed 8/6/42 M. D.

VS 3

F 94675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

F 94675 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 554 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 355 N. Bruce St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlie Worrell 63132

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1905

8. AGE: Years	Months	Days	If less than one day
37	3	0	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Worrell
13. Birthplace N.C.

MOTHER
14. Maiden Name Ozella Jones
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7, 1942 (month) (day) (year)

(c) Cemetery or crematory Boykins, Va
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 N Schroeder St

19 (a) AUG 7 - 1942 (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5 1942, at 10:10AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 1941 to Aug. 5 1942, and that I last saw h in alive on Aug. 5 1942.

Immediate cause of death

Pulmonary tuberculosis — Duration 20 mos?

Due to

Due to

Other Conditions Intestinal Tuberculosis — 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pulmonary Tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A.H. Hartz

Address Balto City Hosp Date signed 8/6/42 M.D.

F 94676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94676 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 411 S. Bentalou St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs. ~~mos. or days~~) (60)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 411 S. Bentalou St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Tena A. Niemeyer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John A. Niemeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 21 1872

8. AGE: Years 70 | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Christian D. Sonnen
13. Birthplace Germany

MOTHER
14. Maiden Name —
15. Birthplace Germany

16 (a) Informant FAMILY
(b) Address 411 S. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Westview
Location Baltimore County, Maryland

18 (a) Funeral director F. D. WIPPERT. SON
(b) Address 300 Eastern Ave

19 (a) Date received AUG 7 1942 (b) Registered by Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1942, at 4 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Aug 5 1942 and that I last saw her alive on Aug 4 1942

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Arteriosclerosis	
Due to	
Other Conditions Nervous exhaustion	

(Include pregnancy within 3 months of death)

Date of operation Opinion for Autopsy
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Hann M. D.
Address 1215 Hanover Street Date signed Aug 7 1942

F 94677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 94677 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3642 Roland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3642 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha E. Richards.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Benjamin F. Richards
6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): July 3, 1889

8. AGE: Years: 53 | Months: 1 | Days: 3 | If less than one day: ____ hr. ____ min.

9. Birthplace: Wyncote, Pa.
(Town, county, and state)

10. Usual Occupation: Housewife.

11. Industry or business

FATHER
12. Name: Jonathon Smith
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Margaret Vigners.
15. Birthplace: Pa

16 (a) Informant: Rev. Benjamin F. Richards.
(b) Address: 3642 Roland Ave.

17 (a) Burial. (b) Date thereof: Aug 10/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Montrose
Location: Highland Park, Delaware Co. Pa.

18 (a) Funeral director: Chenoweth & Donovan
(b) Address: 3615-17 Edmondson Ave.

19 (a) (Date received by registrar) AUG 7 - 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6, 1942, at 10:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942 to Aug 6 1942, and that I last saw her alive on Aug 6 1942.

	Duration
Immediate cause of death: Cardiac decompensation	
Due to: Lobar Pneumonia	17 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Frances Richards
Address 846 W 36th St. Date signed 8/9/42.

VS 3

F 94678

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310 Registered No. F 94678

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County York
(c) City or town New Freedom (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Everett Norris

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 180-01-8837

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) march 6, 1897

8. AGE: Years	Months	Days	If less than one day
45	5	1	____ hr. ____ min.

9. Birthplace Noiseville, Md. (Town, county, and state)

10. Usual Occupation laborer

11. Industry or business Plastic Moulding Plant

FATHER
12. Name Joseph Norris.
13. Birthplace md.

MOTHER
14. Maiden Name Ida Almony
15. Birthplace md

16 (a) Informant Pearce Groves
(b) Address Maryland Line Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 9 1942 (month) (day) (year)
(c) Cemetery or crematory West Liberty.
Location White Hall, Md. R.D.

18 (a) Funeral director Jacob Bortenstein
(b) Address West Freedom Pa.

19 (a) AUG 7 (b) 1942 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7-42 19 at 12:29 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27-42 19 to 8-7-42 19 and that I last saw h alive on 8-6-42 19

Immediate cause of death Uremia

Due to Subacute Exacerbation of Chronic Glomeruli nephritis

Due to

Other Conditions Hypertension and Cardio Vascular Disease grade V
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L Beverly Jr. M. D.
Address University Hospital Date signed 8-7-42

Hamilton Williams

VS 2

E 94679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157M

Registered No. E 94679

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun Sts

(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2549 Arunah Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Hatcher (Birth F 54036)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/24/42

8. AGE: Years	Months	Days	If less than one day
		0	1 hr. 12 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER

12. Name Claude Mitchell Hatcher

13. Birthplace Knoxville, Tennessee

MOTHER

14. Maiden Name Lena Sybil Feathers

15. Birthplace Bristol, Tennessee

16 (a) Informant Mother

(b) Address 2549 Arunah Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL AUG 7 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 AUG 7 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 1942, at 5:30 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24 1942 to 7/27 1942, and that I last saw h.c.r alive on 7/27/1942.

Immediate cause of death Atelectasis - left lung

Due to Congenital absence of left diaphragm

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Same as above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Oscar Hartman, M.D.

Address Franklin Square Hospital Date signed 8/6/42

9314

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94680

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked by the informant. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 824 1/2 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pearl Baker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 7 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) AUG 7 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31st 1942, at 6.45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & inspection thereon and from the evidence obtained by said inquiry & inspection find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Bronchial pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed July 31 1942

VS 6

9312

94681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 F 94681 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison St. & Linden Ave

(c) Hospital or institution Md. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days

(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1320 N. Charles St
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Gibson (Birth F-4991?)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-25-42

8. AGE: Years	Months	Days	If less than one day
		23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL AUG 7 1942
Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) AUG 7 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 17 1942, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942, to June 17 1942, and that I last saw her alive on June 17 1942.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions Bacterial Staphylococcus pneumonia, hyaline membrane disease, Bilateral chest fluid. (Include pregnancy within 3 months of death)	

Major findings:

Of operations None

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John D. Young Jr. M. D.

Address Md. General Hosp. Date signed 6/17/42

VS 2

9313

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 94682

F-51632

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Balto

3 (a) FULL NAME LEONIS ELLERBIE (F-51632)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex MALE

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-17-42

8. AGE: Years | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Lee Dukes
13. Birthplace SC

MOTHER 14. Maiden Name Zora Ellerbie
15. Birthplace Md

16 (a) Informant Birth Cert.
(b) Address F 51632

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 7 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 7 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

9313

MEDICAL CERTIFICATION

20. DATE OF DEATH August 2 1942, at 10:50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Pneumonia, Lobular primary — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. J. Wallenmeyer M.D. Medical Examiner.

Date signed 8-2-42

V8 6

9313

I HEREBY CERTIFY, WITH UNDERSTANDING THAT PENALTIES OF INFORMATION SHOULD BE CAREFULLY correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94683

BALTIMORE CITY HEALTH DEPARTMENT 161a Registered No. F 94683

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 E. Stockton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RAYMOND COATES (Birth F-51842)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-24-42

8. AGE: Years | Months: 1 | Days | If less than one day: hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Frye
13. Birthplace Md

MOTHER
14. Maiden Name Gertrude Coates
15. Birthplace Md

16 (a) Informant (Birth Cert F 51842)
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 7 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) AUG 7 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 19 42 at 4 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Aspiration of vomitus — asphyxiation — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner
Date signed 7-29-42

V8 6

9316

TO PREVENT DELAY, WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully noted. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

77d

Registered No. F 94684

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1644 Ramsay Ln.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES M. COOPER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 7 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 AUG 7 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1942, at 12 50

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
a Chronic alcoholism	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Z. Wollenweber M.D.
Medical Examiner.

Date signed 7-20-42

VS 6

9317

F

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. F 94685

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 Gilmor Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lorenza Howell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	O	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 7 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 7 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23 1942 at 7:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of back — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence July 19, 1942 at 5:40 P M
(c) Where did injury occur? 522 Pine St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Shot in back

23. Signature Assist Res Graduate M.D.
Medical Examiner.
Date signed July 24 1942

9518

F 94686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94686

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 Chilton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Chilton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma M. Ellerbrock

3 (b) If veteran, name war —

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Herman H. —

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June 30, 1875

8. AGE: Years	Months	Days	If less than one day
67	1	5	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER 12. Name Adam Pohl

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Snyder

MOTHER 15. Birthplace Md.

16 (a) Informant Herman H. Ellerbrock

(b) Address 1822 Chilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/5/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto.

18 (a) Funeral director E. J. Fanning & Son

(b) Address 1418 E. Lafayette Ave.

19 (a) AUG 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5- 1942 at 1 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by Autopsy and that said deceased came to her death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: two

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mesaros M.D.
Medical Examiner.
Date signed 8-5-42

Complete and return, WITH ONE MONTH (14) days, item or information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94687 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4812 Gunpowder Ave
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4812 Gunpowder Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Virginia Chatterton

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Allcroft Chatterton
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 21 1847

8. AGE: Years 95 | Months 0 | Days 1715 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Aquilla D Stephens
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Stannard
15. Birthplace Maryland

16 (a) Informant Mrs Edna C. Clark - (daughter)
(b) Address 4812 Gunpowder Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md.

18 (a) Funeral director Edward McGowan's.
(b) Address 108 W Mulberry
AUG 7 - 1942 Chattertown Williams MD
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/6 1942 at 8-P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to Aug 5 1942 and that I last saw h[illegible] alive on 8/6 1942

Immediate cause of death: Cardio vascular renal disease — Duration
Due to: Arteriosclerosis
Due to: Hypertension
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L D Holmes M.D.
Address 4710 Liberty Hts Date signed 8/7/42

VS 3

Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 94688

AUG 7 - 1942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94688

61

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts.

(c) Hospital or institution:

Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 527 S. Longwood St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Mary Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Edward Davis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1917

8. AGE: Years	Months	Days	If less than one day
25	6	15	hr. min.

9. Birthplace Pittsburgh, Pa. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business 0

FATHER

12. Name John Corbett

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Adele Linder

15. Birthplace Baltimore, Md.

16 (a) Informant Edward Davis

(b) Address 527 S. Longwood St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11 1942 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director Harry H. Thomas

(b) Address 420 N. Fulton Ave

19 AUG 7 1942 (b) Huntington Williams M.D.

(Date rec'd by Registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7, 19 42, at 12:50 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 6 19 42, to Aug 7 19 42, and that I last saw her alive on Aug 7, 19 42.

Immediate cause of death	Duration
Diabetic Acidosis	12 hours
Due to Diabetes Mellitus	Unknown
Due to	
Other Conditions Pregnancy.	7 Months

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert A. Thorpe, M. D.

Address Mercy Hospital Date signed 8/7/42

VS 8

94689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. E 94689

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. 9
(If outside city or town limits, write RURAL and give town)
(d) Street No. 405 S. Dean St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Stumpf

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1868

8. AGE: Years: 74 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Laborer Retired

11. Industry or business

FATHER
12. Name: Nicholas Stumpf
13. Birthplace: Germany

MOTHER
14. Maiden Name: Christiana Mehrmann
15. Birthplace: Germany

16 (a) Informant: Florence Stumpf
(b) Address: 405 S Dean St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8/10/42 (month) (day) (year)
(c) Cemetery or crematory: Mt Carmel
Location: O'Donnell St Extended

18 (a) Funeral director: Williams Bodie Inc
(b) Address: 1217 St Paul Street

AUG 8 1942 (Date rec'd by Registrar) (b) Huntington Williams Md

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 6 1942 at 1 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: arteriosclerotic cardio renal disease — Duration:

Due to

Due to

Other Conditions: pulmonary emphysema

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Robert L. Graham M.D. (Medical Examiner)
Date signed: Aug. 7 1942

Please write plainly with pen or pencil. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94690
419380

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94690
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Evansville (If outside city or town limits, write RURAL and give town)
(d) Street No. 1660 Lincoln Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H. Stangle

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 081-09-2434

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife: Muriel Hall
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 4-10-91

8. AGE: Years	Months	Days	If less than one day
51	3	27	hr. min.

9. Birthplace New York (town, county and state)
10. Usual Occupation Project Engineer
11. Industry or business Terra Inc

FATHER
12. Name John Stangle
13. Birthplace N.Y.

MOTHER
14. Maiden Name Cecilia Dyer
15. Birthplace N.Y.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/10/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilson Colone
(b) Address 2719 Pont St

19 AUG 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1942, at 7 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942, to August 7 1942 and that I last saw him alive on August 7 1942.

Immediate cause of death: Intestinal obstruction — Duration

Due to: adhesions

Due to: (none)

Other Conditions: Cardiac Failure

(Include pregnancy within 3 months of death)

Date of operation: (1) 7-24-42 (2) 7-6-42

Major findings of operation: Adhesions causing Int. obstruction

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vernon B. Mountcastle M.D.
Address Johns Hopkins Hosp Date signed 8-7-42

VS 2

94691 ✓ 4012 Arlington Ave

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 94691 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3912 Cottage Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3912 Cottage Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Edward Matthews
3 (b) If veteran, name war —
3 (c) Social Security Account No. 705-10-4102
4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Mary Catherine
6 (c) If dive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 9, 1873
8. AGE: Years 69 Months 6 Days 25 If less than one day hr. min.
9. Birthplace Baltimore Co. (Town, county, and state)
10. Usual Occupation Retired Pattern Maker
11. Industry or business N + O R.R.
FATHER 12. Name George W. Matthews
13. Birthplace Md
MOTHER 14. Maiden Name Hannah Wilson
15. Birthplace Md
16 (a) Informant Mary E. Matthews
(b) Address 3912 Cottage Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem Location Balto.
18 (a) Funeral director Williamson-Inc
(b) Address 1317 St Paul St
19 (a) (Huntington Williams, M.D.) Registrar

AUG 8 1942 Vs 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942, at 7:30 M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1942, to Aug 6 1942 and that I last saw him alive on Aug. 6 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 36 hrs
Due to General arteriosclerosis & Arterial Hypertension — 10 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Jno. S. Ashmead M. D.
Address 401 St Paul St Date signed 8-7-42

94692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94692

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2044 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-S
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2044 Harford Road (If rural route, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Steitz

3 (b) If veteran, name war 0

3 (c) Social Security Account No:

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Anthony Steitz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15. 1867

8. AGE: Years 74 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business Sales

FATHER
12. Name Christopher Cosselman
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Stoll
15. Birthplace Germany

16 (a) Informant Mr William S. Steitz
(b) Address 1652 Cliftview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 42 (month) (day) (year)
(c) Cemetery or crematory Western Cem
Location Edmondson Ave

18 (a) Funeral director Williams Loose Inc
(b) Address 217 St Paul Street

19 AUG 8 — 1942 Huntington Williams M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1942 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to Aug 6 1942 and that I last saw h[illegible] alive on Aug 6 1942

Immediate cause of death Cardiac Failure — Duration

Due to

Due to

Other Condition Chr Nephritis

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anthony C Mommaga M.D.

Address 800 E North Ave Date signed Aug 7 42

VS 3

Please write plainly, with unfading ink. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 V

F 94693

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1427 Jefferson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm H. Lee (Jr.)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-4585

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of husband or wife Bertha A Lee
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 27, 1874

8. AGE: Years	Months	Days	If less than one day
68	-	8	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Wm H. Lee Sr
13. Birthplace Balto Md

MOTHER
14. Maiden Name Susan Foster
15. Birthplace Maryland

16 (a) Informant Bertha A Lee
(b) Address 1427 Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location Mt Winans

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1427 Jefferson St

19 AUG 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1942, at 3:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Aug 5 1942 and that I last saw h. alive on Aug 5 1942.

Immediate cause of death Coronary Occlusion — Duration Aug 5, 1942

Due to Arterio-Sclerosis + Hypertension

Due to

Other Conditions Cardiac Decompensation and Diabetes Mellitus — Jan 1942
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph J Warren M. D.
Address 1424 E Monument St Date signed 8/6, 1942

F 94694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74a Registered No. F 94694

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Driveway and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland. 12-6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 969 Goff Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRED ARKADIE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Florence Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1883

8. AGE: Years	Months	Days	If less than one day
58	9	4	hr. min.

9. Birthplace London, England (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business

FATHER
12. Name James Arkadie
13. Birthplace Ceylon

MOTHER
14. Maiden Name Frederica
15. Birthplace Ceylon

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-8-42 (month) (day) (year)
(c) Cemetery or crematory Norfolk
Location Va

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 108 W Montgomery St

19 (a) AUG 8 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6, 1942 at 10.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 23, 1942, to Aug. 6, 1942, and that I last saw him alive on Aug. 6, 1942.

	Duration
Immediate cause of death Cachexia and inanition	1 week
Due to Myelogenous leukemia	4 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?
(e) Means of injury

23. Signature J. C. Allen
Address US Marine Hospital, Baltimore, Md. Date signed 8/M/42

VS 3

F 94695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94695 Registered No. 468

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3201 Howard Park Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William H. O'Brien

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret C. O'Brien
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): [redacted] 12/1/79

8. AGE: Years 62 | Months 8 11 | Days 8 28 | If less than one day: hr. min.

9. Birthplace: Balto, Md. (Town, county, and state)

10. Usual Occupation: Postal Clerk

11. Industry or business

FATHER 12. Name: Silas J. O'Brien
13. Birthplace: Ireland

MOTHER 14. Maiden Name: Emma Saunders
15. Birthplace: Md.

16 (a) Informant: Mrs. Margaret O'Brien
(b) Address: 3201 Howard Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 10/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Old Frederick Rd.

18 (a) Funeral director: Maurice J. Flynn
(b) Address: 1422 Light St

19 (a) AUG 8 - 1942 (Date Rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8 1942 at 2 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 19 42, to August 8 19 42 and that I last saw him alive on Aug. 8 19 42

Immediate cause of death: Carcinoma of Splenic Flexure & Hepatic & Splenic Liver involvement — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: 7/25/42

Major findings of operation: Carcinoma of Splenic Flexure & extensive liver involvement

Autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Huntington Williams M.D.
Address: Bon Secours Hosp. Date signed: 8/8/42

VS 8

No. 71600 24696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a Registered No. E 24696

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Richard Theodore

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	W

6 (b) Name of husband or wife Annie (D) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 5-1871

8. AGE: Years	Months	Days	If less than one day
70	10	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Peter Theodore
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Creg
15. Birthplace Md

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location City
18 (a) Funeral director Robt C & B.M. Walter
(b) Address Pratt & Stricker Sts
19 (a) AUG 8 — 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7th 1942 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1942 to 8-7 1942 and that I last saw him alive on 8-7 1942

Immediate cause of death	Duration
(a) Terminal Hypostatic Pneumonia & Cardiac Mentor collapse	
Due to (b) Advanced Carcinoma	1 yr
Due to (c) Esophagus	
Due to (d)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E H Haase M.D
Address 4946 Eastern Ave Date signed 8-9-42

Dr E. H. HAASE

V8 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94697

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159- Registered No. F 94697

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 6-
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Duncan St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Hess (Birth F 54923)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Andrew Hess
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Fousek
15. Birthplace Baltimore, Md.

16 (a) Informant Helen Hess
(b) Address 207 N. Duncan St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 8 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 AUG 8 1942 (Date rec'd by registrar) (Signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31, 1942 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942, to July 31 1942, and that I last saw him alive on July 31 1942.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Roland R. Bowman M. D.
Address Sinai Hospital Date signed 8-1-42

VS 3

9322

F 94698

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

526 Registered No. F 94698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 4020 Ridgecroft Rd. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William John Schneider

3 (b) If veteran, name war:

3 (c) Social Security Account No. 215-10-2632

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Dorothy E. Schneider
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13, 1887

8. AGE: Years	Months	Days	If less than one day
54	11	23	hr. min.

9. Birthplace Balto. Co. Maryland (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Dairy

FATHER
12. Name Frederick J. Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Agnes Louise Kurtz
15. Birthplace Balto. Co. Maryland

16 (a) Informant Dorothy E. Schneider
(b) Address 4020 Ridgecroft Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Maryland

18 (a) Funeral director Sasse Funeral Home
(b) Address 7401 Belair Road

19 (a) Registered Aug 8 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1942, at 10:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942 to August 6 1942, and that I last saw him alive on August 6 1942.

Immediate cause of death Uremia of undetermined Origin

Duration 3 days

Due to

Due to

Other Conditions Peritonitis
Carcinoma of Bladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of bladder; Pelvic abscess & Peritonitis
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Young Jr. M. D.
Address Md. General Hosp. Date signed 8/6/42

VS 3

Please write plainly, with unfading ink. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94699

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 1a

F 94699 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1925 Lettitia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 Lettitia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret M. Ugianski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John ~~Ugianski~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 53 | Months | Days | If less than one day hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name ? Louiza
15. Birthplace Lith

16 (a) Informant John Ugianski
(b) Address 1925 Lettitia ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kazunkas
(b) Address 1106 Washington Blvd

19 (a) AUG 8 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 19 42 at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/2/42 19 to Aug 6 1942, and that I last saw her alive on Aug 6/42 19.

Immediate cause of death

Cardio Renal

Due to Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury Dec.

23. Signature J. W. Wheeton M. D.
Address 4709 Jr. Ave Date signed 8/8/42

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

456 F 94700

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 week
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Alhambra Apts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME NATHAN KOSHLAND

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. 216-01-8696

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7th. 1875

8. AGE: Years 67 | Months 3 | Days - | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Retired Clothing Sales-
11. Industry or business man.

FATHER
12. Name Isaac Koshland,
13. Birthplace Germany.

MOTHER
14. Maiden Name Rose Neuberger,
15. Birthplace Germany.

16 (a) Informant Mrs. Hannah Sonneborn,
(b) Address 2329 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/7/42. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Harris Levi Sonneborn & Co.
(b) Address 1902 Eutaw Place.

19 (a) AUG 8 1942 (Date rec'd by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1942, at 4:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/30 1942, to 8/7 1942, and that I last saw h/m alive on 8/7 1942.

Immediate cause of death Respiratory Failure — Duration

Due to Carcinoma of the tongue

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene O. Pendleton, M.D.
Address Sinai Hosp. Date signed 8/7/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓ F 94701 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City or County 7010 Park Heights Ave.
(b) Street address Samester Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 ✓ 28
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 7010 Park Heights Ave. Samester Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME SYDNEY WHITEHILL ✓

3 (b) If veteran, name war ———

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mabel G. Whitehill
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1878

8. AGE: Years	Months	Days	If less than one day
64	3	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Israel Whitehill.
13. Birthplace ?

MOTHER
14. Maiden Name Rachel Mandelbaum.
15. Birthplace ?

16 (a) Informant Mrs. Mabel Whitehill,
(b) Address 7010 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/42. (month) (day) (year)
(c) Cemetery or crematory Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director Bland Lowenheim & Son
(b) Address 1902 Eutaw Place.

19 (a) Date received AUG 8 1942 (b) Registrar Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7th. 1942 at AM

21. I certify that death occurred on the date above stated; that I attended deceased from 1924 to Aug 7 1942.
and that I last saw h alive on Aug 6 1942.

Immediate cause of death Bronchopneumonia — Duration 1 week

Due to

Due to Encephalitis Lethargica — 16 years
Paralysis Agitans — 10 years
Other Conditions Diabetes mellitus — 10 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jean P. Hamburger
Address 1207 Eutaw Place. Date signed 8/7/42

Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

94702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ F 94702 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4405 Buchannan Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4405 Buchannan Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Bertha May Cox

3 (b) If veteran, name war ____

3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Albert Cox
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1895

8. AGE: Years	Months	Days	If less than one day
47	7	2	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant John Albert Cox
(b) Address 4405 Buchannan Ave. Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden, Md.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Md.

19 Filed AUG 3 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7, 1942, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940, to Aug 7 1942
and that I last saw her alive on Aug 7 1942.

Immediate cause of death Carcinoma of breast with generalized metastasis — Duration 1 yr.
Due to ____
Due to ____
Other Conditions ____
(Include pregnancy within 3 months of death)
Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Lawrence J. Slemmons M. D.
Address 3711 Falls Rd Date signed 8-1-42.

Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Where a question does not apply, write UNKNOWN. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 94703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a F 94703 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 S PACA ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 1 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 S PACA ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BARBARA STIKLAITIS

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM	WHITE	WIDOW

6 (b) Name of husband or wife CHAS. STIKLAITIS
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) MAY. 8- 1893

8. AGE: Years	Months	Days	If less than one day
49	2	29	hr. min.

9. Birthplace LITHUANIA (Town, county, and state)
10. Usual Occupation HOUSE WORK
11. Industry or business AT HOME

FATHER
12. Name VINCENT MASSA
13. Birthplace LITHUANIA

MOTHER
14. Maiden Name NOT KNOWN.
15. Birthplace LITHUANIA.

16 (a) Informant CHAS STIKLAITIS
(b) Address 508 S PACA ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 10-42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BALTO MD

18 (a) Funeral director Bernard C. Harle
(b) Address 1000 S. PACA. ST.

19 (a) (Date received by Registrar) AUG 8- 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST. 7 1942, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from OCT. 18 1941, to AUG 7 1942, and that I last saw h[illegible] alive on AUG 6 1942.

	Duration
Immediate cause of death CARDIO-VASCULAR RENAL DISEASE	1 YR
Due to ARTERIOSCLEROSIS	
Due to	
Other Conditions BRONCHIAL ASTHMA	1 YR

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F. Milan M.D.
Address 6822 WOLFE ST Date signed 8-8-42

VS 3

94704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No. E 94704

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6010 Eastern Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6010 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Hopf

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife William Hopf
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1853

8. AGE: Years	Months	Days	If less than one day
89	4	26	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation house wife
11. Industry or business

FATHER
12. Name Boehm
13. Birthplace not known

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant John Hopf
(b) Address 6010 Eastern Ave.

17 (a) Burial (b) Date thereof 8/10/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) AUG 8 - [illegible] (b)
(Date rec'd by Reg.) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1942, at 2.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6 1942, to 8/7 1942, and that I last saw h[illegible] alive on August 6 19 42.

Immediate cause of death	Duration
Circulatory collapse	3 day.
Due to arteriosclerosis	
Due to Age	89.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James F. Hoffmann Jr.
Address 936 E. Baltimore St. Date signed 8/9/42 M.D.

94705

BALTIMORE CITY HEALTH DEPARTMENT 157e Registered No. F 94705

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 W Lexington St
(c) Hospital or institution: Bol of America Hosp 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 E E Eager St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marion Milford Biby (Birth F-54434)

3 (b) If veteran, name war: No
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/29/42

8. AGE: Years	Months	Days	If less than one day
		10	hr. min.

9. Birthplace Baltimore, MD. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joe N. Biby
13. Birthplace Tetertown W. VA.

MOTHER
14. Maiden Name Bonnie Vanderpender
15. Birthplace Cherry Grove W Va.

16 (a) Informant Mother - Bonnie Biby
(b) Address 600 E Eager St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/8/42 (month) (day) (year)
(c) Cemetery or crematory Tetertown
Location Tetertown W Va

18 (a) Funeral director Williams Funeral Home
(b) Address 1219 E Fort Ave (Huntington Williams W. Va.)

AUG 8 19[illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1942, at 1:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1942 to Aug 7 1942 and that I last saw him alive on Aug 7 1942.

Immediate cause of death	Duration
Bronchial pneumonia	
Due to Congenital Heart Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Willard Applegate M. D.
Address Bol of America Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

84706

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a ✓

F 94706
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 108 N. Highland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Highland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Dobry
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Helen Dobry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1890

8. AGE: Years	Months	Days	If less than one day
52	6	9	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business State

FATHER
12. Name Charles Dobry
13. Birthplace Rhesla Slowska

MOTHER
14. Maiden Name Anna Zyka
15. Birthplace Rhesla Slowska

16 (a) Informant Mrs Helen Dobry
(b) Address 108 N. Highland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Dundalk
18 (a) Funeral director Stephen J. Falkowski
(b) Address 1100 N. Kenwood Ave Huntington Williams, Mgr.

AUG 8 - 1942
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 20 1942 to Aug 6 1942, and that I last saw h alive on Aug 6 1942

Immediate cause of death Coronary Thrombosis — Duration 6 weeks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 2200 E. Madison St Date signed 8/8/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94707 i

BALTIMORE CITY HEALTH DEPARTMENT 94a

CERTIFICATE OF DEATH

F 94707 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Greed Sts. 16

(c) Hospital or institution University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 43d

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town BALTIMORE 9
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1403 Poplar Grove
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Almat Dienhart

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	White	SINGLE

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27 1880

8. AGE: Years	Months	Days	If less than one day
62	3	109	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business AT HOME

FATHER 12. Name JULIUS J. DIENHART

13. Birthplace GERMANY

MOTHER 14. Maiden Name AUGUSTA EHOFF

15. Birthplace GERMANY

16 (a) Informant JULIUS R. DIENHART

(b) Address 1403 Poplar Grove St.

17 (a) BURIAL (b) Date thereof AUG. 10 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory WESTERN

Location EDMONDSON Ave

18 (a) Funeral director G. Howard Strong

(b) Address 3207 W. North Ave.

19 AUG 8 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942 at 12:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 24 1942 to Aug 6 1942 and that I last saw h. alive on Aug 6 1942

	Duration
Immediate cause of death myocardial infarct - pulmonary infarct	
Due to embolic from lower extremities.	
Due to	
Other Conditions Elephantiasis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature W. L. Byerly Jr. M. D.

Address University Hospital Date signed 8-9-42

VS 3

F 94708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

191

F 94708 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 393 Forest St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Scott

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro.	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known.

8. AGE: Years	Months	Days	If less than one day
54	Not	known.	hr. min.

9. Birthplace Not given (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Frank Adams Co.

FATHER
12. Name Not
13. Birthplace Maryland

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant William Morgan
(b) Address 1122 May St (friend)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8 '42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location M. H. Co. Md.

18 (a) Funeral director Isaac R. Brown Son
(b) Address 1 E. Fay Montgomery St.

19 AUG 8 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 4 1942, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to Aug 4 1942 and that I last saw him alive on Aug 3 1942.

Immediate cause of death Hypertension — Duration 5 days
Due to
Due to (Over)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Adams M. D.
Address Mercy Hospital Date signed 8/7/42

VS 8

F 94709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

Registered No. F 94709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 529 Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 529 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Puchacznostri or Pukachowsky

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-8645

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known ?

8. AGE: Years	Months	Days	If less than one day
About 60			hr. min.

9. Birthplace Russian (Town, county, and state)
10. Usual Occupation Meat Packer
11. Industry or business Karol Packing Co. 448 S. Bond St

FATHER
12. Name Pete Pukachowsky,
13. Birthplace Russian

MOTHER
14. Maiden Name not known
15. Birthplace Russian

16 (a) Informant Mrs Mary Kunematz
(b) Address 661 W. Lee Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John A. Grebhauer Jr.
(b) Address 423 S. Paca St

AUG 8 – 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1942, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed August 7 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

Registered No. E 94710

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Severn (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nina Marchuk

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1921

8. AGE: Years 21 | Months 4 | Days 17 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Farm Hand
11. Industry or business

FATHER
12. Name Domoit Marchuk
13. Birthplace Russian

MOTHER
14. Maiden Name Safia ?
15. Birthplace Russian

16 (a) Informant Mr. Dominat Marchuk
(b) Address Severn, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 7-42 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Grand Arundel County

18 (a) Funeral director John A. Grabiancky Jr.
(b) Address 423 S. Paca St.

AUG 8 1942 (Local registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1942, at 3:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-13 1942 to 8-5 1942, and that I last saw her alive on 8-3 1942.

	Duration
Immediate cause of death: Anasarca	90 min
Due to: Uremia	3 weeks
Due to: Subacute Glomerular Nephritis	7 weeks
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. G. Bird M.D.
Address University Hospital Date signed 8-5-42 M. D.

94711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1140

Registered No. F 94711

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Date of death and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Redwood & Greene

(c) Hospital or institution: University Hospital 25

(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days

(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore 3

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1601 Spence Street

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Richard Lewis Martin

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-9915

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~

6 (b) Name of husband or wife: Grace Martin

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug. 15-1877

8. AGE: Years 64 | Months 11 | Days 23 | If less than one day: hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation none.

11. Industry or business Crane Operator

FATHER 12. Name James Martin

13. Birthplace A.A. Co Md.

MOTHER 14. Maiden Name Unknown

15. Birthplace Md.

16 (a) Informant self.

(b) Address 1601 Spence St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10-1942 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore, Md.

18 (a) Funeral director George L. Schwab

(b) Address 2101 Frederick Ave

AUG 8—1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7 1942 at 4:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 25 1942, to August 7 1942, and that I last saw h/his alive on August 7 1942.

Immediate cause of death	Duration
Toxemia	
Due to Lung Abscess	
Due to (or a)	
Other Conditions Pneumonia & Chest trouble.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert L. Shepard

Address Lemmon Hospital Date signed 8/7/42 M. D.

VS 3

F 94712 ✓ F 94712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

520 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun St
(c) Hospital or institution: Franklin Square Hospital 6 days
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4210 Belmont Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Roy Bull (Birth F-54704)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/2/42

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Herman Bull
13. Birthplace Balto Md

MOTHER
14. Maiden Name Lorz Barr
15. Birthplace York Pa

16 (a) Informant Herman Bull
(b) Address 4210 Belmont Ave

17 (a) Burial (b) Date thereof 8/10/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Park Wood Aug 10 1942
Location

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd

19. (a) (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7, 1942 at 5 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 2, 1942 to Aug. 7, 1942 and that I last saw him alive on Aug. 7, 1942

Immediate cause of death: Bilateral Kidney malignancy possibly embryoma — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 8/14/42
M.D.

VS 3

F 94713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94713 Registered No. 82a

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Meyer Rose

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-12-749

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 20 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER 12. Name Sol Rose
13. Birthplace Russia

MOTHER 14. Maiden Name Fannie Ostrosky
15. Birthplace Russia

16 (a) Informant Mother
(b) Address

Burial (Burial, cremation, or removal) (b) Date thereof 8/9/42 (month) (day) (year)

(c) Cemetery Chev Shalom
Location Edgewood St

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Pratt St

AUG 9 1942 (Date rec'd by registrar)

(b) Lexington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/8 1942 at 3:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/8/1942 to 8/8 1942 and that I last saw him alive on 8/8 1942

Immediate cause of death: Respiratory Death

Due to: Cerebral Hemorrhage

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Autopsy

of autopsy: pending

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. E. Goldstein M. D.
Address Sinai Hospital Date signed 8/8/42

VS 3

F 94714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13 a

F 94714

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2013 Druid st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2013 Druid st. (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME John T. Balden

3 (b) If veteran, name war ..... | 3 (c) Social Security Account No. .....

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sadie L. Balden
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 3/12/1867

8. AGE: Years 75 | Months 11 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Centerville md (Town, county, and state)

10. Usual Occupation old age pension

11. Industry or business .....

FATHER
12. Name Edward Brown
13. Birthplace Md

MOTHER
14. Maiden Name Mary Annie Balden
15. Birthplace Md

16 (a) Informant John W. Balden
(b) Address 2013 Druid st.

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 8/11/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location ..... County

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill ave

Filed AUG 9 - 1942 State registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 8 - 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1942 to Aug 7 1942 and that I last saw him alive on Aug 7 1942

Immediate cause of death: Cardio Vascular Renal Disease — Duration 7

Due to — — 1

Due to — —

Other Conditions — —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? (Specify type of place)
(e) Means of injury .....

23. Signature S. B. Hughes
Address 1443 Druid Hill Ave Date Aug 8-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 94715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94715 Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1026 Eutaw St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11-4
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 Eutaw St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifford Samuel Bellis

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-1176

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widower

6 (b) Name of husband or wife Francis Bellis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/11/1890

8. AGE: Years	Months	Days	If less than one day
52	1	26	hr. min.

9. Birthplace Lunenburg, Va.
(Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Hotel

FATHER
12. Name John Marshal Bellis
13. Birthplace Page County, Va.

MOTHER
14. Maiden Name Cora Barkley
15. Birthplace Culpeper County, Va.

16 (a) Informant Frank Bellis (Brother)
(b) Address 1041 Eutaw St

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/10/1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore, Md.

18 (a) Funeral director Adolphus Hillen
(b) Address 1 W Mulberry St
(Signature and title of registrar) Courtenay Williams M.D.

AUG 9 - 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1942 at 12:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/ 1939 to 8/7 1942 and that I last saw him alive on Aug. 1 1942

Immediate cause of death	Duration
Coronary Thrombosis	4 min.
Due to Hypertension	2 yrs.
Due to Chronic Nephritis	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M Louise Young M.D.
Address 1600 Druid Hill Ave Date signed 8/7/42

correct age as especially important. Physicians: please write the causes of death clearly and legibly.

415694
F 94716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

42a

Registered No. F 94716

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Mos
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Caroline
(c) City or town Federalsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvester Milano

3 (b) If veteran, name war: No
3 (c) Social Security Account No. unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Zina
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 5-2-78

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	3	6		

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Mfg Chemist
11. Industry or business

FATHER
12. Name Andrew Milano
13. Birthplace Italy

MOTHER
14. Maiden Name Francis Frezza
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/42 (month) (day) (year)
(c) Cemetery or crematory New York
Location New York City

18 (a) Funeral director Williams & Son
(b) Address 1219 E. Fayette St.

(Signature of local registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1942, at 9.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 8 1942 to Aug 8 1942 and that I last saw him alive on Aug 8 1942.

Immediate cause of death Heart failure — Duration

Due to Subacute bacterial endocarditis +

Due to Calcific aortic disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hope L. Mount M. D.
Address Johns Hopkins Hospital Date signed Aug 9 '42

F 94717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

F 94717 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2211 Rogers Ave.

(c) Hospital or institution:

Home for the aged M.E.Church

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-15

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2211 Rogers Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JANE CANNON

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov.17,1857

8. AGE: Years	Months	Days	If less than one day
84	8	22	21 hr. min.

9. Birthplace Cecil Co., Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name William Cannon

13. Birthplace Delaware

14. Maiden Name Charlotte, Joyce

15. Birthplace A.A.County, Md.

16 (a) Informant Mariam O. Coates,

(b) Address 2211 Rogers Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Baltimore, Md.

18 (a) Funeral director Wilson Cook Inc

(b) Address 1219 E Pratt St

19 AUG 9 1942 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug.8,1942 19 , at 10:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to Aug 7 1942, and that I last saw her alive on Aug 7 1942

Immediate cause of death Carcinoma of nose — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arthur J Davis M.D.

Address 800 N 33 St Date signed 8-9-42

F 94718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94718 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2619 Barclay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Barclay St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES NORMAN CHRISTOPHER

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 215-03-8235

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Elizabeth F. Christopher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19, 1892

8. AGE: Years	Months	Days	If less than one day
49	10	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business George Bates Co.

FATHER
12. Name George W. Christopher
13. Birthplace Va.

MOTHER
14. Maiden Name Ella Mason
15. Birthplace Va.

16 (a) Informant Elizabeth F. Christopher
(b) Address 2619 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42 (month) (day) (year)
(c) Cemetery or crematory National
Location Baltimore, Md.

18 (a) Funeral director Williams Funeral Home
(b) Address 1217 E. Fayette St. Huntington for Williams, M.D.

AUG 9 1942 (Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1942, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1941 to Aug 8 1942.
and that I last saw him alive on Aug. 4, 1942.

Immediate cause of death: Carcinoma of Lung — Duration: 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel B. Wolfe
Address 1331 E. North Ave Date signed 8-8-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939

F 94719

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 311 S. Newkirk St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 6 17

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 311 S. Newkirk St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL WEBSTER HOUSEHOLDER

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1867

8. AGE: Years	Months	Days	If less than one day
74	8	20	hr. min.

9. Birthplace Hagerstown, Md.
(Town, county, and state)

10. Usual Occupation Steelworker

11. Industry or business Bethlehem Steel Co

FATHER
12. Name
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden Name
15. Birthplace Hagerstown

16 (a) Informant Mary E. Householder

(b) Address 311 S. Newkirk St.

17 (a) Burial (b) Date thereof 8/12/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Woodlawn, Md.

18 (a) Funeral director William Cosby Sons

(b) Address 217 St. Paul St.

AUG 9 - 1942

(Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1942, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1942 to Aug 8 1942 and that I last saw him alive on Aug 8th 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to	
Due to	
Other Conditions Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ✓

of autopsy: ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓ at M

(c) Where did injury occur? ✓
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Adam Toth. M. D.

Address 112 S Dawson Ave signed Aug 8/42

Copies of age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94720 Registered No. 1190

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 N. 28 St. Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward A. Tauro (Birth F 53526)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 8, 1942

8. AGE: Years	Months	Days	If less than one day
0	1	0	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Patsy Tauro
13. Birthplace Italy

MOTHER
14. Maiden Name Emily V. Giallulle
15. Birthplace Italy

16 (a) Informant Patsy Tauro
(b) Address 415 East 28th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Williams, Cook & Sons
(b) Address 1217 St. Paul St.

19 AUG 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8-1942 at 6:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
a Acute Bronchio-enteritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malloy M.D.
Medical Examiner.
Date signed 8-8-42

VS 6

MPR 49262
94721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94721
Registered No. 937

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yr. 9 mo. 24 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 E. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sally Orr

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) ~~Single, married, widowed, or divorced~~

6 (b) Name of husband or wife James (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1867

8. AGE: Years 75 | Months 5 | Days 13 | If less than one day ... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name David Harrison Reynolds
13. Birthplace Pa.

MOTHER
14. Maiden Name Emily Flinn
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Moriah Memorial
Location Baltimore, Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

AUG 9 - 1942
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1942 at 9:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1942 to 8/7 1942 and that I last saw her alive on 8/7 1942

Immediate cause of death Cerebral Thrombosis — Duration 7 days

Due to Arteriosclerotic H.C.V.D.

Due to

Other Conditions Old fracture neck of femur — 5 yrs.
(Include pregnancy within 3 months of death)

Date of operation 7/13/42

Major findings of operation: Fractured neck of left femur

Date of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence. 10-13-39 at — M
(c) Where did injury occur? unknown
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury Automobile fall.

23. Signature [signature]
Address Baltimore City Hospitals Date signed 8/7/42

VS 8 Pt. in hosp. Since 10/13/39 Seen by me only since 7/1/42

over

94722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94722 / 480

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 806 W. Lexington St apt 11

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 d

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 806 W Lexington apt #11. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Alexander.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-6-1901

8. AGE: Years 41 | Months 2 | Days 1 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Domestic House work

11. Industry or business

FATHER 12. Name William Powell.

13. Birthplace N. Carolina

MOTHER 14. Maiden Name Fannie ?

15. Birthplace N. Carolina

16 (a) Informant Alonza Alexander

(b) Address 2407 Hill ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-42 (month) (day) (year)

(c) Cemetery or crematory W. Auburn Cem

Location Baltimore Md

18 (a) Funeral director William A Jackson

(b) Address 916 Penna ave

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7, 1942, at 4 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1942 to Aug. 7, 1942 and that I last saw her alive on Aug 7. 1942

Immediate cause of death — Duration

Uterine Hemorrhage — Sudden

Due to Cancer of uterus — 7

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Mamie Adams

Address 312 E 23rd St Date signed 8-8-42 M. D.

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94723 | BALTIMORE CITY HEALTH DEPARTMENT | F 94223 Registered No.

CERTIFICATE OF DEATH 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2120 Eastern Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-5
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Eastern Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANTONINA ANUSZEWSKA

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Andrew
6 (c) If alive, give age 80 years

7. Birth date of deceased (mo., day, yr.) January 31, 1873

8. AGE: Years	Months	Days	If less than one day
69	6	6	hr. min.

9. Birthplace Plock, Poland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Anthony Wieczkowski
13. Birthplace Plock, Poland

MOTHER
14. Maiden Name Anna Rojewska
15. Birthplace Plock, Poland

16 (a) Informant Andrew Anuszewski
(b) Address 2120 Eastern Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. J. Dotrowski & Sons
(b) Address 1808 Eastern ave.

19 (a) AUG 9 - 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7 1942, at 1:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 2 1941 to Aug. 7 1942 and that I last saw her alive on Aug. 7 1942

Immediate cause of death Acute Dilatation — Duration 1 day.
Due to Chronic Myocarditis — 5 yrs.
Due to
Other Conditions Hypertension — 5 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John T. Szydlicki M.D.
Address 1802 Eastern Ave. Date signed 8-8-42

V8 3

F 94724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94724 Registered No. 460

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive & 31st St.
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) same

12-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Delaware
(c) City or town Boothwyn (If outside city or town limits, write RURAL and give town)
(d) Street No. Boyer mill & Union Church road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3-(a) FULL NAME Ole Walle.

3 (b) If veteran, name war: WW.

3 (c) Social Security Account No. 180-12-8074

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Sep.

6 (b) Name of husband or wife: Unknown.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) ~~2-6-42~~ 6-12-1890

8. AGE: Years 52 | Months 1 | Days 27 26 | If less than one day ____ hr. ____ min.

9. Birthplace Norway (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER 12. Name Mons Olsen

FATHER 13. Birthplace Norway

MOTHER 14. Maiden Name ? Andersone

MOTHER 15. Birthplace Norway

16 (a) Informant Patient

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12, 1942 (month) (day) (year)

(c) Cemetery or crematory Lawnerdale.

Location Linwood, Pa

18 (a) Funeral director J. E. Tyson

(b) Address Rising Sun, Md.

19 (a) Aug 8 1942 (b) Kensington Williams M.D. Registrar

Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8-42 19 , at 7.18 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-5-42 19 to 8-8 19 42 and that I last saw h in alive on 8-8 19 42.

Immediate cause of death (a) Cirrhosis and Ivanition — Duration 2 month.

Due to (b) Secondary to Stomach, unspecified — Duration 1 yr.

Due to (c) ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: ____

of autopsy: ____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James G. Hutchison M. D.

Address Marine Hospital Date signed 8-9-42.

VS 3

F 94725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94725 Registered No. 1240

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos

12-2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Cambridge Apts. 34th & Charles (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane West Baldwin (Mary Bayard Kirkpatrick Baldwin)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Jane West Baldwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 1873

8. AGE: Years	Months	Days	If less than one day
69	2	3	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Mr. J. Bayard Kirkpatrick
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Mary C. Phillips
15. Birthplace New York

16 (a) Informant Mrs. Mary B. K. Baldwin
(b) Address 34th & Charles Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-10-42 (month) (day) (year)
(c) Cemetery or crematory Elmwood
Location New Brunswick N. J.

18 (a) Funeral director Stewart Mowen Co.
(b) Address 102 W. York Ave.
(Date rec'd by registrar) AUG 8 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 1942, at 5.05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1st 1942, to Aug 5 1942, and that I last saw h[illegible] alive on Aug 7 1942.

Immediate cause of death Cirrhosis of liver — Duration
Due to
Due to
Other Conditions Chylous ascites
(Include pregnancy within 3 months of death)
Date of operation Jan. 27 1942
Major findings of operation: Chylous ascites
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. H. White Jr. M. D.
Address 33rd & Calvert Date signed 8/5/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 94726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94726 Registered No. 1084

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1329 Richardson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 Richardson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Zackrewski.

3 (b) If veteran, name war No.

3 (c) Social Security Account No. 213-18-6243

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Mary Zackrewski.
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept. 29th 1877

8. AGE: Years 64 | Months 10 | Days 19 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Stevedore retired

11. Industry or business

FATHER
12. Name Charles Zackrewski.
13. Birthplace Poland.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary Zackrewski
(b) Address 1329 Richardson St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location A. A. Co. Md.

18 (a) Funeral director Charles F. Dill.
(b) Address 1501 E. Fort Ave

19 AUG 9 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 7, 1942 at 8:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4 1942 to Aug. 7 1942 and that I last saw h[illegible] alive on Aug. 7 1942.

Immediate cause of death
LOBAR PNEUMONIA — Duration 5 DAYS

Due to

Due to

Other Conditions 1- CHRONIC BRONCHITIS — ? ?
2- GENERALIZED ARTERIOSCLERISIS

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph F. Arenga
Address 209 S. Chester St. Date signed 8/8/42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 94727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94727 / 176 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 E. Fayette Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL SCOTT

3 (b) If veteran, name war	3 (c) Social Security Account No.
Yes	218 07 4061

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Gladys Thomas
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Dec. 22, 1897

8. AGE: Years	Months	Days	If less than one day
44	7	14	hr. min.

9. Birthplace Raleigh, North Carolina (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business

FATHER
12. Name Henry Scott
13. Birthplace Alabama

MOTHER
14. Maiden Name Betty House
15. Birthplace North Carolina

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/42 (month) (day) (year)
(c) Cemetery or crematory
Location Raleigh, N.C.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bartlett Ave
AUG 9 [illegible] (Date received by Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6, 1942, at 12:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 22, 1942, to Aug. 6, 1942, and that I last saw him alive on Aug. 6, 1942.

Immediate cause of death	Duration
Pulmonary atelectasis and pulmonary embolism	14 da.
Due to Compound comminuted fracture of both bones, lt. forearm immediately above wrist. Complete fracture of 5th and 6th rib, lt. chest with subpleural hematoma	14 da.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 8/6/42 Exploration and debridment, lt arm
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence July 22, 1942 at 1 P M
(c) Where did injury occur? Edgewood Arsenal Harford Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify home, farm, etc.)
(e) Means of injury Struck by explosive in explosive mixer

23. Signature [signature] M. D.
Address US Marine Hospital Date signed 8/7/42
Baltimore, Md.
Robert Lee Bisland, M.D. per Omo

F 94728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 8 30

F 94728 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cotton & Wilkins
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 43

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Patterson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William McCann

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) JAN. 29. 1881

8. AGE: Years	Months	Days	If less than one day
61	6	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Carpenter (Retired)
11. Industry or business

FATHER
12. Name James McCann
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Maryland

16 (a) Informant James L. McCann
(b) Address 4212 Patterson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Balto. County.

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights ave.

19 (a) 8-10-1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

ABC

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7 1942 at 1:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 3 1942 to Aug. 7 1942 and that I last saw him alive on Aug. 7 1942.

Immediate cause of death Cerebral hemorrhage — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature G. Gilbert Bosang M.D.
Address St. Agnes Hosp. Date signed 8/7/42

VS 2

F 94729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1311

F 94729

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga and Calvert Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Erdman avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles William Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-1271

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Loretta Smith

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 6-23-1905

8. AGE: Years 37 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name Thomas William Smith
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name not known
15. Birthplace Baltimore, Maryland

16 (a) Informant Loretta Smith
(b) Address 2612 Erdman Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Baltimore md.

18 (a) Funeral director George A. Weber
(b) Address 795 S. Arin street

19 (a) AUG 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1942 at 5:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 5, 1942 to August 9, 1942 and that I last saw him alive on August 9, 1942.

Immediate cause of death: Respiratory Failure — Duration

Due to Uremia

Due to Chronic Glomerular nephritis

Other Conditions Cardiac Hypertrophy Albuminuric Retinitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Davis, Jr. M. D.

Address Mercy Hospital Date signed 8-9-42

VS 3

F 94730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

F 94730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gilmor & Wilkins Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 Second Ave Lansdowne
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Germany Birth F54420

3 (a) FULL NAME Baby Debus Mary Ella Debus

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 8-1942

8. AGE: Years	Months	Days	If less than one day
15	—	—	18 hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Carl Debus
13. Birthplace Md. Germany

MOTHER
14. Maiden Name Mary Ella Donnelly
15. Birthplace Md. Lansdowne

16 (a) Informant Carl Debus
(b) Address 120 Second ave Lansdowne Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-42 (month) (day) (year).
(c) Cemetery or crematory Holy Rosary
Location Baltimore County Md.

18 (a) Funeral director George A. Weber
(b) Address 705 S. Conn st.

19 (a) AUG 10 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1942 at 3 2/2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6 1942 to 8/9 1942 and that I last saw h[illegible] alive on 8/7 1942

Immediate cause of death Intracranial hemorrhage — Duration

Due to — Duration

Due to — Duration

Other Conditions Left frontal palsy — Duration
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Ceaser M. D.
Address St. Agnes Hosp. Date signed 8/9/42

VS 3

F 94731

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94731 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Hours
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 E. Federal St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAER ALPER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Dora Siegal
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Shoe Maker own Business
11. Industry or business

FATHER
12. Name Abraham Alper
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Samuel Rubin
(b) Address 2424 Lloyd Southwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG 10/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rond Love
Location Hamilton ave

18 (a) Funeral director Jos. Levinson & Bros
(b) Address 1124-26 W. North ave

19 AUG 10 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/9 1942 at 6 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/9 1942 to 8/9 1942 and that I last saw h 17 alive on 8/9 1942

Immediate cause of death Chronic Lymphatic Leukemia — Duration

Due to

Due to Diabetes Mellitus

Other Conditions Hypertension & Arteriosclerosis Ht. Disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Saml J. Foster M. D.
Address Sinai Hosp. Date signed 8/9/42

VS 8

correct age as especially important. Physicians: please write the causes of death clearly and legibly.

F 94732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94732

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd & Herring Run
(c) Hospital or institution: Sydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs at Edgewood

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford Edgewood
(c) City or town Bel Air
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME TRULA Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1926

8. AGE: Years	Months	Days	If less than one day
16	21	16	hr. min.

9. Birthplace Derby, Va.
(Town, county, and state)

10. Usual Occupation Bel Air, Edgewood, Md.

11. Industry or business House helper

FATHER
12. Name Hayes Harris
13. Birthplace Kentucky

MOTHER
14. Maiden Name Nora Mae Faddes
15. Birthplace Homaker, Va.

16 (a) Informant Mother
(b) Address Bel Air, Edgewood, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11 1942 (month) (day) (year)
(c) Cemetery or crematory Abingdon Cem
Location Abingdon Md.

18 (a) Funeral director J. E. Tyson
(b) Address Fallston, Md.

19 (a) Huntington Williams M.D. Registrar
(Date received by Registrar) AUG 10 19[illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1942 at 9:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942 to Aug 9 1942, and that I last saw her alive on Aug 8 1942.

Immediate cause of death	Duration
Tuberculous Meningitis	
Due to Pulmonary Tuberculosis	
Due to Tubercle Bacilli	
Other Conditions Tbc Meningitis, Peritonitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. Kenneth Trulock, M. D.
Address Sydenham Hosp. Date signed 8/9/42

Please write plainly, especially important. Physicians: please write the causes of death clearly and legibly.

[redacted] 94733 75744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registration [redacted] F 94233

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 10-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Wilcox St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-0328

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife Cora (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17th, 1869

8. AGE: Years	Months	Days	If less than one day
72 73	11 0	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Pier 2 Pratt St

FATHER
12. Name Cornelius Butler
13. Birthplace Maryland

MOTHER
14. Maiden Name Mariah
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-10-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md

18 (a) Funeral director [redacted] Sergeant Major Inc. Knight
(b) Address [redacted] Saratoga St.

AUG 10 19[redacted] (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1942 at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/30 1942 to 8/4 1942 and that I last saw h, m alive on 8/4 1942

Immediate cause of death Lobar pneumonia
Duration 12 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 8/3/42
Major findings of operations
of autopsy: [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ???
(a) Accident, suicide, or homicide
(b) Date of occurrence 7/16/42 at M
(c) Where did injury occur? Balt. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature
Address Date signed 8/6/42

VS 3 From Autopsy injury probably had no obvious connection.

F 94734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1952

F 94734 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Rural (If outside city or town limits, write RURAL and give town)
(d) Street No. Maglidt Ave & Hines Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William E. Murray

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-6642

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1919

8. AGE: Years	Months	Days	If less than one day
22	10	13	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Rustless Iron Corp.

11. Industry or business

FATHER
12. Name Irvin W. Murray
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Louisa M. Kyle
15. Birthplace Harford Co., Md.

16 (a) Informant Mr. Irvin W. Murray
(b) Address Maglidt & North Wind Aves.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Fork M.E. Cem.
Location Fork, Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Road

19 (a) AUG 10 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 1942, at 4:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Hemothorax right — Duration

Due to perforation of lung by steel bar

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide accident
(b) Date of occurrence August 6 1942 at 5 P.M.
(c) Where did injury occur? 3900 Erdman Ave (Rustless Iron & Steel Co.) Baltimore (City or Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? steel plant (Specify type of place) While at work? Yes
(e) Means of injury Struck in chest by steel bar

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed August 9 1942

VS 6

F 94735

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

54k

Registered No. F 94735

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4404 Powell Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) NA
(e) Length of stay in Baltimore (yrs., mos., or days) unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4404 Powell Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME MARY M. HANDS

3 (b) If veteran, name war

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife William H. Hands

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 11, 1873

8. AGE: Years	Months	Days	If less than one day
69	3	27	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

MOTHER / FATHER

12. Name Christian Richards

13. Birthplace Germany

14. Maiden Name Mary McDonald

15. Birthplace Maryland

16 (a) Informant Mrs. Clara Selling

(b) Address 4404 Powell Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1942 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Baltimore, Md.

18 (a) Funeral director Lansdale Funeral Home

(b) Address 7401 Belair Road

19 (a) (Date received by Registrar) AUG 10 1942 (b) Registrar Huntington Hillcrest, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8th 1942, at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942, to Aug 8 1942 and that I last saw h[illegible] alive on Aug 7 1942

Immediate cause of death Carcinoma of the Cervical Vertebra — Duration 6 mos.

Due to

Due to

Other Conditions Generalized Metastasis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. L. Montagnino M. D.

Address 5829 Belair rd. Date signed Aug 9

F 94736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 94736 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3903 Frankford Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3903 Frankford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA BARBARA OTTO

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife John Otto
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1857

8. AGE: Years	Months	Days	If less than one day
84	10	23	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Caspar Krach
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Kuzmaul
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Bradfield
(b) Address 5606 Hilltop Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Jerusalem Luth. Location Baltimore, Md.

18 (a) Funeral director Lanahan Funeral Home
(b) Address 7401 Belair Road

19 (a) AUG 10 1942 (b) Huntington Williams, M.D. (Registered by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8th, 1942, at 10:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1942, to Augt 1942, and that I last saw h alive on Aug 7 1942.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other Conditions General Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c). Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Schmidt M.D.
Address 701 N. Howard ave. Date signed 8/10/42

Correct age in typewriting important. Physicians: please write the causes of death clearly and legibly.

La Hujecka

F 94737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 C 1932

Registered No. F 94737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3108 Lawnview Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City or County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3108 Lawnview Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Ticha

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Joseph Ticha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1858

8. AGE: Years 83 | Months 10 | Days 30 | If less than one day: hr. min.

9. Birthplace Hounwark ? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Hulka
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not known
15. Birthplace Bohemia

16 (a) Informant Josephine Bauer
(b) Address 3104 Lawnview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Frank Brach & Son
(b) Address 900 N Chester st

19 (a) AUG 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1942, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 '42 to Aug 8 1942, and that I last saw h[illegible] alive on Aug 7 '42

Immediate cause of death: Hypostatic pneumonia — Duration 2 days

Due to: Cardiac Insufficiency

Due to: Heart disease

Other Conditions: Acute Cardiac Dilatation

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Alfred Anspach M.D.

Address 800 N Patterson Park Ave Date signed AUG 10 1942

MPR 75749
F 94738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130

F 94738
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 18 LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 S. Fagley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANCES WILFORD BEACH.

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 219 05 5862

4. Sex W | 5. Color or race W | 6 (a) Single [redacted]

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birthdate of deceased (mo., day, yr.) Oct. 30, 1908

8. AGE: Years 33 | Months 9 | Days 7 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation LABORER

11. Industry or business EAST END LAUNDRY

FATHER
12. Name Harvey Beach
13. Birthplace Va.

MOTHER
14. Maiden Name Anna Uttenreiuther
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 11/42 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN CEM.
Location EASTERN AVE. EXT.

18 (a) Funeral director Tilly Z Zellerbach
(b) Address 405 S. WOLFE ST.

19 (a) AUG 10 1942 (Rec'd By registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7 1942 at 12 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30 1942 to 8-7 1942 and that I last saw h[illegible] alive on 8-7 1942.

Immediate cause of death: Uremia — Duration 7

Due to: Subacute glomerulonephritis — Duration 7

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Pathbrun M. D.
Address Balto. City Hosp. Date signed 8-8-42

VS 3

Correct age is supremely important. Physicians: please write the causes of death clearly and legibly.

F 94739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

F 94739 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd at Calvert Sts.
(c) Hospital or institution: The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 66 days
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 4401 Springdale Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bert E Heinz (BERTRAM EVAN HEINZ)

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elsie Heinz
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Nov 18, 1886

8. AGE: Years	Months	Days	If less than one day
55	8	23d	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Merchant
11. Industry or business Heinz Motor Co. - Motorcycles Dealer

FATHER
12. Name Evan A. Heinz
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Anna Krug
15. Birthplace Baltimore Md

16 (a) Informant Hosp. chart
(b) Address Union Memorial Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11-1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cemetery
Location Windsor Mill Rd, Woodlawn, Md.

18 (a) Funeral director STEWART & HOPKINS COMPANY
(b) Address [illegible]

19 AUG 10 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1942, at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942 to Aug 9 1942 and that I last saw h[illegible] alive on Aug 9 1942

Immediate cause of death	Duration
Carcinomatosis of abdomen + bladder	
Due to Adenocarcinoma of sigmoid colon	
Due to	
Other Conditions Metastases to pelvis viscera (Include pregnancy within 3 months of death)	

Date of operation July 17, 1942
Major findings of operation: Almost complete obstruction, generalized metastases
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James J Ulan
Address Union Memorial Hosp Date signed 8/12/42 M. D.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94740 42014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 94740 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. NORTHWAY APTS (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country –

3 (a) FULL NAME HENRIETTA Williamson PUE

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	Widow MARRIED

6 (b) Name of husband or wife DR. MICHAL. PUE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/16/1859

8. AGE: Years	Months	Days	If less than one day
82	9	24 23	hr. min.

9. Birthplace PENNA (Della) (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER	12. Name WILLIAM MC SPARREN
	13. Birthplace PENNA
MOTHER	14. Maiden Name MARCELINE Williamson
	15. Birthplace PENNA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-42 (month) (day) (year)
(c) Cemetery or crematory Catonsville-Pennsylvania
Location West Bangor - Pa

18 (a) Funeral director Stewart Mowrer Co.
(b) Address 1210 N. Pine St. Hunting for Williamsport, Md.

AUG 10 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG 9 1942, at 2.40 P.M.

21. I certify that death occurred on the date above stated; that attended deceased from AUG 4 1942 to AUG 9 1942
and that I last saw h[illegible] alive on AUG 9 1942.

Immediate cause of death	Duration
(a) Lobular Pneumonia	
Due to (b) Arteriosclerotic heart disease	
Due to (c) Diabetes mellitus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hope L. Moore Jr.
Address The Hospital Date signed 8/13/42

VS 3

94741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94741 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Mrs. Anna Kircher

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife: Ignatius Kircher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1875

8. AGE: Years	Months	Days	If less than one day
66	8	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Adam Hedrick
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dora —
15. Birthplace Baltimore

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 616 Frederick Rd.

18 (a) Funeral director M. W. E. Dispositors
(b) Address Lombard & Amity Sts.

19 (a) (Date rec'd by registrar) AUG 10 1942 (b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1942, at 5:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942, to August 9 1942, and that I last saw her alive on August 9 1942.

Immediate cause of death
1 Bronchopneumonia — Duration 15 days

Due to

Due to

Other Conditions Arteriosclerotic Heart Disease — I

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar Berg M. D.
Address Church Home and Infirmary Date signed 8/9/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

APR 75354
F 94742

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 137a

F 94742 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1539 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Ward

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) [illegible] married, [illegible]

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1860

8. AGE: Years 81 | Months 9 | Days 0 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Retired -

11. Industry or business

FATHER
12. Name John Ward
13. Birthplace Ireland

MOTHER
14. Maiden Name Nellie Kilmurtle
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11. 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave
18 (a) Funeral director Wendell Hupel
(b) Address 312 S. Highland Ave.
19. (a) [illegible] (b) Huntington Williams, Md.

AUG 10 1942
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7-42 19 , at 9'15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11-42 19 , to 8-7-42 19 , and that I last saw h[illegible] alive on 8-7-42 19

Immediate cause of death Uremia — Duration 3 wks.

Due to Benign Prostatic Hypertrophy & Uremia

Due to [illegible]

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis Vogel, Jr. M. D.
Address Balto. City Hosp. Date signed 8/8/42

Correct age is extremely important. If uncertain, please write the causes of death clearly and legibly.

F 94743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94743 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 245 Silver Ct
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 245 Silver Ct (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Lewis

3 (b) If veteran, name war

3 (c) Social Security Account No. 243-03-3385

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2, 1884

8. AGE: Years 57 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business Wholesale Tea & Coffee Co

FATHER
12. Name Thomas Lewis
13. Birthplace Va

MOTHER
14. Maiden Name Emma Cosby
15. Birthplace Va

16 (a) Informant James Lewis (Bro)
(b) Address 245 Silver Ct

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Thos L Wilson
(b)

19 (a) AUG 10 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942 at 3 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to Aug 6 1942 and that I last saw h[illegible] alive on Aug 6 1942.

Immediate cause of death Carcinoma Lung — Duration Probably 6 mo

Due to —

Due to

Other Conditions Repeated Hemmorhages from Lung (Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph L Young M.D.
Address 1424 E Monument Date signed Aug 8, 1942

VS 3

42039

F 94744 BALTIMORE CITY HEALTH DEPARTMENT F 94744

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 614 N. Bond St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VIRGIE RUSSELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	BLACK	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/25/35

8. AGE: Years	Months	Days	If less than one day
6	11	14	hr. min.

9. Birthplace NORTH CAROLINA
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name EDDIE RUSSELL
13. Birthplace NORTH CAROLINA

MOTHER
14. Maiden Name LOUISE LEACH
15. Birthplace NORTH CAROLINA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Ehrman Wilson
(b) Address 1000 Eastern Ave

19 (a) (Date rec'd by registrar) AUG 10 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1942 at 1:40 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1942 to Aug 9 1942 and that I last saw her alive on Aug. 9 1942

Immediate cause of death Peritonitis
& overwhelming infection -
Due to Septicaemia
Ruptured Appendix
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Aug. 7 - 1942
Major findings of operation: Perforated Ruptured Appendix
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wallace S. Brooke M. D.
Address Johns Hopkins Hosp Date signed 8-9-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No.

F 94745

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 E. Lanvale Street
(c) Hospital or institution:
9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 E Lanvale Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian E. Grenzer

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27th, 1896

8. AGE: Years 46 | Months 2 | Days 17 13 | If less than one day ########## min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired School Teacher

11. Industry or business Public School Balto. Md

FATHER
12. Name Louis E. Grenzer
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Annie Trischman
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. William E. Grenzer
(b) Address 1426 Kingsway Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Immanuel Cemetery
Location Balto. City

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue

19 (a) AUG 10 1942 Huntington Avenue, Md.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9th 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1935 to Aug 9 1942
and that I last saw him alive on Aug 7 1942

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension
Due to
Other Conditions Multiple Sclerosis

Duration
One day.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Sol Smith M. D.
Address 1223 E. York Ave
Date signed 8/10/42

Dr Silberfeld - 714 E Fairmt. attended birth

94746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94746

1. PLACE OF DEATH:

(a) Baltimore City Maryland

(b) Street address Laurens and Calvert Streets

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day

(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore City

(c) City or town Baltimore Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 1404 Harford Avenue (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME William Edward Creeby

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-5-42

8. AGE: Years	Months	Days	If less than one day
—	—	3	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER

12. Name William Edward Creeby

13. Birthplace Unknown

MOTHER

14. Maiden Name Ellen Dunn

15. Birthplace Unknown

16 (a) Informant Catherine Cunningham

(b) Address 1404 Harford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto Md

18 (a) Funeral director George J. Pfeltz Son

(b) Address 230 E Lafayette Ave Huntington Williams, Mgr

AUG 10 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8, 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 8, 1942 to August 8, 1942 and that I last saw h[illegible] alive on August 8, 1942.

Immediate cause of death	Duration
Respiratory Failure	
Due to Massive Atelectasis, Left	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John R. Davis Jr. M. D.

Address Mercy Hospital Date signed 8-9-42

VS 3

94747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 1 F 94747

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland & Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No. Manticoke Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva E ~~Hilditch~~ Hilditch

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Archer Hilditch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18th 1878

8. AGE: Years 63 | Months 8 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At Home

FATHER
12. Name Don't Know
13. Birthplace Balto

MOTHER
14. Maiden Name Don't Know
15. Birthplace Balto

16 (a) Informant Mrs Dorothy Gatch
(b) Address 607 N Castle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11th (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Rural

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2004 E Oliver St

19 [redacted] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 7 1942 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1942 to Aug 7 1942 and that I last saw her alive on Aug 7 1942

Immediate cause of death Shock

Due to Pulmonary Embolus

Due to

Other Conditions Carcinoma - Uterus

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration
6 hrs
6 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Hall, M.D.
Address Sinai Hosp Date signed 8/8/42

VS 8

F 94748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47 M F 94748

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Baltimore Maryland. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2852 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Baer

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-3765

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Margaret Hagan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 1, 1878

8. AGE: Years 64 Months 0 Days 8 If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business

FATHER
12. Name Michael Baer
13. Birthplace Germany.

MOTHER
14. Maiden Name Mary Gundersdorf.
15. Birthplace Baltimore

16 (a) Informant Mrs Julia Decker
(b) Address 2862 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Balto City

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2004-8 Orleans St

19 (a) (b) Registrar

AUG 10

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1942, at 4:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10, 1942, to August 9 1942 and that I last saw him alive on August 9 1942.

Immediate cause of death Coronary Thrombosis, (Acute)

Duration

Due to

Due to

Other Conditions Hemorrhoidectomy for Carcinoma of Rectum 7-20-42

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: 8-6-42.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Peyton Hitchings M. D.
Address Mercy Hospital Date signed Aug. 9, 1942

F 94749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94749 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 W. Pratt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural Baltimore Highlands
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Webbert

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ethel Webbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2-1871

8. AGE: Years	Months	Days	If less than one day
71	5	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Blacksmith Helper
11. Industry or business Ft. Clare Shop B&O

FATHER
12. Name George Webbert
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Margaret Ennis
15. Birthplace Balto

16 (a) Informant Ella O'Brien
(b) Address 3008 Georgia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son
(b) Address 1538 Pulaski Hwy
Funeral Director for Williams, M.F.

19 (a) AUG 10 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 7 1942, at 11 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & his findings thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest & his operation and that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Frahm M.D.
Medical Examiner.
Date signed August 7 1942.

VS 6

F 94750

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94750 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1311 Greenmount ave
(c) Hospital or institution: D
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Greenmount (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George William Knell

3 (b) If veteran, name war No | 3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Sally Knell
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 11 - 1865

8. AGE: Years	Months	Days	If less than one day
76	9	27	hr. min.

9. Birthplace Baltimore, Md (Town, county and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Charles Knell
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Elizabeth —
15. Birthplace Baltimore, Md

16 (a) Informant Elizabeth Braydt
(b) Address 1319 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Pk
Location Baltimore, Md.

18 (a) Funeral director Leonard A. Covington
(b) Address 21 W. 25th St.

19 (a) (Date received by Registrar) AUG 10 1942 Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-8- 1942 at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquest thereon and from the evidence obtained by said Autopsy or Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Howard J. Maldeis M.D. Medical Examiner.
Date signed 8-6-42

VS 6

F 94751

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94751 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 537 N. Vincent St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 537 N. Vincent St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Arrington

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mercedia Arrington

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1887

8. AGE: Years 55 | Months 3 | Days 0 | If less than one day hr. min.

9. Birthplace Rocky Mount, N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James Arrington
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Powell
15. Birthplace N. C.

16 (a) Informant Mary Jones
(b) Address 1613 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Balto. Co. Md.

18 (a) Funeral director Samuel W. Coates
(b) Address 2311 W. Baltimore St.

19 AUG 10 1942 (Date rec'd by Local Registrar) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1942 at 7:9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/24 1942 to 8/9 1942, and that I last saw him alive on 8/9 1942

Immediate cause of death: Hypertensive Cardiac Disease — Duration 14 ?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. H. Pifer M.D.
Address 536 W. Lanvale St Date signed 8/10/42

VS 1

94752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94752

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Lombard and Grume streets
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days): 14 days
(e) Length of stay in Baltimore (yrs., mos., or days): 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Maryland (b) County:
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: 603 West Conway Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: Baby Girl Williams Birth F 54599

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: Infant
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 22, 1942

8. AGE: Years: 0 | Months: 0 | Days: 14 | If less than one day: hr. min.

9. Birthplace: Baltimore Maryland
(Town, county, and state)

10. Usual Occupation: Infant
11. Industry or business: Infant

FATHER
12. Name: Albert Williams
13. Birthplace: South Carolina

MOTHER
14. Maiden Name: Flora Small
15. Birthplace: South Carolina

16 (a) Informant: Mother
(b) Address: 603 West Conway Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location: UNIVERSITY MEDICAL SCHOOL AUG 10 1942
Commissioner of Health

18 (a) Funeral director:
(b) Address:

19 AUG 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 5, 1942, at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5, 1942, to Aug. 5, 1942, and that I last saw h[illegible] alive on Aug. 5, 1942.

Immediate cause of death: Acidosis — Duration:
Due to: Diarrhea
Due to:
Other Conditions: Prematurity
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Robert A. Bethel Jr M.D.
Address: University Hospital Date signed: 8/8/42

VS 3

9325

F 94753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94753

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2309 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2309 E Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Wecker
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife William A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6 1858

8. AGE: Years 84 | Months 1 | Days 2 | If less than one day hr. 16 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Gustav Wecker
13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Kalwalle
15. Birthplace Germany

16 (a) Informant Emma E Wecker
(b) Address 2309 E Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 11 - 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Balto Md

18 (a) Funeral director Wm C Miller Inc
(b) Address 2435 E Oliver St

19 (a) AUG 10 1942 (Date rec'd by Registrar) Lexington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 - 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942 to Aug 8 1942, and that I last saw h[illegible] alive on August 7 1942.

Immediate cause of death: Coronary Embolism — Duration: 30 min

Due to Mitral Regurgitation — 2 mo
Arteriosclerosis — 2 mo

Due to Chr Interstitial Nephritis — 2 mo

Other Conditions Carcinoma face — 1 yr

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F A Stevens M. D.
Address 2878 Hasford Rd Date signed 8 10 42

VS 8

F 94754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1178

F 94754 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3512 Hamilton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert E. L. Flashell

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna Marie Flashell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2 - 1875

8. AGE: Years 66 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm Flashell

13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Mary Freeman

15. Birthplace Baltimore Md.

16 (a) Informant Anna Marie Flashell

(b) Address 3512 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 11 42 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location

18 (a) Funeral director Philip Herwig Sons

(b) Address 2924 Orleans st

19 (a) AUG 10 1942 (Date rec'd by registrar) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 42 to Aug 8 1942 and that I last saw h alive on 19

Immediate cause of death Cerebral Abscess — Duration 4½ hrs

Due to Hypertension

Due to Cardiovascular Renal

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Autopsy Confirmed Diagnosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Fred Ayrton M.D.

Address 600 N Patterson Park Ave Date signed 8-10-42

VS 3

Write age in capitals. Physicians: please write the causes of death clearly and legibly.

F 94755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83 F 94755 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 N. Milton ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph T. Cincotta

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-09-8193

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Vera Cincotta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20 - 1917

8. AGE: Years	Months	Days	If less than one day
25	5	17	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Pipe fitter
11. Industry or business Beth. Fairfield Plant

FATHER
12. Name Anthony Cincotta
13. Birthplace Italy

MOTHER
14. Maiden Name Katherine Lehmidt
15. Birthplace Balto. Md.

16 (a) Informant Vera Cincotta
(b) Address 1818 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (month) 11 (day) 42 (year)
(c) Cemetery or crematory Baltimore
Location "

18 (a) Funeral director Philip Herwig Sons
(b) Address 2024 Orleans [illegible] Md.

19 (a) AUG 10 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-7- 1942 at 5:55 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection, Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2/3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-7-42 at 4:55 P.M
(c) Where did injury occur? City harbor, Ft. McHenry (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell into water from boat & drowned

23. Signature Thomas J. Kennedy M.D.
Medical Examiner.
Date signed 8-8-42

VS 6

M. D. B 1268-0

F 94756 HEALTH DEPARTMENT—CITY OF BALTIMORE F 94756

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1522 Eastern Ave St., Ward 1314)

Registered No.:

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? 45 yrs. mos. da.

2. FULL NAME MARY P. LOSINSKI

(a) Residence: No. 1522 Eastern St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dominic Losinski

6. DATE OF BIRTH (month, day, year) June 25-1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	4	12	13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. AT HOME

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Rev Casimir P. Kozmeka

(Address) 1522 Eastern St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date 8-11-42

19. UNDERTAKER Leonard J. Finch

(Address) 5305 Reisterstown Road

Aug 11 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 7, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937 to Aug 7, 1942

I last saw her alive on Aug 7, 1942 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	Long Duration
Hypertension	Long Duration

Other contributory causes of importance:

Uremia	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leo D Horlick M. D.

8/10/42 (Address) 4700 Pennsylvania Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

94757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94757 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland Gen. Hop.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town — (If outside city or town limits, write RURAL and give town.)
(d) Street No. 2614 Maryland Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Alexander McMillan

3 (b) If veteran, name war —

3 (c) Social Security Account No. ? —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Esther McMillan

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) June 23 1888

8. AGE: Years 54 Months 1 Days 15 If less than one day hr. min. 16

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name David McMillan
13. Birthplace — Scotland

MOTHER
14. Maiden Name Agnes Shand
15. Birthplace — Scotland

16 (a) Informant Esther McMillan
(b) Address 2614 Maryland Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/12/42 (month) (day) (year)
(c) Cemetery or crematory Spring Grove
Location Cincinnati, Ohio

18 (a) Funeral director Wilhelm & Feldhoff
(b) Address 1214 Park Ave

19 (a) Date received AUG 11 1942 (b) Registrar Hunting for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1942 at 5:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 8 1942 to August 9 1942; and that I last saw him alive on August 9 1942 5 hours

Immediate cause of death Cardiac failure

Due to Gastric ulcer & hemorrhage

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Dr. Shuler M.D.
Address Maryland Gen. Hop. Date signed Aug 9 1942

VS 3

94758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94758 Registered No. 85877

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 Hollins st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Margaret Ochse

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 140F

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Peter A.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 6, 1863
8. AGE: Years 80 Months 5 Days 9 If less than one day hr. min.
9. Birthplace Frederick Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William A. Wells
13. Birthplace Cumberland Md

MOTHER
14. Maiden Name Catherine Trunk
15. Birthplace Buchanstown Md

16 (a) Informant Andrew Fortmann
(b) Address 817 Highland St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director Wilson & Lee
(b) Address 1214 St Paul St

AUG 11 1942 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10th 1942, at 3 45 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942, to Aug 10 1942, and that I last saw her alive on Aug. 9 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension, essential	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Bowers
Address 817 Hollins St Date signed 8/13/42

F 94759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94759 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9 Wells Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES L. LEONARD

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 216-01-2147

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gertrude Leonard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29, 1917

8. AGE: Years 24 25 | Months 8 | Days 10 | If less than one day: hr. min.

9. Birthplace Irvington, Pa. (Town, county, and state)
10. Usual Occupation Welder
11. Industry or business Reems Co

FATHER
12. Name Howard A. Leonard
13. Birthplace Irvington Pa

MOTHER
14. Maiden Name Agnes Mullen
15. Birthplace East Pittsburg Pa

16 (a) Informant Howard A. Leonard
(b) Address 60 Wilkins Springfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Baltimore Md

18 (a) Funeral director Wilson Colt Inc
(b) Address 1217 E Fayette St

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

AUG 11 1942

VS c

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1942, at 10:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Ruptured descending colon, traumatic — Duration
Due to: Ruptured liver
Due to: Fractured right femur
Other Conditions: Fractured, Comminuted, bruises & abrasions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence August 9, 1942 at 6 A M
(c) Where did injury occur? Warrens & Lunch Axes.
Dundalk, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Thrown from auto in collision

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 8-10-42

94760
AB-75917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1938 F 94760 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2945 Westwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Tweedale

3 (b) If veteran, name war: N
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widower

6 (b) Name of husband or wife: ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27-1869

8. AGE: Years	Months	Days	If less than one day
73	1	13 12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Tweedale
13. Birthplace England

MOTHER
14. Maiden Name Sarah Ward (D)
15. Birthplace Md

16 (a) Informant: Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Baltimore Md

18 (a) Funeral director Wilhom Funeral Home
(b) Address 2104 E. Fayette St

AUG 11 1942 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9 1942, at 1:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7 1942 to 8-9 1942 and that I last saw him alive on 8-9 1942.

Immediate cause of death	Duration
Cerebral vascular hemorrhage	3 days
Due to Arteriosclerosis, generalized	Chronic
Due to Hypertension cardio vascular disease of	Chronic
Other Conditions Non Greater Cremation	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geoffrey R. Dean. M. D.
Address Balt. City Hosp. Date signed 8-9-42

94761 PAGNOTTI F 94761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5605 Greenfield Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Pagnotti (Birth F-54342)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1942

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Pagnotti
13. Birthplace Penna.

MOTHER
14. Maiden Name Helen Schiavo
15. Birthplace New Jersey

16 (a) Informant John Pagnotti
(b) Address 5605 Greenfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4400 Belair Road

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 (Illegible) Huntington Williams, M.D. Registrar
AUG 11 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10 1942, at 4:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10 1942, to Aug. 10 1942, and that I last saw him alive on Aug. 10 1942.

Immediate cause of death	Duration
6 mos. - Premature	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Christian J. Richter, M.D.
Address St. Joseph's Hosp. Date signed 8/10/42

F 94762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94762 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 808 W. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) L
(e) Length of stay in Baltimore (yrs., mos., or days) L

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 808 W. North Ave
(If rural give location)
(e) Citizen of foreign country? L (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Heidelberger

3 (b) If veteran, name war: L
3 (c) Social Security Account No.: L

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife Bessie
6 (c) If alive, give age L years

7. Birth date of deceased (mo., day, yr.) 1851

8. AGE: Years	Months	Days	If less than one day
91			hr. min.

9. Birthplace U.S.A. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Mr. Schiff
(b) Address 2204 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-42 (month) (day) (year)
(c) Cemetery or crematory Balto. Hebrew
Location Belair Rd.

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Balto. St

19 (a) AUG 11 1942 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10-42 19 , at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1938 to Aug. 10 1942 and that I last saw him alive on Aug. 10. 1942.

Immediate cause of death Coronary disease — Duration 3 years
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony J. Funk M. D.
Address 724 W. North Ave Date signed 8/10/42

94763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94763
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene St.
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3316 Barrington Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Miller

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Israel
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1853
8. AGE: Years 89 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Dr. Rackman
(b) Address Esplanade Apts
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Belair & Gompers Rd
18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St
19 AUG 11 1942 Huntington Williams M.D. (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1942, at 1:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1942 to Aug 10 1942, and that I last saw her alive on Aug 10 1942.

Immediate cause of death Respiratory Failure — Duration: —
Due to Anopsemia — Duration: —
Due to Arteriosclerotic Cardio-vascular Disease — Duration: 2 weeks or more
Other Conditions — Duration: —

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Bird M. D.
Address University Hospital Date signed 8/11/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94764

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mass. (b) County
(c) City or town Boston (Roxbury)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 192 Magnolia Street
(If rural give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL JOSEPH WOODFORD

3 (b) If veteran, name war

3 (c) Social Security Account No. 020-14-9262.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Josephine Raleigh
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Oct. 26, 1894

8. AGE: Years	Months	Days	If less than one day
47	9	13	hr. min.

9. Birthplace Newfoundland
(Town, county, and state)
10. Usual Occupation Deckhand
11. Industry or business Fisherman

FATHER
12. Name James Woodford
13. Birthplace Newfoundland

MOTHER
14. Maiden Name Elizabeth Penny
15. Birthplace Newfoundland

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Removal & Burial (Burial, cremation, or removal) (b) Date thereof 8/11/42. (month) (day) (year)
(c) Cemetery or crematory New Calvary
Location Boston, Mass.

18 (a) Funeral director Undertaking Co.
(b) Address 1202 Eutaw Place

AUG 11 19[illegible] (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1942, at 3:40p.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14, 1942, to Aug. 9, 1942, and that I last saw him alive on Aug. 9, 1942.

Immediate cause of death Tumor, malignant, left kidney, with wide spread metastases to skin, bones, and ~~xxxx~~ lungs — Duration 10 mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 7/16/42; 7/17/42

Major findings of operation: Excision, mole; Injection diodrast

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. D. H. Anderson, M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 8/10/42

F 94765

BALTIMORE CITY HEALTH DEPARTMENT 9361 F 94765
CERTIFICATE OF DEATH Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5514 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5514 Park Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUIS S. FITEMAN

3 (b) If veteran, name war ---------

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Florence W. Fiteman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1862.

8. AGE: Years 80 | Months - | Days 11 12 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Seckle Fiteman,
13. Birthplace Germany.

MOTHER 14. Maiden Name Sophie Hertzberg,
15. Birthplace Germany.

16 (a) Informant Mrs. Florence W. Fiteman,
(b) Address 5514 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42. (month) (day) (year)
(c) Cemetery or crematory Har Sinai
Location Balto. Md.

18 (a) Funeral director Harris Levy & Sons
(b) Address 1902 Eutaw Place.

19 (Date received by local registrar) AUG 11 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10th. 1942, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1936 to August 10 1942 and that I last saw him alive on August 1 1942.

Immediate cause of death Cerebral thrombosis — Duration 3 days
Due to Generalized arteriosclerosis — 6 years.
Due to
Other Conditions Chronic pulmonary tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Thorney M. D.
Address 11 E. Chase St. Date signed 8/11/42

VS 3

Correct age is supremely important. Physicians: please write the causes of death clearly and legibly.

F 94766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13 1b

F 94766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga sts
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md - (b) County Balt.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 856 Cornell st.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Francis T. Mc Gowan — FRANCIS T. MC. GOWAN

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 218-10-4179

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Margaret Mc Gowan
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Oct. 27. 1903

8. AGE: Years	Months	Days	If less than one day
39	9	13 1/2	hr. min.

9. Birthplace New York.
(Town, county, and state)
10. Usual Occupation Helper - Sheet Metal
11. Industry or business

FATHER
12. Name Thomas Mc Gowan
13. Birthplace unknown

MOTHER
14. Maiden Name Rose Major
15. Birthplace Milltown

16 (a) Informant wife
(b) Address 856 Cornell st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12. 1942 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Rockland Md.

18 (a) Funeral director Mr. & Mrs. J. W. Tenbel & Son
(b) Address 801 W. Fayette St.

19 (c) AUG [illegible] Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 9 1942, at 12:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1942, to Aug 9 1942, and that I last saw h[illegible] alive on Aug 9, 1942.

Immediate cause of death Uremia

Due to Chronic nephritis

Due to

Other Conditions Rheumatic C.V. disease.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas E. Dennis M. D.
Address Date signed

F 94767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94767
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St.
(c) Hospital or institution: Home for Incurables.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 years
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard Co
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3700 Elm Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane Crawford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Wm Clayton Crawford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 10-1867

8. AGE: Years	Months	Days	If less than one day
75	5	-	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual Occupation Home wife.
11. Industry or business

FATHER
12. Name William Thomas Burns.
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Martha Lovell
15. Birthplace West minster, Md.

16 (a) Informant H. LaRue Browning.
(b) Address 702 West 40th St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (month) (day) 1942 (year)
(c) Cemetery or crematory Dorsey Park
Location Baltimore Co. Md.

18 (a) Funeral director Wm J. Luckman & Sons
(b) Address

19 (a) AUG 11 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1942 at 11:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from October 29 1940, to August 10 1942, and that I last saw her alive on August 10 1942.

	Duration
Immediate cause of death: Coronary Occlusion	3 Hours
Due to Arteriosclerosis (Chr.)	4 years
Essential Hypertension	6 years
Due to Diabetes Mellitus	14 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. Grafton Hershberger M. D.
Address 214 Medical Arts Bldg Date signed 8/10/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94768 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2745 W. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2745 W. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PHILLIP MILTON KIRKWOOD

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-05-1042

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1, 1881

8. AGE: Years	Months	Days	If less than one day
61	2	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Manager

11. Industry or business Lafayette Bowling Alley

FATHER
12. Name Samuel W. Kirkwood
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Emma J. Cecil
15. Birthplace A. A. Co., Md.

16 (a) Informant Mrs. Emma J. Kirkwood, mother
(b) Address 2745 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore, Md.

18 (a) Funeral director J. J. TICKNER & SONS
(b) Address [illegible] Ave. & Pa. Aves.

AUG 11 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9, 1942, at 11:30M

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942, to Aug. 9, 1942, and that I last saw him alive on Aug. 8 1942.

Immediate cause of death — Duration

Carcinoma of Stomach — 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address Date signed 8/10/42

Please write plainly; if necessary to write, physicians, please write the causes of death clearly and legibly.

F 94769

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94769 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4302 Dewey Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4302 Dewey Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES G. HOES

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-8874

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1881

8. AGE: Years	Months	Days	If less than one day
60 61	8	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Charles G. Hoes
13. Birthplace Md.

MOTHER
14. Maiden Name Rachel Wood
15. Birthplace Md.

16 (a) Informant Miss Thelma Hoes
(b) Address 4302 Dewey Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Joy
Location Baltimore, Co., Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 10 Middle St. Huntington Williams, M.D.

19 (a) AUG 11 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH Aug. 7, 1942 19 , at 10:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 19 42, to Aug 7 19 42, and that I last saw him alive on Aug 7 19 42.

Immediate cause of death Chronic Valvular Heart Disease — Duration 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emmett Mason Frey, M.D.
Address 1928 Penna Ave Date signed 8/8/42

VS 3

F 94770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1318

F 94770 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 N. Bond Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 N. Bond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AMANDA FELLMAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 - 1875

8. AGE: Years	Months	Days	If less than one day
67	-	3	hr. min.

9. Birthplace Front Royal, Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Julia Pitts
15. Birthplace Va.

16 (a) Informant Mrs Alice Bell
(b) Address 624 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Riddle St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

AUG 11 1942

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Aug. 9, 1942 19 , at 11:20 M

21. I certify that death occurred on the date above stated, that I attended deceased from Nov 1941 to Aug 9 1942 and that I last saw her alive on Aug 8 1942

Immediate cause of death	Duration
(a) Hypertensive Cardio-Vascular Renal Disease	9 mos
Due to	
Due to	
Other Conditions Senile Pneumonia	10 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Davis M. D.
Address 1229 N. Caroline St Date signed 8-10-42

If not buried, cremated or removed within 24 hours, fill in and sign permit on reverse side.

Fill in all items if possible; especially important: physicians: please write the causes of death clearly and legibly.

F 94771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 184

F 94771
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 N. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Lewis

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If wife, give age — years

7. Birth date of deceased (mo., day, yr.) 1925

8. AGE: Years	Months	Days	If less than one day
17			hr. min.

9. Birthplace Orange Co., Va.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Patrick Lewis
13. Birthplace Orange Co. Va.

MOTHER 14. Maiden Name Hessie Price
15. Birthplace Orange Co. Va.

16 (a) Informant Patrick Lewis
(b) Address 1112 Calhoun Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location A. A. Co. Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Pennsylvania Ave. Huntington Williams, M.D.

19 (a) AUG 11 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1942, at 4:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Bullet wound of abdomen — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Aug. 8 1942 at 10 A.M.
(c) Where did injury occur? 1112 N. Calhoun St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? Yes
(e) Means of injury Shot

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed August 9th 1942

VS 6

F 94772

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

F 94772 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 N. Fremont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Lee Wilson

3 (b) If veteran, name war
3 (c) Social Security Account No. 217-12-4426

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1923

8. AGE: Years	Months	Days	If less than one day
19			hr. min.

9. Birthplace Norfolk, Virginia
(Town, county, and state)
10. Usual Occupation Saloon.
11. Industry or business

FATHER
12. Name George Wilson
13. Birthplace Norfolk, Virginia

MOTHER
14. Maiden Name Willie Crete
15. Birthplace Norfolk, Virginia

16 (a) Informant Mr. Ward
(b) Address 21 S. Fremont Ave.

17 (a) Burial (b) Date thereof 8/11/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. & E. Co. Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 2 [illegible] Mount St

19 (a) AUG 11 1942 (b)
(Date rec'd by registrar) Registrar
Huntington Woodward, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1942, at 5 20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Bullet wound of neck	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Aug. 8 1942 at 5 P.M.
(c) Where did injury occur Canal & Arlington, Fremont and Pitcher Sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? Yes
(e) Means of injury Shot

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Aug. 9 1942

F 94773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94773 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1032 N. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 N. Mount St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Anna Wilson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex 7 | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 58 yrs | Months | Days | If less than one day hr. min.

9. Birthplace Keys Ville Va.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Jack Bolden

13. Birthplace Keys Ville Va.

MOTHER 14. Maiden Name Butler

15. Birthplace Keys Ville Va.

16 (a) Informant Thomas Wilson

(b) Address 1032 Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. A. Co. Md.

18 (a) Funeral director Chas. H. Alexander

(b) Address 927 N. Mount St

19 (a) (Date received by registrar) AUG 11 1942 Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1942 at 4.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1942 to Aug 9 1942 and that I last saw h[illegible] alive on Aug 9 1942

Immediate cause of death Valvular Heart Disease not dg

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address 861 Hanover St Date signed 8/10/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

167

Registered No. F 94774

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Jordan Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clem Lindsay

3 (b) If veteran, name war

3 (c) Social Security Account No. 223-01-5466

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1909

8. AGE: Years	Months	Days	If less than one day
32	10	25	hr. min.

9. Birthplace Burkesville, Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Richard Lindsay
13. Birthplace Burkesville, Va.

MOTHER
14. Maiden Name Pearl Saunders
15. Birthplace Burkesville, Va.

16 (a) Informant Georges Lindsay
(b) Address 1108 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 11-1942 (month) (day) (year)
(c) Cemetery or crematory Burkesville, Va.
Location Burkesville, Va.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave

19 (a) AUG 11 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/9 19 42 at 9:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h[illegible] death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Hemorrhage
Stab wounds of neck
Due to involving Innominate
Due to and Subclavian veins

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8/9/42 at 9:15 P M
(c) Where did injury occur? Linden Ave Canal Alley (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Stab wound

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 8/10/42

VS 6

F 94775

4 20312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 51

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 152 N Exeter (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Reginald Jefferson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-20-41

8. AGE: Years	Months	Days	If less than one day
1	4 16	18	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Lincoln Powell

13. Birthplace NC

MOTHER 14. Maiden Name Maude Boon

15. Birthplace NC

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/4/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Edward Wilson

(b) Address 1005 Broadway

19 (a) AUG 11 1942 (b) Huntington Williamsport, Md

(Registered by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8 1942, at 5:32 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1942 to Aug 8 1942 and that I last saw him alive on Aug 8 1942

	Duration
Immediate cause of death Tuberculous Meningitis	3 wks
Due to Tuberculosis pulmonary	1 mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Englert

Address 1005 No. Broadway Date signed 8-9-42

94776

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94776

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5907 Harford Rd (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME George Reguard.

3 (b) If veteran, name war —
3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married

6 (b) Name of husband or wife Theresa Neidhart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5th 1887

8. AGE: Years	Months	Days	If less than one day
54	11	23	hr. min.

9. Birthplace Balto. City Md (Town, county, and state)
10. Usual Occupation Banker
11. Industry or business Foreign Exchange

FATHER
12. Name Julius Reguard
13. Birthplace Alsace-Lorraine

MOTHER
14. Maiden Name Elizabeth J. Herrman
15. Birthplace Md.

16 (a) Informant John J. Reguard
(b) Address 1101 N. Overlea ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug 12 42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md

18 (a) Funeral director Cassard Funeral Home
(b) Address 7401 Belair Rd

19 (a) AUG 11 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1942, at 9 35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1942 to — 19—
and that I last saw h. alive on Aug 9 1942

Immediate cause of death Mediastinal Hemorrhage

Duration
2 hours

Due to Trauma.

Due to Petit Mal.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:

of autopsy: Mediastinal hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8/9/42 at 7 15 P.M
(c) Where did injury occur? Balto Md.
Cathedral Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Street While at work? —
(Specify type of place)
(e) Means of injury Auto: driving, struck by pole

23. Signature Thos. J. Shaycano
Address Mercy Hosp Date signed 8/9/42
Howard J. Mathews M.D.

94777 Clowney 13 V F 94777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5214 Belair Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5214 Belair Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Wilton H. Clowney

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	214-14-5867

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 28th 1915

8. AGE: Years	Months	Days	If less than one day
27	3	12	hr. ..... min.

9. Birthplace Balto. City Md
(Town, county, and state)
10. Usual Occupation Truck driver
11. Industry or business

FATHER
12. Name John F. Clowney
13. Birthplace Pa

MOTHER
14. Maiden Name Mary H. Holy
15. Birthplace Balto. City Md.

16 (a) Informant Mrs. J. F. Clowney
(b) Address 5214 Belair Rd.

17 (a) Burial (b) Date thereof Aug. 13 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City Md

18 (a) Funeral director Leasburg Funeral Home
(b) Address 7401 Belair Rd.

19 (a) AUG 11 1942 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1942 at 5-25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1941, to Aug 10 1942, and that I last saw h[illegible] alive on Aug 10 1942

Immediate cause of death: Pulmonary Tuberculosis (advanced) — Duration 4 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hughes V. Stewart M. D.
Address 4202 Parkwood Ave Date signed 8-10-42

VS 3

F 94778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1932

F 94778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 606 E. 33rd Street
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 E. 33rd Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F. Haas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Mina C. Andreas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1853

8. AGE: Years	Months	Days	If less than one day
89	3	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Louis Haas
13. Birthplace Germany

MOTHER
14. Maiden Name Helena
15. Birthplace Germany

16 (a) Informant Miss Helen A. Haas
(b) Address 606 E. 33rd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 AUG 11 1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9th 1942 at 3:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to Aug 9 1942 and that I last saw him alive on Aug 8 1942.

Immediate cause of death

Acute Cardiac Dilatation — Duration 10 days

Due to chronic myocarditis — Duration 2 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. Smith Mitchell M. D.

Address 2112 Maryland Ave. Date signed

F 94779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 94779 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 58 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3716 Fait Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? no. years

3 (a) FULL NAME FLORENCE MARGARET ENGEL

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emil Louis Engel
6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Nov. 13. 1883

8. AGE: Years 58 | Months 8 | Days 25 | If less than one day: hr. min.

9. Birthplace: Baltimore
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: - - -

FATHER
12. Name: Christopher Sebour-deceased
13. Birthplace: France

MOTHER
14. Maiden Name: Margaret Miller-deceased
15. Birthplace: Baltimore

16 (a) Informant: Mr. Emil L. Engel (Husband)
(b) Address: 3716 Fait Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 11. 1942 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore Co. Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) AUG 11 1942
(Date received by Registrar) (b) Registrar's signature: [illegible]

VII 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8 1942, at 12 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/27/42 1942 to 8/8/42 1942, and that I last saw h. alive on 8/7 1942.

Immediate cause of death: acute cardiac failure — Duration

Due to: chr myocarditis

Due to:

Other Conditions: Cholecystectomy 7/28/42
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Chr cholecystitis
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Emil L. Engel M.D.
Address: Maryland Gen. Hosp. Date signed: 8/10/42

F 94780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94780 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4108 Mary Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4113 St Thomas Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Kathryn Elsner

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles J Elsner
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Feb 26 1907
8. AGE: Years 35 | Months 5 | Days 14 | If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: John A Kollestchy
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Susie Malott
15. Birthplace: Hagerstown Md

16 (a) Informant: Charles J Elsner
(b) Address: 4113 St Thomas Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer
Location: Baltimore Md

18 (a) Funeral director: Tallon & Doe
(b) Address: 2 W Pratt St

19 (a) (Date received by registrar) AUG 11 1942 (b) Hunting for Williamsport, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1942, to Aug 8 1942, and that I last saw h alive on Aug 8 42

Immediate cause of death: Ch Pulmonary T.b.

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature A A Hornstein M. D.
Address 733 Augusta St Date signed 8/11/42

VS 3

F 94781

AB- 75547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 94781

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 19Da.-Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1929 S. Charles St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Howser (Birth F 54805)

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23-1942

8. AGE: Years | Months | Days: 19 | If less than one day: hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Howser
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Virginia Gebler
15. Birthplace Baltimore, Md

16 (a) Informant Baltimore, City Hospitals Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/11/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilhelm & Son Inc
(b) Address 1219 Druid Pk

19 (a) AUG 11 1942 (Date received by registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1942 at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942 to Aug. 10 1942, and that I last saw him alive on August 10 1942.

Immediate cause of death Prematurity — Duration: life

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. Pattbrn M. D.
Address Balto. City Hosp Date signed 8-11-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 94782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94N

Registered No. F 94782

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Washington Blvd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Washington Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles G. Weidenheimer

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Married

6 (b) Name of husband or wife Caroline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1877

8. AGE: Years	Months	Days	If less than one day
65	2	18	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Upholsters trimmer
11. Industry or business Self

FATHER
12. Name Edward Weidenhammer
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Nichols
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs. Caroline Weidenhammer
(b) Address 1608 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director Wilson Col
(b) Address 1217 N. Paul St

19 (a) AUG 11 1942 (Date received by registrar) Hunting Town, Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1942, at 9.25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said partial autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grafton M.D.
Medical Examiner
Date signed August 10 1942

VS 6

F 94783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C F 94783 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2005 N. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philip G. Cullen

3 (b) If veteran, name war — no —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 16 - 1901

8. AGE: Years	Months	Days	If less than one day
40	10	24	hr. min.

9. Birthplace New York, N.Y. (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Catherine Fochbochler
(b) Address 2005 N. Baltimore St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/12/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Thos. J. Lore
(b) Address 1219 Park Ave

AUG 11 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 - 10 - 1942 at 10.35 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute dilatation of Heart	
Due to: Acute Pulmonary Edema	
Due to	
Other Conditions Acute Congestion of all other viscera	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mackenzie M.D. Medical Examiner.
Date signed 8-11-42

VS 6

Physicians: please write the causes of death clearly and legibly.

F 94784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 94784
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32 Poultney St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 32 Poultney St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALBURGA C. ROSENBERGER.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	MARRIED

6 (b) Name of husband or wife JOSEPH R ROSENBERGER
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) July 22. 1886

8. AGE: Years	Months	Days	If less than one day
56	0	18	hr. min.

9. Birthplace BALTO MD
(Town, county, and state)

10. Usual Occupation HOUSE WORK.

11. Industry or business AT HOME

FATHER
12. Name Francis Seitz.
13. Birthplace GERMANY.

MOTHER
14. Maiden Name WALBERGA LETTER
15. Birthplace GERMANY.

16 (a) Informant JOS R. ROSENBERGER
(b) Address 32 Poultney St

17 (a) BURIAL (b) Date thereof Aug. 12-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location C. A. Co

18 (a) Funeral director Bernard C Hartle
(b) Address 121 E. Fayette St

19 AUG 11 1942 Huntington
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9th 1942, at 5.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to July 9th 1942
and that I last saw h alive on July 9 1942

Immediate cause of death	Duration
Diabetic Coma	1 day
Due to Diabetes	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J J Whelan M. D.
Address 1279 Mulberry Date signed 8/11/42

V8 3

F 94785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9HN

Registered No. F 94785

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Maryland Grace

3 (b) If veteran, name war	3 (c) Social Security Account No.
None.	None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Wt.	Sep.

6 (b) Name of husband or wife Essie R. Grace.
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct. 8-1870

8. AGE: Years	Months	Days	If less than one day
71	10	1	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Retired B&O Conductor
11. Industry or business B&O. Railroad.

FATHER
12. Name Benjamin Grace
13. Birthplace Maryland

MOTHER
14. Maiden Name Sophia Moore
15. Birthplace Maryland

16 (a) Informant Mr. Robert Grace.
(b) Address 856 Whitmore Ave.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug. 12-42. (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director Charles H. Schwab.
(b) Address 505 N. Monroe St.

19 (a) AUG 11 1942 Registered by (b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9 1942 at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2 1942 to 8-9 1942 and that I last saw him alive on 8-9 1942.

Immediate cause of death	Duration
Embolism Failure	
Due to Coronary Occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Classen M.D.
Address Union Mem'l Hos. Date signed 8-9

VS 3

F 94786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131N

F 94786 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2142 Division
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2142 Division
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eddie Coles

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Lula Coles
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Aug 14-1880

8. AGE: Years	Months	Days	If less than one day
61	11	16	hr. min.

9. Birthplace Chesterfield County Va
(Town, county, and state)
10. Usual Occupation Fish Dealer
11. Industry or business Fish Dealer

FATHER
12. Name Alphens Coles
13. Birthplace Virginia

MOTHER
14. Maiden Name Sadie Patterson
15. Birthplace Virginia

16 (a) Informant Sadie Pearson (Niece)
(b) Address 1500 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42 (Month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md.

18 (a) Funeral director Wm. D. Nelson
(b) Address 1113 Pennsylvania Ave. Embalmer

19 (a) (Date rec'd by registrar) Huntingtown, Williamsburg, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1942 at 3:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1942, to Aug 9 1942
and that I last saw him alive on Aug 9 1942

Immediate cause of death
Cerebral Hemorrage
Due to Hyp. Intestitial
Due to Nephritis
Other Conditions Chr. Myocarditis
(Include pregnancy within 3 months of death)

Duration
7/31/42
1941
1941

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
(f) Signature Chas. Brown
Address 1663 W. North Ave. Date signed 8/13/42

VS 8

F 94787

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1604 F 94787 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 day
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Argyle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Gross (Birth F-54704)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-4-42

8. AGE: Years	Months	Days	If less than one day
—	—	6	— hr. — min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Thurman Gross
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Victoria Freeman
15. Birthplace Baltimore, Md.

16 (a) Informant Victoria Gross
(b) Address 1621 Argyle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13, 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director George H. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3 AUG 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1942, at 5 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1942, to Aug 10 1942, and that I last saw h[illegible] alive on Aug 10 1942.

Immediate cause of death	Duration
Intracranial Hemorrhage	6 days
Due to Breech Presentation	
Due to ~~Toxemia of Pregnancy~~	
Other Conditions Terminal Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. E. Bauplat M. D.
Address Provident Hospital Date signed 8-11-42

94788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94788

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 BAYARD ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 BAYARD ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME KATHERINE WIESNER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife: CARL WIESNER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): MAR. 15 1891

8. AGE: Years 51 | Months 4 | Days 24 | If less than one day: hr. 23 min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: JOHN BRAM
13. Birthplace: BALTO. MD.

MOTHER
14. Maiden Name: MARY RHODER
15. Birthplace: BALTO. MD.

16 (a) Informant: THERESA WIESNER (DAUGHTER)
(b) Address: 909 BAYARD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 12/42 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR ROAD

18 (a) Funeral director: Tilly & Zeiler
(b) Address: 403 S. WOLFE ST.

19 (a) AUG 11 1942 (Filed by registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: AUG. 8 1942, at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 9 1942 to Aug 8 1942
and that I last saw her alive on Aug 7 1942

Immediate cause of death: Carcinoma of Bladder — Duration: 8 Mo

Due to:

Due to:

Other Conditions: Carcinoma of Uterus
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: James L. Kitzenberg, M.D.
Address: 725 Medical Arts Date signed: 8/10/42

VS 3

F 94789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 94789 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4506 Seminole ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4506 Seminole ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte Sandy
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Millard Sandy.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 4 1876

8. AGE: Years	Months	Days	If less than one day
66	6	6	hr. min.

9. Birthplace Charles Co. Md. (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Shannon
13. Birthplace md

MOTHER
14. Maiden Name Athey Maddox
15. Birthplace Md

16. (a) Informant Mrs Lizzie Brown
(b) Address 4506 Seminole ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 12 42 (month) (day) (year)
(c) Cemetery or crematory Baptist Conn
Location Dandenong Md.

18 (a) Funeral director Lloyd E Royer
Waldorf Md
AUG 11 1942
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1942, at 10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1941, to Aug. 10 1942, and that I last saw her alive on Aug. 10 1942.

Immediate cause of death: Cardiac Insufficiency — Duration 1941

Due to Generalized arteriosclerosis
Cardiovascular-renal disease

Due to

Other Conditions Diabetes Mellitis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lloyd E Knipp
Address 3030 Edmondson Avenue Date signed 8/11/42 (M.-D.)

VS 2

F 94790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94790 Registered No. 93N

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 840 W. 33rd St.
(c) Hospital or institution:

13

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 840 W. 33rd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George D. Allison

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Cora Jeffries

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 3 - 1876

8. AGE: Years	Months	Days	If less than one day
66	4	5	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Allison
13. Birthplace

MOTHER 14. Maiden Name Mary Morris
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 8/12/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk. Cem.
Location Balto Co. Md.

18 (a) Funeral director 920 L. Beyer
(b) Address 15 1/2 Hollins St

19 AUG 11 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1942, at 3 29 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquest)

Immediate cause of death Chronic myocarditis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Aug. 11 1942

F 94791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94791 Registered No. 527

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Virginia Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Lyons John Lyons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Carrie May Lyons
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1873

8. AGE: Years	Months	Days	If less than one day
69	5	17	— hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Title Clerk
11. Industry or business Balto. Co. Court House.

FATHER
12. Name John Lyons
13. Birthplace Unknown

MOTHER
14. Maiden Name Ellen Oliver
15. Birthplace Ireland

16 (a) Informant Mrs. Julia Walker
(b) Address 430 Cedar Ave. Williamsport, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Maryland.

18 (a) Funeral director John Burns' Sons
(b) Address Towson, Maryland.

19 (a) AUG 31 1942 (Date rec'd by registrar) Houston Hill Registrar M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10 1942, at 1:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-30 1942, to 8-10 1942 and that I last saw h[illegible] alive on 8-10 1942

Immediate cause of death: Bronchial pneumonia
Due to: Carcinoma of bladder; Bilateral Hydronephrosis; metastatic
Due to: Carcinoma to Ovaries

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Walker M. D.
Address Univ. Hospital Date signed 8-10-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94792

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93N

Registered No. F 94792

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6307 Bleinheim Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6307 Bleinheim Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Mc Cullough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Wife

6 (b) Name of husband or wife Edw. Mc Cullough
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1869

8. AGE: Years	Months	Days	If less than one day
73	2	2	hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Donahue
15. Birthplace Ireland

16 (a) Informant Anna M. Flynn
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-42 (month) (day) (year)
(c) Cemetery or crematory Old Cathedral
Location Philo Pa

18 (a) Funeral director Hamper & Burk
(b) Address 5806 Harford Rd

19 AUG [illegible] 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1942, at 7.20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942 to Aug 10 1942 and that I last saw h[illegible] alive on Aug 10 1942.

Immediate cause of death	Duration
Pulmonary oedema	1
Due to Myocardial Degeneration	4 yrs
Due to Arterio-Sclerosis	years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — — —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature A. F. Rice M. D.
Address 24 S. Bway Date signed Aug 10/42

VS 3

F 94793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94793 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 E Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Henry Orchard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mrs Ida B Orchard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1862

8. AGE: Years	Months	Days	If less than one day
80	4	14	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Retired Flower Salesman
11. Industry or business

FATHER
12. Name Samuel Orchard
13. Birthplace South Carolina

MOTHER
14. Maiden Name Unknown
15. Birthplace South Carolina

16 (a) Informant Mrs Ida B Orchard
(b) Address 2008 E Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location

18 (a) Funeral director Leonard Funk
(b) Address 5305 Harford Rd

19 (a) AUG [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1942, at 12:44 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 6 1942. to August 11 1942. and that I last saw h[illegible] alive on August 11 1942.

	Duration
Immediate cause of death Hypostatic Pneumonia	24 hrs
Due to Left side heart failure	5 days
Due to Senility and	2 yrs.
Other Conditions Carcinoma of Prostate. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Patrick C Phelan Jr. M. D.
Address Mercy Hospital Date signed 8/14/42

VS 8

F 94794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

48N

Registered No. F 94794

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3110 North Calvert (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARY AGNES CARMODY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	DIVORCED

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23, 1905

8. AGE: Years	Months	Days	If less than one day: hr.	min.
37	2	17		

9. Birthplace Baltimore MD. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James T. Kenney (D)
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Agnes Nicholson (L)
15. Birthplace Maryland

16 (a) Informant self
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 13-1942 (month) (day) (year)
(c) Cemetery or crematory CATHEDRAL
Location

18 (a) Funeral director Chas. J. Engel Service
(b) Address 118 N. Mt. Royal Ave

(a) Date rec'd (month) (day) (year) (b) Huntington Williams, M.D. Registrar

AUG 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1942 at 3:22 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1942 to Aug 10 1942 and that I last saw h[illegible] alive on Aug 9 1942

Immediate cause of death Carcinomatosis — Duration

Due to Carcinoma of cervix uteri

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 14, 1942

Major findings of operation: Carcinomatosis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh Cabell Jr. M. D.
Address Union Mem. Hosp. Date signed 8-10-42

Hugh H. Cabell

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94795
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hospital
(c) Hospital or institution: 33rd St., Baltimore.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1112 Proctor St. (If rural, give location)
(e) Citizen of foreign country? Italy ?? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH GHISI

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 213-03-6496

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Victoria Ghisi
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-91

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	10	1		

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Michael Ghisi
13. Birthplace Italy

MOTHER
14. Maiden Name Victoria Sharani
15. Birthplace Italy

16 (a) Informant Mrs Frances Ghisi
(b) Address 1112 Proctor St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Rd.

18 (a) Funeral director Elmer W. Conklin
(b) Address 924 E. Eager St

19 (a) [illegible] Huntington Williams, M.D. REGISTRAR
AUG 11 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1942, at 8:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 30 1942, to Aug 10 1942, and that I last saw him alive on Aug 10 1942.

Immediate cause of death	Heart Failure	Duration
Due to	Syph. C.	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Donald E. Miller, Md M.D.
Address Union Memorial Hosp. Date signed 8-12-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

F 94796
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 ~~Carbon St.~~
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jordan 75250

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1901

8. AGE: Years	Months	Days	If less than one day
40	11	16	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Williams
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth Brown
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 13 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary C. A. Co
Location

18 (a) Funeral director Payne Sanders
(b) Address 1412 E. Preston St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

AUG 11 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1942, at 9:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to Aug. 9 1942, and that I last saw her alive on Aug. 9 1942.

Immediate cause of death — **Duration**

Pulmonary tuberculosis — 7 mos?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify)
(e) Means of injury

23. Signature A S Hurtz
Address Balto City Hosp Date signed 8/10/42

Please answer all questions, especially important. Physicians: please write the causes of death clearly and legibly.

F 94797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1626 F 94797 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City ~~or County~~ Maryland

(b) Street address 1701 Eutaw Place. Marlborough Apts.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Marlborough Apts. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME FANNIE HARTMAN

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Henry Hartman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1851.

8. AGE: Years	Months	Days	If less than one day
90	10	21. 20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Sleon Hartman,

13. Birthplace Germany.

MOTHER 14. Maiden Name Theresa Lowman,

15. Birthplace Germany.

16 (a) Informant Mr. Lee E. Hartman,

(b) Address 26 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42. (month) (day) (year)

(c) Cemetery ~~Cemetery~~ Baltimore Hebrew

Location Balto. Md.

18 (a) Funeral director ~~David Lemmon & Son~~

(b) Address 1902 Eutaw Place. Williams, M.P.

19 (a) AUG 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.P. Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH Aug. 10th. 19 42 at 12.35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to Aug. 10 1942 and that I last saw h[illegible] alive on Aug. 10 19 42

Immediate cause of death Senile Deterioration (Uremia probably)

Duration 2 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature David Wolman M. D.

Address 1814 Eutaw Place. Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 94798

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134a Registered No. F 94798

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Station Hospital, Holabird QM. M. Base 76
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Holabird QM. Motor Base
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME
Reuben J. Yahner

3 (b) If veteran, name war

3 (c) Social Security Account No. 208-05-1486

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Soldier
11. Industry or business U.S.Army

FATHER
12. Name Mr. Willian J. Yahner
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant U.S.Army Records
(b) Address Holabird QM. Motor Base

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/11/42 (month) (day) (year)
(c) Cemetery or crematory
Location Patton, Pa.

18 (a) Funeral director W. Brooks Bradley
(b) Address 1922 W. North Ave

AUG 11 1942 (Date rec'd by Registrar) (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 19 42. at 8:27 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 19 42. to Aug. 10 19 42.
and that I last saw h ix alive on Aug. 10 19 42.

Immediate cause of death Uremia following ureterostomy for stone in lower 3rd of rt. ureter. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation August 5, 1942
Major findings of operation:

of autopsy: None

PHYSICIAN
(Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] C. D. Holmes, Col. M. D. MC
Address Stn. Hosp. Holabird [illegible] Date signed 8/11/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 WF 94209 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 515 N. Ducker Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 515 N. Ducker Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice T. Spann

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9th, 1880

8. AGE: Years 61 | Months 7 | Days 29 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name John D. Logue
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary A. Reilly
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Florence Bosse
(b) Address 515 N. Ducker ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director C. J. Fanning & Son
(b) Address 1935 E. Lafayette Ave.

19 (a) AUG 11 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 8 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 1942 to Aug. 8 1942, and that I last saw her alive on Aug. 8 1942.

Immediate cause of death Cardiovascular renal disease. | Duration 2-3 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. D. Schmidt
Address 701 N. Calhoun ave Date signed 8/13/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94800 Registered No. 1942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 30 North Milton Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 North Milton Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Zeiser

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	— Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 24, 1930

8. AGE: Years	Months	Days	If less than one day
12	0	18	hr. min.

9. Birthplace Shamokin, Pa. (Town, county, and state)
10. Usual Occupation Schoolboy
11. Industry or business

FATHER
12. Name George F. Zeiser
13. Birthplace Park Corner, Pa.

MOTHER
14. Maiden Name Mildred Brosman
15. Birthplace Gowen City, Pa.

16 (a) Informant George F. Zeiser
(b) Address 30 North Milton Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Northumberland Co., Pa.

18 (a) Funeral director Frank V. Pipitone
(b) Address 2414 E. Baltimore St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1942, at 4 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Enquiry & Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Enquiry & Inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hanging — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Probably Accident
(b) Date of occurrence 8-10-42 at 3 P.M.
(c) Where did injury occur? 30 North Milton Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Found hanging by rope

23. Signature Robert V. Le Gratham M.D. Medical Examiner
Date signed Aug. 11, 1942

F 94801 F 94801

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 45C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1318 McCulloh ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1318 Mc Culloh ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Black

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace S. Caro.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Adolphus Black
13. Birthplace S.C.

MOTHER 14. Maiden Name Hampsie Pitts
15. Birthplace S.C.

16 (a) Informant Cora Pitts
(b) Address 1423 McCulloh

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/12/43 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 1540 Druid Hill Ave.

AUG 11 1943

19 (a) (Date rec'd by registrar) (b) Burlington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9 1943 at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Congestive heart disease	
Due to pulmonary emphysema	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Aug. 10 1943

94802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94802
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City or Maryland
(b) Street address 27 Broadway Harbor.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County Franklin
(c) City or town Blue Ridge Summit Pa
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Ruth Logan

3 (b) If veteran, name war

3 (c) Social Security Account No. 129-03-6587

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 23 1917

8. AGE: Years	Months	Days	If less than one day
25	2	18	hr. min.

9. Birthplace Highfield Md.
(Town, county, and state)
10. Usual Occupation Glenn L. Martin
11. Industry or business wing riveter.

FATHER
12. Name Hamilton Logan
13. Birthplace Lantz Md

MOTHER
14. Maiden Name Margaret Fitz
15. Birthplace Highfield Md.

16 (a) Informant Hamilton Logan
(b) Address Highfield Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Washington Co. Md.

18 (a) Funeral director Walter V. Eyer
(b) Address 27 S. Church St. Hagerstown Md

19 (a) AUG 12 1942 Remington for Williams, M.D.
(Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1942 at 3:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death ~~Drowned~~ Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence August 11 1942 2:10 PM
(c) Where did injury occur? Foot of Broadway
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor While at work? No
(Specify type of place)
(e) Means of injury Jumped into harbor

23. Signature Robert Lee Grattan M.D.
Medical Examiner
Date signed Aug 11 1942

VS 6

F 94803

Vergin Brimfield

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94803

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/2 Mo

(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 530 W. Lee St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vergin Brimfield

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-20-0277

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Annie Brimfield

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18-1919

8. AGE: Years 23 Months 1 Days 1 If less than one day hr. min.

9. Birthplace S. C (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Pleasant Brimfield

13. Birthplace S. C.

MOTHER 14. Maiden Name Annie

15. Birthplace

16 (a) Informant Annie Ruth Brimfield

(b) Address 530 W Lee St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15-1942 (month) (day) (year)

(c) Cemetery or crematory Columbia

Location South Carolina

18 (a) Funeral director James A Deaver

(b) Address 1142 W Pitcher St

19 AUG 12 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1942 at 5.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 2 1942 to Aug. 11 1942 and that I last saw h[illegible] alive on Aug. 11 1942

Immediate cause of death Congestive Heart Failure — Duration 1 month

Due to Diabetes Diabetes — Duration 4 months

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Adhesions pericardium

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible]

Address Provident Hosp. Date signed 8/11/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

F 94804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94804 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1435 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROUSE, Franck (Francis W. Rouse, Jr.)

3 (b) If veteran, name war	3 (c) Social Security Account No.
World	215-10-3693

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Mae J. Rouse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/18/1896

8. AGE: Years	Months	Days	If less than one day
45	7	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Swing Man
11. Industry or business Western Md. Dairy

FATHER
12. Name Francis W. Rouse, Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Hannah Jane Brunner
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Mae J. Rouse
(b) Address 1435 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address [illegible] & Pa. Ave.

AUG 12 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11, 1942, at 6.4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8, 1942 to Aug 11, 1942 and that I last saw h in live on Aug 11, 1942.

Immediate cause of death	Duration
Tuberculosis of lungs	
Due to	
Due to	
Other Conditions Hem. of Larynx.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Magruder M.D.
Address 1213 Light Street Date signed 8/11/42

VS 8

F 94805

Jerome I. Kelly

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94A

F 94805 Registered No. 700856

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Eaton & Wilkens

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) July 28 to Aug 11th

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State ... (b) County ...

(c) City or town ... (If outside city or town limits, write RURAL and give town)

(d) Street No. 410 Mt. Holly st. (If rural give location)

(e) Citizen of foreign country? ... (Yes or No)

If yes, name country ...

3 (a) FULL NAME Rev. Jerome I. Kelly

3 (b) If veteran, name war —

3 (c) Social Security Acct. No. 212-05-6589

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ellen O'Brien Kelly

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 6-19-1883

8. AGE: Years	Months	Days	If less than one day
59	1	22	hr. ... min.

9. Birthplace Balto md (State or foreign country)

Assistant Superintendent

10. Usual Occupation Credit & Collections

11. Industry or business Gas & Electric Co

FATHER

12. Name James E Kelly

13. Birthplace Pikesville Md

MOTHER

14. Maiden Name Bridget Mc Carthy

15. Birthplace Ireland

16 (a) Informant Mrs. Genevieve Kelly

(b) Address 410 Mt. Holly st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto md

18 (a) Funeral director H. C. Brannigan Son

(b) Address 2924 Edmondson Ave

19 (a) ... Huntington Williams Md

AUG 12 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1942 at 12 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1942 to Aug 11 1942 and that I last saw him alive on Aug 11 1942.

Immediate cause of death Coronary occlusion

Due to ...

Due to ...

Other Conditions ...

(Include pregnancy within 3 months of death)

Date of operation ...

Major findings of operation: ...

of autopsy: ...

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ...

(b) Date of occurrence ... at ... M

(c) Where did injury occur? ... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ... While at work? ... (Specify type of place)

(e) Means of injury ...

23. Signature C. Gertrude Rossberg

Address St. Agnes Hosp. Date signed 8/11/42

F 94806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1554

F 94806 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address North Broadway
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 N Walnut Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Baath

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Maud Baath
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Dec 25 1873

8. AGE: Years	Months	Days	If less than one day
68	7 mo	17 16	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Sexton
11. Industry or business Church

FATHER
12. Name Alexander Baath
13. Birthplace Maryland.

MOTHER
14. Maiden Name Sara Mc Aboril
15. Birthplace Maryland

16 (a) Informant Mrs. Maud Baath
(b) Address 6109 Haywood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director Bateman Bros
(b) Address 3334 Liberty St

19 (a) AUG 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1942, at 3-55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1940, to Aug 11 1942, and that I last saw him alive on Aug 11 1942.

Immediate cause of death	Duration
Cachexia & ? uraemia	
Due to Bone destruction, ribs & spine	
Due to ? Metastatic Ca - Site undetermined or Malignant tumor ?	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Hammann M. D.
Address Church Home & Infirmary Date signed 8-11-42

VS 3

F 94807 ·

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94807 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2805 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles A. Fairbanks Jr.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-09-2054

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Elsie Billingslea Fairbanks

6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.) Aug. 17 1886

8. AGE: Years 63 Months 11 Days 23 If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Vice Pres. - Title Guarantee & Co.

11. Industry or business and Lawyer

FATHER
12. Name Chas. A. Fairbank
13. Birthplace St. Michaels, Md

MOTHER
14. Maiden Name Sarah Sinclair
15. Birthplace Baltimore

16 (a) Informant Mrs. Herbert L. Fairbanks
(b) Address 2041 E. 22 Street, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director H. Steward & Mowen Co.
(b) Address 108 W. North Avenue

19 AUG 12 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1942 at 5 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & an Autopsy thereon and from the evidence obtained by said Inquest & an Autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to: auto accident

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

Autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 10 1942 at 5-20 P.M.
(c) Where did injury occur? Corner 28th St & Calvert (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? Yes
(e) Means of injury Struck by auto

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Aug 11 1942.

VS C

F 94808

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94808 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 East Pratt Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 E. Pratt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Strunk

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-7273

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	7273

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laboer

11. Industry or business

FATHER
12. Name —
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Tow. Kosciuszki
(b) Address 1617 Locust St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.R. Co.

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) AUG 12 1942 (Date rec'd by registrar) Huntington Wilkinson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 3 1942, at 9:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry and inspection find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic myocardial degeneration

Due to

Due to

Other Conditions pulmonary emphysema (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed August 5 1942

VS 6

F 94809
74068

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94809
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Mos. 24 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Jefferson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Rich

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb.- 16-1921

8. AGE: Years	Months	Days	If less than one day
21	6	25	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Orderly
11. Industry or business

FATHER
12. Name Quay Rich (D)
13. Birthplace Virginia

MOTHER
14. Maiden Name Fannie Cox (D)
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address

19 AUG 12 1942 (Date rec'd by registrar) (b) Huntington for Milton Griffith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-10 1942, at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1942, to 8-10 1942, and that I last saw him alive on 8-10 1942.

Immediate cause of death: Carcinoma of Oesophagus — Duration: 3 Yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B Hirt M. D.
Address Balto City Hosp Date signed 8-11-42

VS 8

F 94810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 North Bond Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Doris Kohlbauer Fisher

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-3686

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Albert Fisher

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 7/12/'17

8. AGE: Years	Months	Days	If less than one day
25		29 28	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Alphons Kohlbauer
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Una Byrnes
15. Birthplace Emmettsburg, Maryland

16 (a) Informant husband
(b) Address 1529 North Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore Md

18 (a) Funeral director Joseph Ruth Jr.
(b) Address 1326 Harlem Ave

19 (a) (b) Huntington Williams, M.D. Registrar

Date rec'd by registrar AUG 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1942 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6-42 1942 to 8-10-1942 and that I last saw h[illegible] alive on 8-10-1942

Immediate cause of death Cardio-respiratory failure

Due to Sepsis

Due to Peritonsillar abscess

Other Conditions acute myeloid leukemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. D'Aura, Jr. M. D.
Address Mercy Hospital Date signed 8-10-42

Physicians: please write the causes of death clearly and legibly. Omit terms of indefinite, local or occupational significance.

F 94811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 94811

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. O'Donnell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name John Meredith
13. Birthplace ?

MOTHER 14. Maiden Name ?
15. Birthplace ?

16. (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1942 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore

18. (a) Funeral director Rita Wiedefeld
(b) Address 914 Penn Ave Huntingtown Williamsport Md.

19. (a) AUG 12 1942 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1942, at 5 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to July 31 1942 and that I last saw HER alive on July 31 1942

Immediate cause of death Cerebral Hemorrhage — Duration 1 day

Due to

Due to

Other Conditions Chronic Myocarditis (Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? None
(e) Means of injury None

23. Signature Otto H. Decker
Address 928 E. North Ave Date signed 8/12/42

Z 94812

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

MHW

Registered No. Z 94812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625 Jackson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Jackson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A or Annie M Snyder

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F. M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Geo W
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 11 1872
8. AGE: Years 70 | Months 1 | Days 10 | If less than one day hr. min.
9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name William Slaughter
13. Birthplace Md

MOTHER
14. Maiden Name Sophia Schriber
15. Birthplace Md

16 (a) Informant Mrs John McCleary (Daughter)
(b) Address 1625 Jackson
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brunty A & Co Md
18 (a) Funeral director William M Mareck
(b) Address 715 Light St
19 (a) AUG 12 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1942, at 12 20 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942, to Aug 11 1942
and that I last saw him alive on Aug 7 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 Day
Due to Arteriosclerosis	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature A. Stallod
Address 707 Font Ave. Date signed M. D. 8-12-42

VS 3

Correct age in especially important. Physicians: please write the causes of death clearly and legibly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94813

CERTIFICATE OF DEATH

✓50

F 94813

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 N. Carey St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Susie Hanson

If U. S. Veteran specify WAR

(a) Residence: No. 1747 N. Carey St., ___ Ward.
(Usual place of abode)
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	d	W.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jacob Hanson

6. DATE OF BIRTH (month, day, year) 3-18-1874

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	68	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Harris

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Not Known.

17. INFORMANT Morris Hanson

(Address) 1747 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Arlington Cem. Date 8/13 19 42

19. UNDERTAKER Geo. D. Kelson

(Address) 1303 Broadway

20. FILED AUG 12 1942 19 ___ Registrar.

Hunting for

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-11, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 — 1940 to Aug. 11 — 1942

I last saw her alive on 8-10, 1942. Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
Generalized Metastasis	
Other contributory causes of importance:	

Was an operation performed? No Date of ___

For what disease or injury? ___

Name of operation ___

What test confirmed diagnosis? Clinical Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Wm Buxton M. D.

(Address) 1033 Linden Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 2

F 94814
Ab 75684

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94814
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 S. Glover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Casimir Olczak

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-3248

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 16, 1890

8. AGE: Years	Months	Days	If less than one day
52	5	26	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Stevedor
11. Industry or business

FATHER
12. Name Walter Olczak (d)
13. Birthplace Poland

MOTHER
14. Maiden Name Pauline ?
15. Birthplace Poland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) X (Burial, cremation, or removal) (b) Date thereof 8-14-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Dundalk Ave
18 (a) Funeral director John F. Ziuda
(b) Address 2829 Hudson St
19 (a) AUG 12 1942 (Date rec'd by Registrar) Huntington Wilson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-11-42 19 , at 1.20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-16 1942, to 8-11 1942.
and that I last saw him alive on 8-11 1942.

Immediate cause of death	Duration
Tracheal Obstruction	25 Hours
Cardiac Failure	10 minutes
Due to Following anesthetic for Operation re	
Due to Carcinoma of Lung	5 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 8-11-42
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Daniel P. O'Neill M. D.
Address Bala City Hosp Date signed 8-11-42

VS 3

Please write in capital letters. Physicians: please write the causes of death clearly and legibly.

F 94815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94815 Registered No. 128

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 Madison Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES BIRTSAL

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-8768

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Virtee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24, 1914

8. AGE: Years	Months	Days	If less than one day
28	3	14/6	hr. min.

9. Birthplace Elm City, North Carolina
(Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name William Birtsal
13. Birthplace Smithfield, North Carolina

MOTHER
14. Maiden Name Ida Whitley
15. Birthplace Smithfield, North Carolina

16 (a) Informant Virtee Birstal
(b) Address 1918 Madison Avenue

17 (a) Burial (b) Date thereof Aug. 12, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Lee H. Howell
(b) Address 1631 Druid Hill Ave.

19 Received AUG 12 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10, 1942, at 12:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
acute Hemorrhagic Pancreatitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Malecio M.D.
Medical Examiner.
Date signed 8-11-42

VS 6

F 94816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 94816 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2708 Louise Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2708 Louise Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Catherine E. Turner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	white	married

6 (b) Name of husband or wife Edward M. Turner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17, 1897

8. AGE: Years	Months	Days	If less than one day
44	8	23	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louise Heinzenberger
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Pole
15. Birthplace Balto. Md.

16 (a) Informant Edward M. Turner
(b) Address 2708 Louise Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13/42 (month) (day) (year)
(c) Cemetery or crematory Woodland Memorial
Location Taylor Ave

18 (a) Funeral director Henry H. Weikel
(b) Address 4101 Edmondson Ave

19 (a) Huntington Williams, M.D.

AUG 12 1942

VS 3

MEDICAL CERTIFICATION

28. DATE OF DEATH August 10 1942 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1941, to Aug 10 1942
and that I last saw her alive on Aug 10 1942.

Immediate cause of death Metastasis
Carcinoma, vulva, lungs, shoulders + spine — Duration 11 mo
Due to Carcinoma left breast — 2
Due to —
Other Conditions Anemia
Cachexia, myocarditis
(Include pregnancy within 3 months of death)
Date of operation Sept 1940.
Major findings of operation: Benign tumor? left breast
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis J. Jamuszeski
Address 5129 Harford Rd Date signed 8/10/42

Physicians are especially important. Physicians: please write the causes of death clearly and legibly.

F 94817

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13b

F 94817
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2310 E Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2310 E Federal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alva Grant Tibbett

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jennie M. Tibbett
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug. 15 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
73	11	24		

9. Birthplace Bethel Md.
(Town, county, and state)
10. Usual Occupation Retired Engineer
11. Industry or business Government - P.O

FATHER
12. Name Andrew Tibbett
13. Birthplace Delaware

MOTHER
14. Maiden Name Margaret Roberts
15. Birthplace Delaware

16 (a) Informant Jennie M. Tibbett
(b) Address 2310 E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-12-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Lawn
Location Balto Md

18 (a) Funeral director John C. Miller Inc
(b) Address 2435 E Oliver St

19 (a) Received by registrar (b) Huntington Williams, M.D.

AUG 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-9- 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5, 1938 to Aug. 9, 1942. and that I last saw him alive on Aug. 9, 1942.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos G Symonds M. D.
Address 613 E. North Ave Date signed 8-10-42

F 94818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94818 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Se
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2728 Penna Ave. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Whittle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Harry A. Whittle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6. 1858

8. AGE: Years	Months	Days	If less than one day
84	2	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Home Duties
11. Industry or business

FATHER
12. Name Joseph Bowers
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth Kreiger
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Lillian Heird
(b) Address 2728 Penna Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Baltimore md

18 (a) Funeral director Mamie Cook Syfer
(b) Address 1400 N. North Ave

19 (a) AUG 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1942, at 5:12 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 3 1942 to Aug 10 1942 and that I last saw h[illegible] alive on Aug 9

Immediate cause of death	Duration
Cardiac decompensation	
Due to Rheumatic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morton L. Hamburger M. D.
Address Date signed 8/11/42

VS 2

(over)

F 94819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Redwood & Greene Sts
(c) Hospital or institution: University Hospital H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Pasadena
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William L. Stubbs

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 26 - 1870

8. AGE: Years	Months	Days	If less than one day
71	11.	14	hr. min.

9. Birthplace Nashville Tennessee (Town, county, and state)

10. Usual Occupation Tinsheet iron worker

11. Industry or business

FATHER
12. Name Richard Stubbs
13. Birthplace Nashville Tenn.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Mattie L. Stubbs
(b) Address High Point Ann Arundel Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14 - 1942 (month) (day) (year)

(c) Cemetery or crematory Linden Park Cemetery
Location Baltimore

18 (a) Funeral director Mamie Cook Eyler
(b) Address 1600 W. North Ave

19 (a) AUG 12 1942 (Date received by registrar) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 - 10 1942 at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-8 1942 to 8-10 1942 and that I last saw him alive on 8-10 1942.

Immediate cause of death: Bronchogenic Carcinoma — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. C. Wisdom M. D.
Address Univ. Hosp. Date signed 8-12-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94820

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94820 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd Street

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3724 Dolfield Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME OTTO ULRICH JAHELKA

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-6687

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1889

8. AGE: Years	Months	Days	If less than one day
53	7	6	hr. min.

9. Birthplace Zurich, Switzerland (Town, county, and state)

10. Usual Occupation Employed in Plant department

11. Industry or business of C. & P. Tel. Co.

FATHER

12. Name William Jahelka

13. Birthplace Switzerland

MOTHER

14. Maiden Name Johanna Pulitz

15. Birthplace Switzerland.

16 (a) Informant Johanna Jahelka

(b) Address 3724 Dolfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13-1942 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemetery

Location Baltimore

18 (a) Funeral director Harris Cook & Syfer

(b) Address 1600 W. North Ave.

19 (a) AUG 12 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1942, at 12:13 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 7 1942 to August 10 1942, and that I last saw him alive on Aug 10 1942.

Immediate cause of death Heart failure.

Due to Syphilitic involvement of aortic & mitral valves.

Due to

Other Conditions Uremia, Pneumonia.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Donald B. Miller M.D. M. D.

Address Union Memorial Hospital Date signed 8-10-42

VS 2

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-94821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171W

Registered No. F 94821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4817 O'Donnel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John F. Becker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna May Bader

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1871

8. AGE: Years 70 | Months 10 | Days 21 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Watchman

11. Industry or business

FATHER
12. Name: Henry Becker
13. Birthplace: Germany

MOTHER
14. Maiden Name: Mary Drake
15. Birthplace: Germany

16 (a) Informant: Anna May Becker
(b) Address: 4917 Odonnell St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel
Location: Odonnell St.

18 (a) Funeral director: Clarence F. Hoffmann
(b) Address: 1639 N. Broadway

19 (a) AUG 12 19[illegible] (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1942 at 12 25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest & autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death decapitation — Duration

Due to accident.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 5/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 10 1942 at 11 [illegible] M
(c) Where did injury occur? Oldham St near Boston St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? No
(e) Means of injury Ryan was by street car

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Aug. 11 1942.

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94822

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1701 Gwynns Oak Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Teiden Amberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Alta Conant Amberg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 5, 1877

8. AGE: Years	Months	Days	If less than one day
64	10	3	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Nicholas Cahl
13. Birthplace Germany

MOTHER
14. Maiden Name Felizitas Straus
15. Birthplace Germany

16 (a) Informant Mrs. Catherine Burns
(b) Address 3143 Harford Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 AUG 12 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 10 1942, at 5 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1942 to Aug 10 1942, and that I last saw her alive on Aug 10 1942

Immediate cause of death	Duration
Uraemia	3 days
Due to Chronic glomerulo-nephritis	?
aggravated by acute exacerbation	
Due to Intestinal obstruction	5 days
due to volvulus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 8-8-42
Major findings of operation: Volvulus due to defect in broad ligament
of autopsy: as noted above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Thompson M. D.
Address Church Home & Infirmary Date signed 8-11-42

Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 94823

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St and
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 516 E. 27th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Robert M. Baldwin

3 (b) If veteran, name war No

3 (c) Social Security Account No. 217-18-5218

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1925

8. AGE: Years	Months	Days	If less than one day
17	4	7	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Chauffer

11. Industry or business

FATHER
12. Name Alfred D. Baldwin
13. Birthplace Balto.

MOTHER
14. Maiden Name Laura R Green
15. Birthplace Balto

16 (a) Informant Mrs. Eleanor Hendle
(b) Address 516 E. 27th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/12/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Taylor Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) AUG 12 1942 (Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1942, at 12:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1942 to Aug 9 1942 and that I last saw h alive on Aug 8 1942.

Immediate cause of death Heart Failure

Due to Trauma

Due to Pneumonia, Hypostatic (Last to occur)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John B Osborne M.D.
Address Mercy Hospital Date signed 8/9/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94824

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 905. N. Spring St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 2011 Barnes Court (If rural give location)
(e) Citizen of foreign country? BORDEN (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Stevenson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: Deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 60 | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name unknown.
13. Birthplace —

MOTHER
14. Maiden Name —
15. Birthplace Mary Jones

16 (a) Informant Mrs. Ruth Cochran
(b) Address 903 N. Spring St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8/15/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. G. County

18 (a) Funeral director Potter Bros
(b) Address 1408 Eastland Ave.

19 AUG 12 1942 (Date rec'd by registrar) (b) Harrington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1942 at 3.00 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 9 1942 to August 11 1942 and that I last saw he alive on August 11 1942.

Immediate cause of death: Bronchopneumonia — Duration: 2 days

Due to: Myocardial Degeneration

Due to: Chronic Arthritis

Other Conditions: Senile

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Lafont M. D.
Address 822 N. Bond St. Date signed 8/12/42

VS 8

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 94825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94825 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9Mo. 10Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Webb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John H. Webb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan ? -1869

8. AGE: Years 73 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER 12. Name John Westley Webb
13. Birthplace Md

MOTHER 14. Maiden Name Ellen Johnson
15. Birthplace Md

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1942 at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-26-41 1941, to Aug 10 1942, and that I last saw her alive on Aug 9 1942.

Immediate cause of death Hypostatic Pneumonia — Duration 2 days

Due to Carcinoma of Rectum & Metastases — 5 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. J. Sheppard M. D.
Address Balto. City Hosp. Date signed 8-11-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 F 94826 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 N. Bradford St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 N. Bradford St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Lizzie Williams Lewis

3 (b) If veteran, name war	3 (c) Social Security Account No.
0	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C.	married

6 (b) Name of husband or wife George W. Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Woods
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Virginia Chase
15. Birthplace Anne Arundel Co. Md

16 (a) Informant Florence Braetha
(b) Address Silver Spring Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mr. Kate R. Williams
(b) Address 322 N. Schroeder St

19 (a) AUG 12 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1942, at 8 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Chronic nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of opetation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed August 9 1942

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161C

F 94827

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Volunteers of America Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) same

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 E. Gittings St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) **FULL NAME** MARGARET KATHERINE KELLY (Birth F-54362)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1942

8. AGE: Years | Months | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Kelly
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Katherine Lieb
15. Birthplace Balto, Md

16 (a) Informant Katherine Kelly
(b) Address 419 E Gittings St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd Dundalk

18 (a) Funeral director Maurice J. Lynn
(b) Address 1422 Light St.

19 (a) (b) Huntingtown Md.

AUG 12 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1942, at 1.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 23, 1942, to August 11, 1942, and that I last saw h.e.r alive on Aug 10 1942.

	Duration
Immediate cause of death: Respiratory failure	24 hours
Due to: Hemorrhagic disease of new born	12 days
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Brian Appleyard M. D.
Address Vol of America Date signed 8/13/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. 8/11/42

F 94828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94828

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 N. Ellwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Ellwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas J. Mahon

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife ****
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1869

8. AGE: Years	Months	Days	If less than one day
73	0	13 14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business B & O. R.R.

FATHER
12. Name Martin Mahon
13. Birthplace Ireland.

MOTHER
14. Maiden Name Rose O'Hara
15. Birthplace Ireland.

16 (a) Informant Margaret Giles
(b) Address 207 N. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St.

19 (a) AUG 12 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10. 1942, at 8:57 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6 1942 to 8/10 1942, and that I last saw [illegible] alive on 8/10 1942

Immediate cause of death	Duration
Hypostatic pneumonia, acute coronary occlusion	7
Due to Cerebral hemorrhage	4 days
Due to Uremia	3 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Asher P. Silverberg M.D.
Address 5939 Reisterstown Rd. Date signed 8/11/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 603 N. Payson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph E Mills

3 (b) If veteran, name war —

3 (c) Social Security Account No. 214-05-3775A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ellen J. Mills
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan 6th 1872

8. AGE: Years	Months	Days	If less than one day
70	7	5	hr. min.

9. Birthplace Balto. City Md
(Town, county, and state)
10. Usual Occupation Special Salesman
11. Industry or business Refractories Co

FATHER
12. Name Wm H. Mills
13. Birthplace Md

MOTHER
14. Maiden Name Martha A. Spence
15. Birthplace Md

16 (a) Informant Mrs J E Mills
(b) Address 603 N. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13th 42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Balto

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Rd.

AUG 12 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11, 1942, at 10:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1942, to Aug 11 1942, and that I last saw him alive on Aug 11 1942.

Immediate cause of death Respiratory Failure — Duration: One year or less

Due to Anoxemia

Due to Hypertensive Cardiovascular Disease, Grade IV

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J G Bird M. D.
Address University Hosp. Date signed 8-12-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94830

BALTIMORE CITY HEALTH DEPARTMENT ✓ 93d

CERTIFICATE OF DEATH

Registered No. F 24830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2225 Essex Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2225 Essex street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country Poland

3 (a) FULL NAME Anna Baclawski

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Joseph Baclawski (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Zielinski
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Joseph Baclawski
(b) Address 2225 Essex Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 404 S. Chester Street

19 (a) AUG 13 1942 Huntington Williams, M.D. (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1942, at 8:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17, 1942 to Aug 9, 1942, and that I last saw him alive on Aug. 9 1942.

Immediate cause of death Arteriosclerotic cardio-vascular disease — Duration years

Due to

Due to

Other Conditions Angina pectoris — 2 mos.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sigmund R. Nowak

Address 406 S. Patt. Ph. Grd Date signed 8/11/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

94831

D Knaggs / 10 E Fayette

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 94831 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5102 Arabia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5102 Arabia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William L. Brooks
3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-20-3218
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Anne L. Brooks
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 10, 1881
8. AGE: Years 61 Months 7 Days — If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county and state)
10. Usual Occupation Watchman
11. Industry or business Sun Paper
FATHER 12. Name William H. Brookes
13. Birthplace Canada
MOTHER 14. Maiden Name Rebecca Cole
15. Birthplace Balto Md
16 (a) Informant Anne L. Brooks
(b) Address 5102 Arabia Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director William Boyle Inc
(b) Address 1217 St Paul St
19 AUG 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1942 at 3 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to Aug 10 1942 and that I last saw him alive on Aug 9 1942
Immediate cause of death: Cerebral hemorrhage — Duration 7/15 hrs
with Right hemiplegia — ?
Due to Arterio sclerosis — ?
Due to Chr Parenchymatous Nephritis — ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature William L. Knaggs
Address 10 E Preble St Date signed 8/13/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 94832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 94832 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 W Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Fowler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband: Augustus Fowler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30 - 1887

8. AGE: Years 55 | Months 6 | Days 11/29 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Virginia Holden
(b) Address 908 Bennett Pl

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto Co

18 (a) Funeral director Sam'l W. Chase Son
(b) Address 638 N. Gilmor St

19 AUG 13 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1942, at 7.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17-1942 to 8-11-1942, and that I last saw him alive on 8-11-1942.

Immediate cause of death Uremia — Duration 4 months

Due to Chronic Nephritis — 4 months

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation 7-30-42

Major findings of operation: Ulcer of Right Cornea

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Nelson M. D.
Address 1131 Harlem Ave. Date signed 8-11-42

VS 3

F-94833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 b F 94833 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1334 Bressalman St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 Bressalman
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Ann Snowden

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1923

8. AGE: Years	Months	Days	If less than one day
18	9 -	- 7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name James Snowden
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Andella Snowden
15. Birthplace Baltimore, Md.

16 (a) Informant Andella Snowden
(b) Address 1334 Bressalman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Lloyd H. Holland
(b) Address 1681 Winchfield

19 (a) [illegible] Huntington Williams, M.D. Registrar
(Date received)
AUG 13 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1 1942 to 8/6 1942.
and that I last saw h alive on 19

Immediate cause of death Active Rheumatic Heart disease.
Due to Ac. Pericarditis + Endo. Carditis +.
Due to Mitral Insufficiency

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature B. M. R. Lutz M. D.
Address Date signed

F 94834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46 b

F 94834 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 Whitelock St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Whitelock St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Sampson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Joseph H. Sampson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 1883

8. AGE: Years 57 | Months 3 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business None

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Joseph H. Sampson

(b) Address 1115 Whitelock St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore, Md.

18 (a) Funeral director Mrs. Lee W. Waller

(b) Address 1115 Whitelock St. Baltimore, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

AUG 13 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11, 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1942 to Aug 11 1942 and that I last saw her alive on Aug 11. 1942.

Immediate cause of death Cerebral Hemorrhage

Due to Carcinoma of Stomach 2 mos.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bradford Sayre M.D.

Address 1115 Madison Ave Date signed 8/12/42

94835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered No. F 94835

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 Aisquith Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country (Birth F 54054)

3 (a) FULL NAME Holloway Infant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 3, 1942

8. AGE: Years	Months	Days	If less than one day
0	0	0	20 hr. 15 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Asa Holloway
13. Birthplace Virginia

MOTHER
14. Maiden Name Estella Marable
15. Birthplace Virginia

16 (a) Informant Hospital records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 12 1942 Commissioner of Health

18 (a) Funeral director
(b) Address

19 AUG 12 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4, 1942 at 3:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 3, 1942 to August 4 1942 and that I last saw her alive on August 4, 1942

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Bellamy M. D.
Address Johns Hopkins Hospital Date signed

VS 8

9330

E 94836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154

Registered No. E 94836

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 413 N Pannh St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19-1

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimni (If outside city or town limits, write RURAL and give town)

(d) Street No. 413 N Pannh St. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby girl Cumy (Birth F-54534)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/9/42

8. AGE: Years	Months	Days	If less than one day
			0 hr. 15 min.

9. Birthplace Baltimni, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Walter Purcell Cumy

13. Birthplace Lancaster Co. Virginia

MOTHER 14. Maiden Name Pearl Elizabeth Zuke

15. Birthplace Baltimni, Md.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL AUG 12 1942

Location

18 (a) Funeral director Commissioner of Health

(b) Address

19 (Signature of Registrar) Huntington Williams, M.D. Registrar

AUG 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/9/42 19 42, at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 19 42, to Aug 9 19 42, and that I last saw h m alive on Aug 9 19 42.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature George Lamm M.D.

Address Date signed 8/11/42

VS 3

9328

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94837

41978a

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600

F 94837 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 N. Eldeery St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Flossie Epps (Birth F-53057)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-6-42

8. AGE: Years	Months	Days	If less than one day
	4 wks.	0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Fredireck Epps
13. Birthplace Georgia

MOTHER
14. Maiden Name Pearl Thompson
15. Birthplace Md.

16 (a) Informant Records, JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 12 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) AUG 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 1942 at 11:48 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to Aug 6 1942 and that I last saw her alive on Aug 6 1942

Immediate cause of death: Respiratory failure — Duration
Due to: Sub-dural Hematoma
Due to: followed by Pontine Hemorrhage
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe, M.D.
Address Johns Hopkins Hosp. Date signed 8/12/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

9329

94838

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

Registered No. F 94838

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4212 Penhurst Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4212 Penhurst Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie F. Van Sant

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas A. Van Sant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 - 3 - 1879

8. AGE: Years 63 | Months - | Days 9 | If less than one day hr. min.

9. Birthplace Balto. Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Benj. Foxwell
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Sarah J. Van Sant
15. Birthplace Baltimore, Maryland.

16 (a) Informant Thomas A. Van Sant
(b) Address 4212 Penhurst Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 14 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Maryland

18 (a) Funeral director Loring Byers
(b) Address 5005 Park Heights Avenue

19 AUG 13 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 - 12 1942, at 8.30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942 to Aug 12 1942, and that I last saw h[illegible] alive on Aug 12th 1942.

Immediate cause of death: Coronary Thrombosis — Duration 24 hrs

Due to: myocarditis — 1 mo

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Poulton

Address 890 Gwynns Bldg. Date signed 8/12/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94839 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 614 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Cecil

(c) City or town Port Deposit Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. Cecil Co. Rural
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Vealis

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1906

8. AGE: Years	Months	Days	If less than one day
36	6	3	hr. min.

9. Birthplace Port Deposit - Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Rock

FATHER
12. Name Elmer Vealis
13. Birthplace Port Deposit, Md

MOTHER
14. Maiden Name Lula Jones
15. Birthplace Port Deposit, Md.

16 (a) Informant Jane Cobb
(b) Address Port Deposit

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof aug 16, 1942 (month) (day) (year)

(c) Cemetery or crematory Chesterhurst
Location Port Deposit, Md. A.F.W.

18 (a) Funeral director W. A. Patterson & Son
(b) Address Perryville, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Mitchell, Registrar

AUG 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13, 1942. 2 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12, 1942, to Aug 13 1942, and that I last saw him alive on Aug 13 1942.

Immediate cause of death	Duration
Generalized Peritonitis	24 hrs
Due to Ruptured Gastric Ulcer	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Aug 12 1942

Major findings of operation: Gen. Peritonitis, Ruptured Gastric Ulcer

or autopsy.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Thadmon Higgins M. D.

Address 22-43 Broadway Date signed Aug 13/42

F 94840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

462

F 94840

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 1517 Clifton Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary B. Cooper

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John P. Cooper

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/22/1877

8. AGE: Years 64 | Months 11 | Days 20 | If less than one day hr. min.

9. Birthplace St. Michaels, Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name William Gray
13. Birthplace Penna.

MOTHER
14. Maiden Name -- Hunt
15. Birthplace Unknown

16 (a) Informant Mr. William Cooper
(b) Address Bozman, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)
(c) Cemetery or crematory Bozman, Talbot Co., Md.
Location Talbot Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) AUG 13 1942 (Registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/12 1942, at 10.10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 22, 1942 to Aug. 12, 1942, and that I last saw h[illegible] alive on Aug. 12, 1942

Immediate cause of death: Cardiac failure — Duration: 3 days
Due to: Arteriosclerosis
Due to:
Other Conditions: Carcinoma of colon
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Silvia L. Levy M.D.
Address 23 E. Eutaw Place Date signed 8/12/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

F 94841

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1558 N. Fulton Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1558 N. Fulton Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara May Bien

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Frank Bien

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1868

8. AGE: Years	Months	Days	If less than one day
74	6	0	hr. min.

9. Birthplace Manchester, Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name John Lynard

13. Birthplace Md.

MOTHER

14. Maiden Name Elizabeth Frankfurter

15. Birthplace Md.

16 (a) Informant Mr. Frank Bien

(b) Address 1558 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cem.

Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address North & Pa. Aves., Balto.

19 (a) (Date received by Registrar) AUG 13 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11, 1942, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942, to Aug 11 1942, and that I last saw her alive on Aug 11 1942

Immediate cause of death Carcinoma of Pancreas — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm. R. Johnson M. D.

Address 403 Medical Arts Date signed 8/12/42

F 94842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94842
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4400 White Oak Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4400 White Oak Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Kemp Rogers, Sr.

3 (b) If veteran, name war: World
3 (c) Social Security Account No. 215-01-8072

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Ella M. Rogers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1889

8. AGE: Years	Months	Days	If less than one day
52	10	10	hr. min.

9. Birthplace Emmorton, Md. (Town, county, and state)
10. Usual Occupation Auto Dealer
11. Industry or business self — Rogers & Sewell

FATHER
12. Name Wilmore Rogers
13. Birthplace Harford Co., Md.

MOTHER
14. Maiden Name Margaret Allen
15. Birthplace Md.

16 (a) Informant Mrs. Ella M. Rogers
(b) Address 4400 White Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Upton T. Tickner & Sons
(b) Address North & Pa. Ave. Balto. Md.

19 (a) AUG 13 1942 (Date rec'd by registrar) (b) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1942, 10:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death Cardiac Failure
Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 8/11/42.

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94843 Registered No.

1) PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution:
Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2018 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Leonard Doney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1940

8. AGE: Years 2 | Months 0 | Days 18 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John A. Doney
13. Birthplace Pa.

MOTHER
14. Maiden Name Evelyn M. Bloom
15. Birthplace Baltimore

16 (a) Informant Mr. John A. Doney
(b) Address 2018 N. Monroe St.

17 (a) Burial (b) Date thereof 8/15/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North Ave. Aves.

19 (a) AUG 13 1942 (b) Hunting to Williams, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1942 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1942, to Aug 12 1942 and that I last saw him alive on Aug 12 1942.

	Duration
Immediate cause of death Respiratory failure	
Due to Pulmonary edema	10 minutes
Due to Tetanus	4 days?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M.D.
Sinai Hospital
Monument St & Rutland Ave
Date signed 8/12/42

VS 8

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 94844

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94844
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 N. Mount St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Washington

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	—

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 27 1942

8. AGE: Years	Months	Days	If less than one day hr.	min.
	2½	15		

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name George Washington, Sr.
13. Birthplace Edmunds, S. Car.

MOTHER
14. Maiden Name Amelia Green
15. Birthplace Columbus, S.C.

16 (a) Informant George Lucas
(b) Address 1011 Mount Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cemetery
Location E. Lanvale near

18 (a) Funeral director Chas. H. Alexander
(b) Address 2200 N. Mount St

19 (a) AUG 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1942, at 5:25 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Broncho-pneumonia	
Due to	
Due to	
Other Conditions Dehydration	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 8/12/42

VS 6

94845

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BHD

Registered No. E 94845

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any person who willfully makes any false statement of information should be carefully supplied. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1804 Bolton Street

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1804 Bolton Street (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME William F. Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct 7, 1919

8. AGE: Years	Months	Days	If less than one day
22	10	5	hr. min.

9. Birthplace Brooklyn New York (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER

12. Name Raymond J. Jenkins

13. Birthplace Baltimore

MOTHER

14. Maiden Name Ethel L. Lanius

15. Birthplace Brooklyn, New York

16 (a) Informant Raymond J. Jenkins

(b) Address 1804 Bolton Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location 4300 Old Frederick Rd

18 (a) Funeral director Henry H. Means and Son

(b) Address 805 N. Calvert St.

19 (a) AUG 1942 (b) Huntington Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12, 19 42 at 10.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 19 41, to Aug 12 19 42, and that I last saw h alive on Aug 11, 19 42.

Immediate cause of death: Cerebral Tumor (Glioma)

Due to: Polar Spongioblastoma

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation March 25, 1941

Major findings of operation: Biopsy alone

of autopsy: None

Duration	
	since
	Feb. 1941

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature N. G. Jones M. D.

Address 2818 St. Paul Date signed 8/12/42

94846 FRAINIE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94846 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Ave.
(c) Hospital or institution: Johns Hopkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr 3mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 321 E. University Parkway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3 (a) FULL NAME Frank Frainie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Margaret

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1875

8. AGE: Years 66 | Months 8 | Days 2 | If less than one day -- hr. -- min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Builder

11. Industry or business -------

FATHER 12. Name Charles Frainie
13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Maisel
15. Birthplace Germany

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) AUG 12 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12, 1942 at 1.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1941 to August 12 1942, and that I last saw him alive on August 11 1942.

Immediate cause of death: Hypertensive C-V-D — Duration

Due to: Malignant hypertension

Due to:

Other Conditions: Cerebral hemorrhage

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rosenberg
Address St. Agnes Hosp. Date signed 8/14/42

VS 3

F 94847

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94W

F 94847

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 W. Henry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 707 W. Henry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James William Carroll

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-7404

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jennie M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22-1879

8. AGE: Years 62 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county and state)

10. Usual Occupation Night Watchman

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Jennie M. Carroll
(b) Address 707 W. Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave

18 (a) Funeral director Ambrose Jr
(b) Address 414 N. Huntington Ave

19 (a) AUG 13 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 19 42 at 2 08 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/9 1942 to 8/11 1942 and that I last saw h alive on 8/11 1942

Immediate cause of death Acute Cardiac Failure — Duration 1 d a

Due to Coronary Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph A. Lankart M.D.
Address 619 Washington Ave Towson, Md. 8/13/42
(Date signed)

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 94848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

932 Registered No. F 94848

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 519 Scott St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 Scott St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank Reimer

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Regina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 17, 1856

8. AGE: Years 85 | Months 8 | Days 26 | If less than one day hr. 25 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant
(b) Address 519 Scott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fred Lane

18 (a) Funeral director Engleburt, Inc.
(b) Address 4114 N. Arunah Lipscomb Rd. Huntington Williams, M.D.

19 (a) (Address) (b) (Registration No.)

AUG 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 19 42 at 5:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10 1942 to Aug. 12 1942, and that I last saw him alive on Aug. 12th 42

Immediate cause of death Myocarditis — Duration 24 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Kate M. D.
Address 517 Scott St Date signed 8/13/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

958

F 94849 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1m. 15d.

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTO.

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 3238 ODONNELL ST. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KUNIGUNDA FISCHER

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: BERNARD FISCHER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 14 1900

8. AGE: Years 41 | Months 8 | Days 27 | If less than one day hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business AT HOME

FATHER

12. Name JOSEPH GUMMER

13. Birthplace BALTO. MD.

MOTHER

14. Maiden Name ANNA DORN

15. Birthplace BALTO. MD.

16 (a) Informant ANNA GUMMER (MOTHER)

(b) Address 3238 ODONNELL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 14/42 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART

Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zieleribe

(b) Address 403 S. WOLFE ST.

19 (a) (b)

AUG 13 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1942, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/11 1942 to 8/11 1942 and that I last saw her alive on 8/11 1942.

Immediate cause of death Pulmonary edema

Due to Cardiac decompensation

Due to Rheumatic heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Morton J. Hamburger M. Dr.

Address Sinai Hospt. Date signed 8/12/42

F 94850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 94850 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3218 Fairfield Rd, Fairfield
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME James Leroy Tallie (Birth F-55040)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
—	—	7	— hr. — min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Newborn
11. Industry or business —

FATHER
12. Name James Tallie
13. Birthplace Macon, N.C.

MOTHER
14. Maiden Name Edna Westbrook
15. Birthplace Fairfield, Md.

16 (a) Informant James Tallie
(b) Address 3218 Fairfield Rd

17 (a) Burial (b) Date thereof Aug 14-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a co md

18 (a) Funeral director James Adams
(b) Address 342 Wolfe St

19 AUG 28 1942 (Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1942, at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1942, to Aug. 13 1942 and that I last saw him alive on Aug 13 1942

Immediate cause of death Malnutrition
Due to Debility of the Newborn
Due to Prematurity
Other Conditions —
(Include pregnancy within 3 months of death)

Duration

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature L. Harmon M. D.
Address Boulevard Hospital Date signed 8-13-42

E 94851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 94851

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 St. Dunstan's Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William A. Megraw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary Ward
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) April 3, 1875

8. AGE: Years	Months	Days	If less than one day
67	4	9	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Insurance broker
11. Industry or business

FATHER
12. Name William A. Megraw
13. Birthplace Md.

MOTHER
14. Maiden Name Evelina Supplee
15. Birthplace Md.

16 (a) Informant Mrs. Mary W. Megraw
(b) Address 308 St. Dunstan's Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)
(c) Cemetery Loudon Park
Location 3801 Frederick Avenue

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1960 Eutaw Place

19 (a) AUG 13 19[illegible] Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 42 to Aug 12 19 42, and that I last saw h[illegible] alive on Aug 11 19 42.

Immediate cause of death (Apoplexy Stroke) Cerebral Coma

Duration 23 hr

Due to Hypertension & Arteriosclerosis

Due to

Other Conditions Coronary Insufficiency Hx. Chronic Myocardial Insufficiency

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Casey B. Crumbaugh M. D.
Address Warrington Apts. Date signed

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 ✓

Registered No. F 94852

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mrd. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 2617 Greenmount Ave (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Robinson

3 (b) If veteran, name war	3 (c) Social Security Account No.
N —	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1883

8. AGE: Years	Months	Days	If less than one day
59	5	38	hr. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Self

FATHER
12. Name (Unknown) Robinson
13. Birthplace Unknown

MOTHER
14. Maiden Name Eliza Sharp
15. Birthplace Delaware

16 (a) Informant Sarah Robinson
(b) Address 2603 Greenmount Ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson Col Inc
(b) Address 1217 E Pratt St

19 (a) (b) Huntington Williams M.D. Registrar

AUG 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-11- 1942, at 6:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence 8-11?-42 at ? M
(c) Where did injury occur? Jones Falls Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Outdoors While at work? No (Specify type of place)
(e) Means of injury Fell from stone embankment

23. Signature Howard J. Andrews M.D. Medical Examiner.
Date signed 8-12-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94853 — 1331 E North Ave — 94853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 E Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 E Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret E Horn

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Benjamin K Horn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1859

8. AGE: Years	Months	Days	If less than one day
83	9	28	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Jacob H Hammel
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Margaret Muirdity
15. Birthplace Baltimore Md

16 (a) Informant Mrs Benjamin K Horn
(b) Address 1217 E Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Holborn Colyer
(b) Address 1217 E Lanvale St

19 AUG 13 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1942 at 8 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1941 to Aug. 12 1942 and that I last saw h[illegible] alive on Aug. 11 1942

Immediate cause of death: Chronic interstitial nephritis — Duration 1 yr.
Due to Generalized arteriosclerosis
Due to
Other Conditions Chronic myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel A Wolfe
Address 1331 E. North Ave Date signed 8-12-42.

VS 3

Correct name, if known, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94854 Registered No. 1370

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Mount + Rutland Ave.

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4208 Harford Ter. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Frank DiDomenico

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 - 1878

8. AGE: Years	Months	Days	If less than one day
64 65	5	28	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Hard Wood Floor

FATHER

12. Name Antonio

13. Birthplace Italy

MOTHER

14. Maiden Name Filippa Badali

15. Birthplace Italy

16 (a) Informant Son Joseph

(b) Address 910 E. Biddle

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Frank V. Pikiturel

(b) Address 2218 E. Baltimore

(c) Registrar Huntington Williams

AUG 13 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12, 1942, at 12:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 26, 1942, to Aug 12 1942, and that I last saw h[illegible] alive on Aug 12, 1942.

Immediate cause of death Pul - obstructive consolidation

Due to Unknown cause

Due to (or a)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. P. Sontz M. D.

Address Sinai Hospital Date signed Aug 12, 1942

Please write plainly with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94855 Registered No. 1714

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Folaberd Ave Balto Md
(c) Hospital or institution: Holabird Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town New Brighton Staten Isl N.Y. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Joseph Ellsman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Draftsman

11. Industry or business

FATHER
12. Name Samuel B. Ellsman
13. Birthplace Staten Isl N.Y.

MOTHER
14. Maiden Name Mary Mulvaney
15. Birthplace Staten Isl N.Y.

16 (a) Informant Colonel J Folmer
(b) Address Camp J Folaberd

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Quigley N.Y.
Location

18 (a) Funeral director Walter Brooke Buckley
(b) Address 197 W St. Mark Ave Huntington Station N.Y.

19 (a) (Date received by Registrar) AUG 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1942, at 2 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock — Duration

Due to Rupture of adrenals
Rupture of liver

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 12 1942 at 10 00 M
(c) Where did injury occur? Dundalk Ave 1 Block South of Holabird (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Struck by street car

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Aug. 13 1942

V8 6

F 94856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83

F 94856 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 314 W Lorraine Ave

(c) Hospital or institution: None

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12

(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits write RURAL and give town)

(d) Street No. 314 W Lorraine Ave (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) **FULL NAME** Lawrence V. Roth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wm A Roth

13. Birthplace Balto Md

MOTHER 14. Maiden Name Margaret Beck

15. Birthplace Balto Md

16 (a) Informant Mrs Dorothy Perrera

(b) Address 314 W Lorraine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location 52 Loch Raven Road

18 (a) Funeral director Stephen J. Fiamonte

(b) Address 1500 S Kenwood Ave

AUG [illegible] 1942 (Date received by Registrar) Huntington Millionaire

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1942 to Aug 12 1942, and that I last saw h[illegible] alive on Aug 12 1942.

Immediate cause of death Hemiplegia — Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. V. Clift

Address 5010 Greenleg Rd Date signed 8/13/42

F 94857

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

F 94857 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 420 East St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 420 East St.
(If rural give location)
(e) Citizen of (foreign country)? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Harker

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert Harker
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) September 13, 186[illegible]

8. AGE: Years	Months	Days	If less than one day
77 78	10	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Hurst
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Desmonia Abrams
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Arthur Vogler
(b) Address 110 E. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miller Funeral
(b) Address 1005 E. Baltimore St.

19 AUG 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 10 1942, at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) and in addition [illegible] found that said deceased came to her death on the day stated above.

Immediate cause of death arteriosclerotic cardio vascular disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Aug. 11 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The [illegible] WITH UNFADING INK.

F 94858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. F 94858

Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital 2551
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Cherrydell Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wm. Charles A. Opel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 13, 1879

8. AGE: Years	Months	Days	If less than one day
62	9	30	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Gas Inspector

11. Industry or business

FATHER
12. Name August Opel
13. Birthplace Catonsville, Md.

MOTHER
14. Maiden Name Elizabeth Klein
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Margaret E. Meeth
(b) Address Cherrydale Road, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director C. H. Armour
(b) Address 1003 W. Baltimore St.

19 (a) (Date received by local registrar) (b) Huntington Williams M.D. Registrar

AUG 13 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1942 at 10:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1942 to Aug 12 1942 and that I last saw him alive on Aug 12 1942

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions Fracture of Left Clavicle, Left Orbital Hematoma (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Aug 10, 1942 at A. M.
(c) Where did injury occur? Cherrydell Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fall to floor

23. Signature Howard J. Malden, M.D.
Address St. Agnes Hosp. Date signed 8/12/42

Howard J. Malden, M.D. 5m7

F 94859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

Registered No. F 94859

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 72 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4014 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Clara Leach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8 1879 (69)

8. AGE: Years	Months	Days	If less than one day
72	9	4	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John H. Leach
13. Birthplace Md

MOTHER
14. Maiden Name Bernadina Budeke
15. Birthplace N. C

16 (a) Informant Mrs. Thomas R. Savage
(b) Address 146 S Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 2100 Frederick Rd

18 (a) Funeral director Harry H. Wilkes
(b) Address 4601 Edmondson Ave

19 (a) AUG 13 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12- 1942 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26 1942 to 8-12 1942 and that I last saw h alive on 8-12 1942

Immediate cause of death — Duration

Cardiac failure

Due to Pulmonary edema

Due to Generalized Lymphosarcoma

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. A. Lomán-Vega, M. D. M. D.
Address Md. Gen. Hosp Date signed 8-12-42

VS 3

F 94860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94a

F 94860

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Jamaica
(If outside city or town limits, write RURAL and give town)
(d) Street No. 9409 Union Hall Pl.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Chapmin.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 53 Months Days If less than one day hr. min. 53

9. Birthplace W Stoles
(Town, county, and state)

10. Usual Occupation Unknown

11. Industry or business

FATHER
12. Name Geo W Chapman
13. Birthplace Unknown

MOTHER
14. Maiden Name Emily J. Scholey
15. Birthplace Unknown

16 (a) Informant Walter B Cooke Inc.
(b) Address 150-10 Hillside Ave Jamaica L.I.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17 42 (month) (day) (year)

(c) Cemetery or crematory Cypress Hill
Location Brooklyn N.Y.

18 (a) Funeral director William Coffee
(b) Address 121 W Saratoga St Baltimore Md

AUG 14 1942
(Date rec'd by registrar)

Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/10 1942 at 12 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death Cardiac Failure
Coronary Thrombosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B Jacobs Medical Examiner.

Date signed 8/10/42

VS 6

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 94861
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Dy
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 18
(If outside city or town limits, write RURAL and give town)
(d) Street No. 749 McCabe Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josiah Clayton

3 (b) If veteran, name war No

3 (c) Social Security Account No. 218-01-2805

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Estelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1879

8. AGE: Years 63 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Ellicott City, Md.
(Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business In business for self

FATHER 12. Name John Wesley Clayton

13. Birthplace Md.

MOTHER 14. Maiden Name Louisa Dillon

15. Birthplace Md.

16 (a) Informant Mrs. Estelle Clayton

(b) Address 749 McCabe Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1942 (month) (day) (year)

(c) Cemetery or crematory Mark M. E. Church

Location Hyattsville Md

18 (a) Funeral director Wilson & Cook Inc

(b) Address 1217 H Pennsylvania Ave

19 AUG 14 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1942, at 11.25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Cerebral Hemorrhage

Due to Chronic Hypertensive Cardio-vascular disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 8/14/42

VS 6

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 94862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. E 94862

L.S. - 70708

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1704 Montpelier St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles McClure

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1871

8. AGE: Years	Months	Days	If less than one day
70	7	28	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name William G. McClure (d)
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Keenan
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director William Cox Jr.
(b) Address 217 W. Lanvale St.

19 (a) AUG 14 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/12 1942 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1942 to 8/12 1942 and that I last saw him alive on 8/12 1942.

Immediate cause of death Uraemia — Duration

Due to Generalized arteriosclerosis

Due to

Other Conditions Ca. prostate, operation declined
Arteriosclerosis, Hypertrophy Prostate
(Include pregnancy within 3 months of death)

Date of operation 11/14/41; 11/24/41; 12/18/42

Major findings of operation Ca. prostate

of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence December 1, 1941 P. M.
(c) Where did injury occur? Alley, rear of Kuhn's (City or town) (County) Maryland
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Fall to ground

23. Signature [illegible] M. D.
Address Baltimore Md. Date signed 8/13/42

Pt. in hosp. since 12/12/41, and surgery on 11/14/41 & 11/24/41
Howard G. Maldeis 8/13/42

F 94863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

Registered No. F 94863

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3002 E. Fayette st
(c) Hospital or institution:

6-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3002 E. Fayette st
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm J. Taylor

3 (b) If veteran, name war /

3 (c) Social Security Account No. /

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna M. Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 - 1885

8. AGE: Years 57 | Months 0 | Days 17 16 | If less than one day hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation /

11. Industry or business

FATHER
12. Name James V. Taylor
13. Birthplace Virginia

MOTHER
14. Maiden Name Mary E. Riddick
15. Birthplace North Carolina

16 (a) Informant Mrs. Anna M. Taylor
(b) Address 3002 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 2324 Eutaw st

19 AUG 14 1942 (Date received by local registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 11 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1925 19 , to Aug 11 1942 and that I last saw h alive on Aug 11 1942

Immediate cause of death — Duration

Cerebral Hemorrhage

Due to Chronic Hypocarditis

Due to Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Adams Tod M. D.

Address 1126 Rundale Ave Date signed

Baltimore Md.

VS 3

94864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

127P

Registered No. E 94864

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully inspected for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E Hammond St
(c) Hospital or institution: Sinai Hospital 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 Linden ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Erna Rikor Baumann

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Nathan Baumann
6 (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Home
11. Industry or business None

FATHER
12. Name Solomon Steiner
13. Birthplace Germany

MOTHER
14. Maiden Name Babetta Reis
15. Birthplace Germany

16 (a) Informant Alfred J Baumann
(b) Address 2407 Linden ave

17. Burial (Burial, cremation, or removal) (b) Date thereof 8-14-42 (month) (day) (year)
(c) Cemetery or crematory Har Jeor cem
Location Rosedale

18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E Balto St

19 (a) AUG 14 1942 Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942 to Aug 13 1942 and that I last saw her alive on Aug 13 1942

Immediate cause of death Hypostatic pneumonia + Respiratory Paralysis

Duration

Due to Post operative - status asis or plentaritis ??

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Aug 1942

Major findings of operation: Uterine fibroid & B.B. Common Duct

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Berman M. D.
Address Sinai Hosp Date signed 8/15/42

VS 8

94865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94865 Registered No. 113

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 618 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Ruoff 75835

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-5402

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	sep.

6 (b) Name of husband or wife Beatrice

6 (c) If alive, give age 11-1894

7. Birth date of deceased (mo., day, yr.) July 11, 1894

8. AGE: Years	Months	Days	If less than one day
48 55	1 0	3 29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation chicken picker
11. Industry or business

FATHER 12. Name Charles Ruoff
13. Birthplace Germany

MOTHER 14. Maiden Name Mary Cypent
15. Birthplace

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Ml. Ex Odem
Location Baltimore

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Orleans St

19 (a) (Date received by Registrar) AUG 14 1942 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10 1942, at 9:40 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Aug. 3 1942 to Aug. 10 1942, and that I last saw h alive on Aug. 10 1942.

Immediate cause of death — Duration

Spontaneous pneumothorax — ?

Due to (Over)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexis L. Hartz M.D.
Address Balto City Hosp Date signed 8/11/42
(Over)

F 94866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No.

F 94866

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1452 William St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1452 William St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate Hyson

3 (b) If veteran, name war ✓ | (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Wm. Hyson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5. 1869

8. AGE: Years	Months	Days	If less than one day
72	11	7	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Bush
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Reth
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Bertha Santoni
(b) Address 1452 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15/42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Eastern Ave.

18 (a) Funeral director Fred. H. Evans & Son
(b) Address 1716 E. Chase St.

AUG 14 19[illegible] (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12 1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-8 1942, to 8-12 1942, and that I last saw [illegible] alive on 8-11 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 4 days
Due to Arteriosclerosis — 30 yr.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Fallood M. D.
Address 707 Fort Ave. Date signed 8-14-42

94867 F

F 94867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

E.S.-68694

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 N. Camden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Hardy

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Sep.

6 (b) Name of husband or wife Anna
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) April 27, 1888

8. AGE: Years	Months	Days	If less than one day
54	3	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name William Hardy
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Adams
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick Md.

18 (a) Funeral director Fred. A. Krause & Son
(b) Address 1214 S. Charles St.

AUG 14 1942 (Date received by local registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1942 at 12 49 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1942 to 8/11 1942 and that I last saw h i alive on 8/11 1942

Cause	Duration
Immediate cause of death Cachexia and repeated rectal hemorrhages	
Due to Carcinoma of rectum 3 yrs. & multiple Metastasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 4/15/42
Major findings of operation: Ca. above
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. H. Hoover
Address Balto. City Hosp. Date signed M. 8/13/42 D.

Patient in this hospital since 9/23/41 but seen by me daily since 7/1/42

F 94868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 E

F 94868 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Woman's Hospital of Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Forest St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mattie Tinner (Tarner)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Spencer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1892

8. AGE: Years	Months	Days	If less than one day
50	4	27	hr. min.

9. Birthplace Georgia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Bennett
13. Birthplace Georgia

MOTHER
14. Maiden Name Cerrie Hamilton
15. Birthplace Georgia

16 (a) Informant Louis Bennett
(b) Address 705 Forest St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. County Md

18 (a) Funeral director Mrs Robert A. Elbert Sr.
(b) Address 1129 N. Carolina St.

19 (a) (Date received by registrar) (b) Huntington Williams, Registrar

VS AUG 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1942, at 7 20 P M

21. I HEREBY CERTIFY, That I took charge of the ~~remains~~ described above, held an ~~inquest~~ inquiry & inspection thereon and from the evidence (Autopsy or inquiry)
obtained by said ~~inquest~~ inquiry & inspection find that said deceased came (Autopsy or inquiry)
to ~~my~~ death on the day stated above.

Immediate cause of death Acute Congestive Cardiac failure — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Aug. 13 1942

F 94869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13-6

Registered No. F 94869

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 May, '42
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3324 [redacted] Chestnut Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. John McFall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Sally McFall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1867

8. AGE: Years	Months	Days	If less than one day
74	10	24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Gardener

11. Industry or business

FATHER
12. Name John McFall (D.)
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Clayton
15. Birthplace Md.

16 (a) Informant Daniel McFall
(b) Address 3324 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Mary's
Location Hampden

18 (a) Funeral director Chadwick & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) [redacted] (b) [redacted]
Registered AUG 14 19[redacted]

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13, 1942, at 11 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 9, 1942 to Aug 13, 1942 and that I last saw h[redacted] alive on Aug. 13 '42

Duration
Immediate cause of death: Respiratory + Circulatory Failure
Due to: Coronary thrombosis Terminal
Due to: Hypertension Arteriosclerosis ?
(1) Edema of all organs of body 1 year
Other Conditions: History of 2 months
Lemon (intermittent)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson M. D.
Address Union Memorial Hospital
Howard L. Milder, M.D. per DMC

F 94870

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94870
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700-N. Bond Street
(c) Hospital or institution: --
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700-N. Bond Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3 (a) FULL NAME Mary T. Westphal

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife: Walter L. Westphal
6 (c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): 7/18/1878

8. AGE: Years: 64 | Months: - | Days: 25 24 | If less than one day: - hr. - - - - min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: At Home

11. Industry or business

FATHER
12. Name: Peter J. Hagan
13. Birthplace: Baltimore, Md.

MOTHER
14. Maiden Name: Margaret Mulligan
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. May Brandt
(b) Address: 1700-N. Bond Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cemetery
Location: Baltimore, Md.

18 (a) Funeral director: George J. Ruth Inc.
(b) Address: 1735-Harford Ave. Huntington Station Baltimore Md.

19 (a) Filed [illegible] AUG 14 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 12 1942, at 11 Eo P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1939 to Aug 12 1942, and that I last saw h[illegible] alive on [illegible]

Immediate cause of death

Coronary Thrombosis — Duration: 2 days
Due to
Diabetes Mellitus — Duration: 5 yrs?
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: Joseph Pokorny
Address: 220 E. Madison Date signed: 8/14/42 M. D.

F 94871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 94871

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1038 N. Stricker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1038 N. Stricker St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Lillie Wiley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Fem.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 54 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace Northumberland Co. Va.
(Town, county, and state)

10. Usual Occupation Homeplace

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Lulu Savoy
15. Birthplace Northumberland Co Va

16 (a) Informant Melissa Jones
(b) Address 1028 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Brooklyn

18 (a) Funeral director Mr. Brooks
(b) Address 1437 N. Carey St.

19 (a) AUG 14 19[illegible] Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/12 1942 at 8:9 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1942 to 8/12 1942 and that I last saw h[illegible] alive on 8/12 1942

Immediate cause of death Lobar Pneumonia — Duration 6 days

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature C. H. Pitts M.D.
Address 1536 W. Fayette St. Date signed 8/13/42

VS 3

F 94872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 94872 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 12
(d) Street No. 214 Paddington Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---------

3 (a) FULL NAME Mrs. Marie L. Merceron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Henry Merceron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/21/1892

8. AGE: Years	Months	Days	If less than one day
49	7	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER	12. Name	John McDonald
	13. Birthplace	Ireland
MOTHER	14. Maiden Name	Catherine Blake
	15. Birthplace	Baltimore, Maryland

16 (a) Informant Henry J. Merceron
(b) Address 214 Paddington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Date received by Registrar) (b) Registrar Arlington Williams M.D. Registrar

AUG 14 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/13 1942

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4-42 19 to 8-13 1942 and that I last saw her alive on 8-13 1942

Immediate cause of death: Carcinoma of liver — Duration 2 yr.
Due to
Due to
Other Conditions Metastatic Carcinoma & Ascites
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy: Home

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Knight M.D.
Address Bon Secours Hosp. Date signed 8-13-42

94873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

171a

Registered No. E 94873

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 521 N. Chapel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent B. Blazek

3 (b) If veteran, name war 1st World War

3 (c) Social Security Account No. 215-12-7399

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1889

8. AGE: Years 53 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Blazek
13. Birthplace

MOTHER
14. Maiden Name Josephine Bielby
15. Birthplace

16 (a) Informant Josephine Blazek
(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Aug 15/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Francis Donoghue
(b) Address 900 N. Chester St

19 (a) 8-14-1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 12 1942, at 10 00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing injuries of chest and abdomen — **Duration**

Due to c

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Fig
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 12 1942 at 9.30 P.M.
(c) Where did injury occur? Biddle St. Loop (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? No
(e) Means of injury Run by Streetcar Trolley

23. Signature Roland Lee Graham M.D.
Medical Examiner
Date signed Aug. 13 1942

VS 6

F 94874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. F 94874

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1120 N. Carey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James H. Lee

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed or divorced Widowed

6 (b) Name of husband or wife Sarah Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/15/1855

8. AGE: Years 87 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John H. Lee
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie Flood
15. Birthplace Va.

16 (a) Informant Bernard Lee
(b) Address 1120 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md.

18 (a) Funeral director Geo. H. Kelson
(b) Address 1301 W. Pratt St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/12/1942, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/8/1942 to 8/12/1942, and that I last saw him alive on 8/12/1942

Immediate cause of death Cerebral Hemorrhage — Duration 1 hr.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Harry Kline, M.D.
Address 450 W. Biddle St. Date signed 8/14/42

VS 3

F 94875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 94875

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1518 Ashland Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1518 as Ashland Ave
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Stokes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Hannah Stokes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1889

8. AGE: Years	Months	Days	If less than one day
53	3	27	hr. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles Stokes

13. Birthplace Virginia

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Ina Jones

(b) Address 1518 Ashland ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/42 (month) (day) (year)

(c) Cemetery or crematory Cremona, Va

Location

18 (a) Funeral director Geo. G. Kelly M.D.

(b) Address 1303 [illegible]

19 (a) [illegible] (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1942, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 10 1942, to Aug 12 1942, and that I last saw h[illegible] alive on Aug 12 1942

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Albert L. Lafont M. D.

Address 622 N. Broadway Date signed 8/14/42

VS 8

41985 F 94876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47C

F 94876 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town MORRELL PARK BALTO CITY (If outside city or town limits, write RURAL and give town)
(d) Street No. 2620 RITTENHOUSE AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES RITTENHOUSE JR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/24/87

8. AGE: Years	Months	Days	If less than one day
55	6	19	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name JAMES RITTENHOUSE

13. Birthplace MD

MOTHER 14. Maiden Name MARY CRAGGS

15. Birthplace MD

16 (a) Informant MRS. EMMA C. RITTENHOUSE

(b) Address 502 CHAPEL GATE LANE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemy

Location Frederick Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell & Sons

(b) Address 1600 Eutaw St.

19 (a) AUG 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1942, at 1.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7/29 1942 to 8/13 1942 and that I last saw h IM alive on Aug 13 1942.

	Duration
Immediate cause of death Carcinoma Silicus E fibrinosus pericardis	1 wk.
Due to P-O Total Pneumonectomy left	
Due to Carcinoma of Lung, left	1 yr ?
Other Conditions Sudden agonizing left shoulder & leg anesthetized	

(Include pregnancy within 3 months of death)

Date of operation Aug. 5 1942

Major findings of operation Ca left lung. Bronchogenic

of autopsy death Fibrinous pericarditis Patent bronchus

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bruce J. Tracy

Address Johns Hopkins Hospital Date signed 8/13/42 M.D.

VS 3

F 94877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94877 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1430 Riggs Avenue
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1430 Riggs Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Washington

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birthdate of deceased (mo., day, yr.) June 9 1892

8. AGE: Years	Months	Days	If less than one day
50	2	2	hr. min.

9. Birthplace Brookgreen S.C. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name S.K. Jenkins
13. Birthplace Brookgreen, S.C.

MOTHER
14. Maiden Name Nancy Miles
15. Birthplace Brookgreen, S.C.

16 (a) Informant Peter Washington
(b) Address 1430 Riggs Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1631 Druid Hill Ave

19 (Signature of local registrar) AUG 14 1942 Registrar. Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1942, at 2¼ P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham, M.D. Medical Examiner.
Date signed August 14, 1942

Howard J. Mackie M.D.

94878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94878 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 44
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 665 George St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Robert Dorsey

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Sep.

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-15-1880

8. AGE: Years 61 | Months 10 | Days 29 | If less than one day hr. min.

9. Birthplace Frederick, Md (Town, county, and state)

10. Usual Occupation Shoe-work

11. Industry or business —

FATHER
12. Name Charles Dorsey
13. Birthplace Frederick, Md

MOTHER
14. Maiden Name Maria Owens
15. Birthplace Frederick Md

16 (a) Informant Miss Della Dorsey
(b) Address 665 George St

17 (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Cemetery or crematory Mt. Market
Location Mt. Fredericks

18 (a) Funeral director H. M. Lowndes
(b) Address Mt. Airy Junction

AUG 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1942 at 2.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Aug. 14 1942 and that I last saw [illegible] alive on Aug. 14, 1942

Immediate cause of death — Duration

Carcinoma of the Sigmoid — 7 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Rex Rockhill M.D.
Address Provident Hosp. Date signed 8/14/42 M. D.

VS 3

F 94879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 94879

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 N. Montford Ave.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Russian

3 (a) FULL NAME Tillie Lenkowski (TEKLA LEVKOVSKI)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-05-7271

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Packer
11. Industry or business Canning House

FATHER
12. Name John Samuel
13. Birthplace Russia

MOTHER
14. Maiden Name Julia Korkenchuk
15. Birthplace Russia

16 (a) Informant Albert Lenkowski
(b) Address 1122 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-42 (month) (day) (year)
(c) Cemetery or crematory St. Lambertus Russian Cemetery
Location Anne Arundel County

18 (a) Funeral director Walter Brooks Bradley Inc.
(b) Address 1932 W. North Ave.

AUG 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13 1942; at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7 19__, to 8-13 1942
and that I last saw h[illegible] alive on 8-13 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Purpura of unknown etiology	
Due to	
Other Conditions Pyelonephritis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. C. Wieder M. D.
Address Univ. Hospital Date signed 8/13/42

94880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1931

F 94880 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 N Fremont apts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 N Fremont apts (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lodie Catherine Williams

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1879

8. AGE: Years	Months	Days	If less than one day
63	3 6	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Mrs Ada Thomas
(b) Address 466 Cummings Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (Date received) AUG 14 1942 Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1942 at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 28 1941 to Aug 13 1942 and that I last saw h[illegible] alive on Aug 13 1942.

Immediate cause of death Myocarditis — Duration 7 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 704 Fremont Date signed 8/14/42

F 94881

L.S. - 75784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94881

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1228 Madison Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amelia Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1899

8. AGE: Years	Months	Days	If less than one day
43	3	29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Walter Johnson

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Watkins

15. Birthplace Va.

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn Cem.

Location Baltimore, Md.

18 (a) Funeral director Wm. Francis A. Hunstey

(b) Address 578 W. Biddle St.

19 (Date received) AUG 14 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1942 at 5:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/31 1942 to 8/11 1942 and that I last saw her alive on 8/11 1942.

Immediate cause of death	Duration
Carcinoma of stomach extension of liver metastasis	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: In abeyance.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature F. N. Haase M. D.

Address Baltimore, Md. Date signed 8/14/42

94882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94882

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1427 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Noce Williams 75916

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-05-9046

4. Sex: male

5. Color or race: black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Myrtle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 4, 1904

8. AGE: Years 38 | Months 5 | Days 7 | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name George Williams
13. Birthplace N.C.

MOTHER
14. Maiden Name Careline Herring
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery
Location A. A. Co. Md.

18 (a) Funeral director Mrs Frances A Hemsley
(b) Address 578 W. Biddle St.

19 (a) AUG 14 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1942 at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7 1942, to Aug. 11 1942, and that I last saw him alive on Aug. 11 1942

Immediate cause of death: Pulmonary tuberculosis — Duration: 5 yrs?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexis S. Hartz M.D.
Address Balto City Hosp Date signed 8/12/42

VS 3

F 94883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94883 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural : Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Woodlawn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gustavus "H" Wiskow

3 (b) If veteran, name war: Ex World War
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/28/1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52	01	15		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Ice Mfg.
11. Industry or business

FATHER
12. Name Lucas Wiskow
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Blackart
15. Birthplace Germany

16 (a) Informant Life Wiskow
(b) Address 3 Woodland Ave Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director F. D. WIPPERT. Son
(b) Address 300 Eutaw Place Huntington Williams

19 (a) AUG 14 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1942 at 6 15 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 11, 1942 at 1:30 P.M
(c) Where did injury occur? Loudon Park Cemetery (City or town) Balto. Co. (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Thrown from automobile when overturned

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed August 13 1942

VS 6

F 94884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94884 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Payson Sts.

(c) Hospital or institution: Bon Secours Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 78

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1947 W. Franklin St (If rural give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary S. Knapp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife John T. Knapp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/2/1863

8. AGE: Years	Months	Days	If less than one day
79	7	11	hr. min.

9. Birthplace West Fairview, Penna (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Michael Knapp

13. Birthplace Penna.

MOTHER 14. Maiden Name Judith Wertz

15. Birthplace Penna.

16 (a) Informant Mrs. Walter E. Knapp

(b) Address 310 Thackery ave. Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17/42 (month) (day) (year)

(c) Cemetery or crematory Lorraine Park

Location Woodlawn

18 (a) Funeral director Harry H. Witzke

(b) Address 4101 Edmondson Ave.

19 (a) AUG 14 1942 (Filed by Registrar) (b) Huntingtown Maryland Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13, 1942 at 7:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/12 1942 to 8/13 1942, and that I last saw h. alive on 8/13 1942.

Immediate cause of death Cardiac Failure — Duration

Due to arteriosclerosis Cardio vascular disease

Due to

Other Conditions Hypostatic pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Wm. H. Mace M. D.

Address 4 Bon Secours, Md. Date signed 8/13/42

F 94885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 94885
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT USE RUBBER STAMPS FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Le Roy Wissig, M. D.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M.
5. Color or race W.
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Maude R. Wissig (nee Bray)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 27, 1898.
8. AGE: Years 44 | Months 5 | Days 15 | If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Geo. L. Wissig
13. Birthplace Md.

MOTHER
14. Maiden Name Johnson
15. Birthplace Md.

16 (a) Informant Mrs. Geo. L. Wissig
(b) Address 4000 Edmondson Ave
17. Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd
18 (a) Funeral director Harry [illegible]
(b) Address 4000 Edmondson Ave
19 (a) (Date rec'd by registrar) (b) Registrar

AUG

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 1942 at 8:10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1942 to Aug 12 1942 and that I last saw him alive on Aug 12 1942

Immediate cause of death Coronary Occlusion — Duration 30 min

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm R Johnson M. D.
Address 403 Medical Bldg Date signed 8-13-42

Howard L. McGuire, M.D. per Dmc

VS 3

F 94886

F 94886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 107

L.S. - 17742

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Balt more City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 10 5

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 400 N. Pine St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Gertrude Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife Harry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1885

8. AGE: Years	Months	Days	If less than one day
57	?	?	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER

12. Name ?

13. Birthplace

MOTHER

14. Maiden Name ?

15. Birthplace

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location Baltimore Md

18 (a) Funeral director Charles G. Cooper

(b) Address 514 S. Calhoun St

19 (a) (Date received by registrar) AUG 14 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-11 1942, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 8-11 1942, and that I last saw her alive on 8-11 1942.

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions Cerebral arteriosclerosis — ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. K. Cathcart M. D.

Address Balto. City Hosp Date signed 8-13-42

F 94887

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 94887

CERTIFICATE OF DEATH

159

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every word of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 620 N. Payson St., (Ward) 4

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — — Wilson.

(a) Residence: No. 620 N. Payson St St., Ward. Kent. F 54750
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Aug 12, 1942

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 Days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Aaron Wilson

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rose Halberg

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs Wilson
(Address) 620 N Payson St

18. BURIAL, CREMATION, OR REMOVAL
Place JOHN HOPKINS MEDICAL SCHOOL AUG 14 1942

19. UNDERTAKER Commissioner of Health
(Address)

20. AUG 14 1942 19 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 13, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1942 to Aug 13, 1942
I last saw h / M alive on Aug 13, 1942 Death is said to have occurred on the date stated above, at 6:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	3 hr
Other contributory causes of importance: Premature Infant	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Jon Callen M. D.

(Address) 332 / Frederick Ave

F 94888

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59

Registered No. F 94888

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Womans Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town ~~Baltimore~~ Woodbine Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Baby Boy White (Birth F 54776)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-12-42 6:25 PM.

8. AGE: Years	Months	Days	If less than one day
—	—	—	— hr. 30 min.

9. Birthplace Womans Hospital · Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Charles R White.
13. Birthplace Maryland. (?)

MOTHER
14. Maiden Name Rosalind Harris
15. Birthplace Binghamton, N.Y.

16 (a) Informant Mother.
(b) Address Woodbine, Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Carnegie Lab.

18 (a) Funeral director
(b) Address

19 AUG 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12-42 19— , at 6:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12-42 19— to 8-12-42 19— , and that I last saw ~~him~~ her alive on 8-12-42.

Immediate cause of death Prematurity

Due to Spontaneous abortion at 24 weeks pregnancy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Lutterloh M. D.
Address Woman's Hospital Date signed 8-13-42

VS 3

F 94889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94889 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined, that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2840 Georgetown Rd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. John Sebastian
3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-05-9553
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Emma Sebastian
6 (c) If alive, give age ? years
7. Birth date of deceased (mo., day, yr.) March 31 1889
8. AGE: Years 53 Months 4 Days 14 If less than one day hr. min.
9. Birthplace Hungary. (Town, county, and state)
10. Usual Occupation Fireman
11. Industry or business Balto Transit Co
12. Name of Father Joseph Sebastian
13. Birthplace of Father Hungary.
14. Maiden Name of Mother Margaret Ozik
15. Birthplace of Mother Hungary
16 (a) Informant Emma Sebastian
(b) Address 2840 Georgetown Rd
17 (a) Burial (burial, cremation, or removal) (b) Date thereof Aug. 17-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md
18 (a) Funeral director Bernard C Hunter
(b) Address 121 E West St
19 (a) AUG 14 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1942, at 9.30 AM
21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1942 to Aug. 14 1942; and that I last saw him alive on Aug 14 1942.

Immediate cause of death: Acute Coronary Occlusion — Duration: ?
Due to Arteriosclerotic Heart Disease. — About 2 years
Due to
Other Conditions Chronic Congestive Heart Failure. (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature William H. Fueling
Address St. Joseph's Hosp. Date signed 8-14-42 (M. D.)

VS 2

F 94890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131aF 94890 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2661 DULANEY ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2661 DULANEY ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANTON. SCHMITT

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	WH	MARRIED

6 (b) Name of husband or wife MARIE SCHMITT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT 5 1860

8. AGE: Years	Months	Days	If less than one day
81	10	7	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation SIGN PAINTER
11. Industry or business RETIRED

FATHER
12. Name JOSEPH SCHMITT
13. Birthplace GERMANY

MOTHER
14. Maiden Name KATHERINE SCHMITT
15. Birthplace GERMANY

16 (a) Informant MARIE SCHMITT
(b) Address 2661 DULANEY ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Thomas J. Roche
(b) Address 6805 Harford Ave

AUG 14 1942 (b) Registrar
(Date Received by Registrar)

Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1942 to Aug 12 1942 and that I last saw him alive on Aug 11 1942

Immediate cause of death: Uremia — Duration: b days
Due to Chr. Nephritis Interstitial — 18 yrs
Due to
Other Conditions Hypertonic Sclerosis old Cerebral hemorrhage
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thomas S. Bowyer M. D.
Address Med Arts. Bldg Date signed 8-14-42

F 94891

F 94891 418197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81 N

Registered No. F 94891

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 11

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 869 Linden Ave. (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Elizabeth Jean Edmonds.

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female.	Black.	

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 7/19/41

8. AGE: Years	Months	Days	If less than one day
1		25.	hr. ..... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER 12. Name Edward 2.

FATHER 13. Birthplace Va.

MOTHER 14. Maiden Name Annie 2.

MOTHER 15. Birthplace Va

16 (a) Informant Records.

(b) Address .....

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 8/15/42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cem

Location Gwynn Springs

18 (a) Funeral director Chas H. Algozine

(b) Address 1500 McCulloh St

19 (a) AUG 14 1942 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1942 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to Aug 13 1942 and that I last saw h[illegible] alive on Aug 13 1942

Immediate cause of death Pneumococcal meningitis

Due to Type II pneumococcus

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature Robert D Solomon M. D.

Address Johns Hopkins Hosp. Date signed 8/14

VS 8

94892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131A

F 94892 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 W. 22nd Street
(c) Hospital or institution: —
17
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 W. 22nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME William Bolton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Labristina Bolton

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years 57 | Months — | Days | If less than one day: hr. min.

9. Birthplace Lexington Ga (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Dan Bolton
13. Birthplace Lexington Ga

MOTHER
14. Maiden Name unknown
15. Birthplace Lexington Ga

16 (a) Informant Sarah Ella Waddy
(b) Address 2234 N. Howard St

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 8/17/42 (month) (day) (year)
(c) Cemetery or crematory Berkley
Location Georgia

18 (a) Funeral director Mrs Ida Bailey
(b) Address 142 N. Jefferson St

AUG 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1942, at 3.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942, to Aug 13 1942, and that I last saw h alive on Aug 13 1942

Immediate cause of death: Cardiac Renal Disease — Duration: 2 mos

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Johnson M. D.
Address 2129 Eutaw St Date signed Aug 14 1942

VS 2

F 94893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94893 Registered No. 1920

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1512 N. Patterson Park Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 N. Patterson Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JULIUS CONRAD BRANDT

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Margaretta Brandt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5, 1863

8. AGE: Years 79 | Months 7 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Grocer

11. Industry or business

FATHER
12. Name Henry Brandt
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Gebb
15. Birthplace Germany

16 (a) Informant Mrs. Wm. R. Crowe
(b) Address 521 Richwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) AUG 15 1942 (Rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13, 1942 at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5, 1942 to Aug 13, 1942. and that I last saw him alive on Aug. 12, 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 days
Due to: Arteriosclerosis	2 yrs.
Due to:	
Other Conditions: Aortic regurgitation 2 yr	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at A.M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry G. Fingerwald M. D.
Address 613 E. North Ave. Date signed 8-19-42

F 94894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 94894 Registered No.

U.S. -76050

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 277 S. Robinson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bennett Funk

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Kunnigunda Funk
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1887

8. AGE: Years	Months	Days	If less than one day
54	11	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Funk
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Nagle
15. Birthplace Penn.

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Balto Md
18 (a) Funeral director John Uelmen
(b) Address 2008 Gilmor St
Huntington Williams, Mgr
19 (a) (Date rec'd by registrar) AUG 13 1942 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13 1942, at 7:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-13 1942 to 8-13 1942, and that I last saw him alive on 8-13 1942.

Immediate cause of death Cardiac failure — Duration ?
Due to Hypertensive C. V. Disease — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp Date signed 8-14-42

F 94895

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 4167

F 94895 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Suffolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Chestnut Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas R. Chapman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years 24 | Months | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Soldier

11. Industry or business

FATHER 12. Name Ben Chapman

13. Birthplace

MOTHER 14. Maiden Name Mamie

15. Birthplace

16 (a) Informant

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 15 42 (month) (day) (year)

(c) Cemetery or crematory

Location Suffolk, Va

18 (a) Funeral director Elbert E. Burbage

(b) Address Hertford, N.C.

19 (a) AUG 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14- 1942 at 1.10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of heart — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8-14-42 at 1 A M
(c) Where did injury occur? In front of 1041 Argyle Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Porch (Specify type of place) While at work? no
(e) Means of injury Sharp instrument

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 8-14-42

VS 6

F 94896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

167

F 94896 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 237 Beale (or rural location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur A. Douglas

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Mal	Negro	Married

6 (b) Name of husband or wife Adline Douglas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1903

8. AGE: Years	Months	Days	If less than one day
39		5	hr. min.

9. Birthplace Catonsville, Md (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Adline Douglas
(b) Address 237 Beale Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brant Ave

19 (a) AUG 15 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14- 1942, at 11A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death

Due to Stab wounds of chest involving lungs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8-14-42 at 10.50A M
(c) Where did injury occur? Coleman Rd. Central Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Sharp instrument
(f) Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 8-14-42

F 94897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 94897 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1058 Eutaw Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Israel Saffron

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Eva Saffron

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 25, 1896

8. AGE: Years 45 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Joseph Saffron

13. Birthplace Russia

MOTHER 14. Maiden Name Tillie —

15. Birthplace Russia

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Beloit Rd.

18 (a) Funeral director John A. Ingram

(b) Address 3009 E. Baltimore St.

19 (a) AUG 15 1942 (Date rec'd by registrar) (b) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1942, at 8 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/4 1942, to 8/13 1942, and that I last saw him alive on 8/13 1942.

Immediate cause of death: Pulmonary Embolus — Duration 3 Min.

Due to

Due to

Other Conditions Bronchopneumonia — 11 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Freeberg

Address Church Home & Infirmary Date signed 8/13/42 M. D.

VS 8

F 94898 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N Registered No. F 94898

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1619 N. Regester St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 N. Regester St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Carlton M. Ford

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-9396

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret V. Holland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1869

8. AGE: Years	Months	Days	If less than one day
73	6	13	hr. min.

9. Birthplace Eastern Shore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William S. Ford
13. Birthplace Eastern Shore Md.

MOTHER
14. Maiden Name Margaret Ford
15. Birthplace Eastern Shore Md.

16 (a) Informant Margaret V. Ford
(b) Address 1619 N. Regester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Frederick Road

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) (Date received by Registrar) (b) Huntington Williams M.D. Registrar

AUG 15 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to Aug 11 1942 and that I last saw h[illegible] alive on Aug 11 1942

Immediate cause of death: Arteriosclerotic Heart Disease — Duration: 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sol Smith
Address 1223 E. North Date signed 8/13/42 M. D.

F 94899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 94899 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2010 E. North Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2010 E. North Ave. (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME John H. Holmes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Emma A. Folks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1854

8. AGE: Years	Months	Days	If less than one day
88	2	18 21	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name William Holmes

13. Birthplace England

MOTHER

14. Maiden Name not known

15. Birthplace England

16 (a) Informant Mrs. Emma E. Hobbs

(b) Address 2010 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road

18 (a) Funeral director Clarence F. Hoffmann

(b) Address 1650 Broadway

AUG 15 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1942 at 9 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1942 to Aug 13 1942 and that I last saw h alive on Aug 13 1942

Immediate cause of death Cerebral Hemorrhage (Apoplexy) — Duration Aug 10 1942

Due to

Due to

Other Conditions Arteriosclerosis — A Number of Years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Morris B. Green M.D.

Address 3009 Eutaw Place Date signed 8/16/42

Baltimore Maryland

F 94700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94700 Registered No. 9HA

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4015 Walnut Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) xxfx
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4015 Walnut Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LENORE DOBSON

3 (b) If veteran, name war *
3 (c) Social Security Account No. *

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife James G. Dobson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1864

8. AGE: Years	Months	Days	If less than one day
78	4	14	hr. min.

9. Birthplace Balto. Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Laura Evans
15. Birthplace Unknown

16 (a) Informant Mrs. Marion Bujac
(b) Address 4015 Walnut Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto., Md.

18 (a) Funeral director Leander Funeral Home
(b) Address 7401 Belair Road

19 (a) (b) Huntington Nitkamp, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14, 1942, at 9:57 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/14 1942 to 8/14 1942 and that I last saw h-r alive on 19

Immediate cause of death Coronary Artery Thrombosis — Duration 1 Hr.
Due to Arteriosclerosis
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature John A Mach
Address 6704 Belair Rd. Date signed 8/14/42 W. D.

Howard L. Malderis Asst. Dpty.

F 94901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94901 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 N. Highland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Elligson

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Francis Elligson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 4, 1910

8. AGE: Years 32 | Months 4 | Days 9 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Louis Roemer
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Davis
15. Birthplace Balto Md

16 (a) Informant Francis Elligson
(b) Address 520 N. Highland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17/42 (month) (day) (year)

(c) Cemetery or crematory Pinewood Ave
Location Balto Md

18 (a) Funeral director Phillip Fleming Sons
(b) Address 1424 Orleans St

19 (a) AUG 15 1942 (Date rec'd by registrar) (b) Huntington for Nathaniel, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13, 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3 1942, to Aug 13 1942, and that I last saw h[illegible] alive on Aug 13 1942

Immediate cause of death

	Duration
Heart Failure	
Due to Bronchiectasis	11 yrs
Due to Pyopneumothorax	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Aug 13, 1942

Major findings of operation: Empyema.

of autopsy?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theo. L. Guaiano

Address Mercy Hosp. Date signed 8/13/42

94902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 94902

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2910 Elliott St., Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna E. Hafler

If U. S. Veteran specify WAR

(a) Residence: No. 2910 Elliott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: W.
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Frank Miller

6. DATE OF BIRTH (month, day, year): 3-17-1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Winemill

FATHER

13. NAME: Danny Dudley

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Callahan

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Frank Miller
(Address) 2910 Elliott St

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral 8-17 1942

19. UNDERTAKER: John J. Duda
(Address) 2426 Hudson St

20. FILED 19 Huntington Williams, M.D. Registrar.

AUG 15 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 8-13 - 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5 1942 to Aug. 13 1942

I last saw her alive on Aug. 12 1942 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Metastatic Carcinoma of Liver — Duration: Months

Myocardial Insufficiency — Duration: Months

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Hunsicker M. D.

(Address) 2079 Eastern Ave

VS 3

INSTRUCTIONS: WRITE UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

94903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 94903

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 516 Tunbridge Rd.
(c) Hospital or institution: Balto. Md. Emerson Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Govt (If outside city or town limits, write RURAL and give town)
(d) Street No. 27 Oriole Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Wesley Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	widower

6 (b) Name of husband or wife Margaret Hoffheins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1868

8. AGE: Years	Months	Days	If less than one day
73 74	10	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Alexander Coleman
13. Birthplace Unk.

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant John Coleman "Son"
(b) Address Oriole Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave.

18 (a) Funeral director John J Connelly
(b) Address 418 Eastern Ave.

19 AUG 15 1942 (b) Huntington Mill Station, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/13/42 19 11:25 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 8/11/42 19 to 8/13/42 and that I last saw him alive on 8/13/42.

Immediate cause of death: Cerebral Hemorrhage — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. K. Donahue M. D.
Address 501 Med. Arts Date signed 8/13/42

E 94904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94904

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Dell

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-2439

4. Sex: Male | 5. Color or race | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Beulah Dell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22-1872

8. AGE: Years: 69 | Months: 7 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Retired Motorman

11. Industry or business: Balto Transit Co

FATHER
12. Name: Charles Dell
13. Birthplace: Germany

MOTHER
14. Maiden Name: Unknown
15. Birthplace: Germany

16 (a) Informant: Mrs. Beulah J. Dell
(b) Address: 1901 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 17/42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore Md.

18 (a) Funeral director: George L. Lefevre
(b) Address: 2101 Pinderuk Ave

19 (a) [illegible] (b) Huntington Williamsport

AUG 15 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1942 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/13 1942 to 8/14 1942 and that I last saw him alive on 8/14 1942

Immediate cause of death: Myocardial Degeneration — Duration:
Due to: Arteriosclerosis
Due to: Pulmonary Edema
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. W. Kenney M. D.
Address 1812 N. Broadway (Date signed)

94905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 94905

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3502 Fait Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3502 Fait Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George L. Reif

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife: Mary Reif
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Mar. 18-1867

8. AGE: Years 75 | Months 4 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Balto. Copper Works

FATHER
12. Name Lenard Reif
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine E. Mitlander
15. Birthplace Germany

16 (a) Informant Mary Reif (wife)
(b) Address 3502 Fait Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Lilly & Zeiler
(b) Address 403 S. Wolfe St.

19 AUG 15 1942 Registrar Washington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1942 at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr-12 1942 to Aug 13 1942 and that I last saw him alive on Aug 12 1942.

Immediate cause of death Arteriosclerosis - Myocardial - Hypostasis

Due to Carcinoma of Stomach Apr-12

Due to Cerebral Hemorrhage 8-10

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1927
1931
1942
1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J. Bloedorn M. D.
Address 3505 Dodge Date signed 8/14/42

F 94906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 94906

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 643 N. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William H Higgins

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-8046

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 1888

8. AGE: Years	Months	Days	If less than one day
54	3		hr. min.

9. Birthplace Frederick, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Louis Higgins
13. Birthplace Maryland

MOTHER 14. Maiden Name Annie Jackson
15. Birthplace Maryland

16 (a) Informant Louis Jones
(b) Address 322 Clarkson St Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 AUG 15 1942 Washington Williams Mgr
(Date received by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-5- 1942, at 2:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Acute Pyelonephritis	
Due to Arteriosclerotic Cardio - Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J Woodside M.D.
Medical Examiner.
Date signed 8-6-42

F 24907 T.N 75985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 24907

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 555 Dolphen St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	C	Widow

6 (b) Name of husband or wife Richard (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1898

8. AGE: Years	Months	Days	If less than one day
44	4	7/6	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Washington Fitzgerald
13. Birthplace Va.

MOTHER
14. Maiden Name Lottie
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 AUG 15 1942 (Date received by Local Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12 1942, at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1942 to 8-12 1942, and that I last saw h alive on 8-12 1942.

Immediate cause of death Cardiac failure — Duration 3 mo.

Due to Aortic insufficiency — Duration ?

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No abst

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard R. Rathbun M. D.
Address Balto. City Hosp Date signed 8-13-42

VS 8

F 94908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 195E

F 94908 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen'l. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [redacted] (b) County
(c) City or town Shenandoah
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Brobst

3 (b) If veteran, name war

3 (c) Social Security Account No. 199-09-3760

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Hazel Brobst.
6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) Dec. 22nd 1918

8. AGE: Years	Months	Days	If less than one day
23	8 7	22	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Ship Yard worker
11. Industry or business Bth. Fairfield Ship Yd.

FATHER
12. Name Charles Brobst
13. Birthplace Pa.

MOTHER
14. Maiden Name Jessie Loucks.
15. Birthplace Pa.

16 (a) Informant Robert Waters
(b) Address Shenandoah Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18th 1942 (month) (day) (year)
(c) Cemetery or crematory Odd Fellows Cem.
Location Shenandoah Pa.

18 (a) Funeral director Robert Brooks & Son
(b) Address Baltimore & Hollins Sts

AUG 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. (Signature of registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1942, at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest + inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest + inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing injuries of head	
Due to the accident	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/16
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 14 1942 at 6 P M
(c) Where did injury occur? Bethlehem-Fairfield (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? shipyards (Specify type of place) While at work? Yes
(e) Means of injury Hit on head by falling steel

23. Signature Robert Lee Eastaban M.D. Medical Examiner.
Date signed Aug. 15 1942.

F 94909 T.N

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137a

F 94909 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined before it is written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1301 N. Fremont Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Ayers → 208-05-9258

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March, 2nd, 1887

8. AGE: Years	Months	Days	If less than one day
55	5	12	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Stevedor

11. Industry or business

FATHER 12. Name Richard Ayers

13. Birthplace Va.

MOTHER 14. Maiden Name Hannah Young

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Baltimore Md.

18 (a) Funeral director William A Jackson

(b) Address 916 Penna Ave.

19 (a) (Signature of local registrar) (b) Huntington Williams M.D. Registrar

AUG 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14 1942 at 1.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-18 1942 to 8-14 1942 and that I last saw him alive on 8-14 1942

Immediate cause of death Uraemia — Duration 24 hrs.

Due to Urinary extravasation — 5 days

Due to Multiple urethral stricture and benign prostatic hypertrophy

Other Conditions Hypertension C.V.D.

(Include pregnancy within 3 months of death)

Date of operation 8-10-42

Major findings of operation: Opaque urethrogram - pelvic capture

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. N. Haas M.D.

Address Balto City Hosp. Date signed 8/19/42

F 94910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94910 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 E. Eager St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 E. Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Agee
3 (b) If veteran, state war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Samuel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12, 89

8. AGE: Years 51 | Months - | Days 2 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Abraham Sharps
13. Birthplace Va.

MOTHER
14. Maiden Name Laura Sharp
15. Birthplace Va.

16 (a) Informant Luther Thornton
(b) Address 1825 E. Eager St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof August 15 42 (month) (day) (year)
(c) Cemetery or crematory
Location Irvin Virginia

18 (a) Funeral director Mrs. Roberts-Elliott Dft.
(b) Address 1129 N. Carolina St.

AUG 16 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1942 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to Aug 14 1942 and that I last saw alive on Aug 14 1942

Immediate cause of death: Acute Myocarditis
Due to Dropsy
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 1 d / 2 hrs. 00.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. A. Berry M. D.
Address 1420 E. Chase Date signed Aug 15 42

VS 8

Please write plainly, with ONE ENTRY, WITH ONE WRITING INK. Every item of information should be carefully reported. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 94911 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Caliaun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1300 E. 33rd Street (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME Luigi D. Di Stefano

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sadie
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) March 28, 1889

8. AGE: Years	Months	Days	If less than one day
53	4	15 17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Luigi DiStefano
13. Birthplace Italy

MOTHER
14. Maiden Name Anna DiPaula
15. Birthplace Italy

16 (a) Informant Rose Maggio
(b) Address 1300 E. 33rd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Joseph Farace Inc.
(b) Address 2013 Greenmount Ave

AUG 16 1942 (Date received by Registrar) Huntington Williams, M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15, 1942, at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1942 to Aug. 15 1942 and that I last saw h / him alive on Aug. 15, 1942.

Immediate cause of death
Coronary Occlusion
Acute Pulmonary Edema
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 8/15/42

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94912

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94912 ✓ Registered No. 130

F.S. - 74995

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 29
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1027 W. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Juanita Funkhouser

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Carroll Funkhouser
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1920

8. AGE: Years	Months	Days	If less than one day
21	11	26	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Martin Funk
13. Birthplace Ohio

MOTHER
14. Maiden Name Eliza Price
15. Birthplace Ohio

16 (a) Informant ~~B.C.H. Records~~ Carroll Funkhouser
(b) Address 1027 W. Baltimore St

17 (a) Shipping (Burial, cremation, or removal) (b) Date thereof 8/16/42 (month) (day) (year)
(c) Cemetery or crematory
Location Toffon Ohio

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Road.

19 (a) [illegible] 1942 Huntington Williams M.D.
(b) Registrar

AUG 19 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/15/42 1942 at 5.00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-16-42 1942 to 8/15 1942 and that I last saw her alive on 8/15 1942

Immediate cause of death: Pulmonary Tuberculosis — Duration: 3 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Magee
Address Baltimore City Hospitals Baltimore, Md. Date signed M. 8 D. 15/42

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95B

F 94913 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 Monument Road
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4644 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Pa

3 (a) FULL NAME Isadore Sherman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rebecca Nadler

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Re Grocery

11. Industry or business Merchant

FATHER
12. Name Isaac Sherman
13. Birthplace Russia

MOTHER
14. Maiden Name Rachael Segaltrunk
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/42 (month) (day) (year)
(c) Cemetery Har Sinai
Location Sharp Leese

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) Date received by registrar AUG 16 1942 (b) Registrar Huntington Williams M.D.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1942 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to August 14 1942 and that I last saw him alive on Aug 14 1942

Immediate cause of death Pulmonary Edema — Duration 2 days

Due to Rheumatic Ht. Disease — 20 years

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Arthur Katz M.D.

Address Sinai Hosp Date signed 8/14/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94914 Registered No. 1318

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Caton Ave.
(c) Hospital or institution: Jenkins Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. 11 mo.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2641 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Loretta Fardy (Louise)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1860

8. AGE: Years 82 | Months 2 | Days 20 | If less than one day hr. min. 19

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Matthew J. Fardy
13. Birthplace Alexandria Va

MOTHER
14. Maiden Name Louise C. Hoffman
15. Birthplace Balto Md

16 (a) Informant Regina Fardy
(b) Address 2641 N Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Henry W. Jenkins & Son
(b) Address McCulloh & Richards

AUG 16 1942 (Date rec'd by registrar) Huntington Williams Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1942 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4 1940 to Aug. 14 1942 and that I last saw h[illegible] alive on Aug. 13 1942

Immediate cause of death Cerebral Hemorrhage — Duration

Due to — Duration

Due to — Duration

Other Conditions Cyanosis Nephritis — Duration
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Gutherie Rowberg M.D.
Address 1000 Caton Ave. Date signed 8/14/42

F 94915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94915 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8414 Phila. Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Kahler

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wilhelmina S
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Sept. 13 - 1879

8. AGE: Years 62 | Months 11 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. Co. Md
(Town, county, and state)

10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Joseph Kahler
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Wilhelmina S. Kahler
(b) Address 8414 Phila. Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18th 42 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Balto. Co. Md.

18 (a) Funeral director Sassaman Funeral Home
(b) Address 7401 Belair Rd
(c) Date received AUG 18 1942 (Local registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15-1942 at 6 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-15-42 at 3.30 P M
(c) Where did injury occur? 8414 Phila. Road
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Fall from porch to cement floor

23. Signature Howard J. Knudsen M.D.
Medical Examiner.
Date signed 8-16-42

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

Registered No. F 94916

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Fact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6620 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4-20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Norfolk (If outside city or town limits, write RURAL and give town)
(d) Street No. 232 Chapel Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose Fearon

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) abt 1866

8. AGE: Years	Months	Days	If less than one day
abt 76			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Bryan Fearon
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Mc Adara
15. Birthplace Ireland

16 (a) Informant Records of Mount Hope
(b) Address Mount Hope Retreat, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17/42 (month) (day) (year)
(c) Cemetery or crematory St Mary's Cemetery
Location Norfolk, Virginia

18 (a) Funeral director [illegible]
(b) Address [illegible]

AUG 16 1942 (Date filed by registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 25 1936, to Aug 15 1942, and that I last saw her alive on Aug 15 1942.

Immediate cause of death
Dry Gangrene of left foot
Due to Arteriosclerosis
Due to
Other Conditions Senile dementia
General Arteriosclerosis
(Include pregnancy within 3 months of death)

Duration
3 Wks
?
7 yrs.

Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dagmar P. Alagna M. D.
Address 336 Freemason St Date signed

VS 2

F 94917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 94917 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3117 Belmont Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2½ Mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ******
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 Belmont Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 53 Yrs. years

3 (a) FULL NAME Christianna Klauss

3 (b) If veteran, name war ---

3 (c) Social Security Account No. None

4. Sex female

5. Color or race Wht.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Noah Klauss

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1867

8. AGE: Years 74 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Michael Lappley
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Anne Baraw
(b) Address 3117 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location Lebanon Penna.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) Registrar Huntington Williams M.D.
(b) Date received AUG 19 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1942 at 2:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7 1942 to 8-15 1942, and that I last saw her alive on 8-15 1942.

Immediate cause of death: Hypostatic Pneumonia - Cystic Vascular Disease - Congestive Failure — Duration: ? years 1 week

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leon Jolman M. D.
Address 201 Poplar Grove St. Date signed 8-20-42

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY WITH UNFADING INK.

F 94918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 94918 Registered No.

Every item of information should be carefully obtained, written in ink, with UNFADING INK. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2109 W. Saratoga St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2109 W. Saratoga (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emelia Marie Petz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife George Petz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1861

8. AGE: Years	Months	Days	If less than one day
80	10	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business Home

FATHER

12. Name David Volkmann

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth Schilling

15. Birthplace Germany

16 (a) Informant Karl V. Petz

(b) Address 2109 W. Saratoga St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 17th 194[illegible] (month) (day) (year)

(c) Cemetery or crematory Western

Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole

(b) Address 1200 W. Lombard St

19 (a) Filed (month) (b) Signature for Williams M.D.

AUG 18 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14th 1942, at 8:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1941, to Aug. 14 1942, and that I last saw her alive on Aug 13 1942.

Immediate cause of death	Duration
Chron. myocarditis.	
Due to	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature George E. Shannon M.D.

Address 700 N. Fulton Ave Date signed 8/19/42 M. D.

F 94919

BALTIMORE CITY HEALTH DEPARTMENT ✓

CERTIFICATE OF DEATH 52a

F 94919 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reviewed for correct spelling. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Light St
(b) Street address 2709 Goodwood Rd.
(c) Hospital or institution: South Balt. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Goodwood Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elbert C. Nye

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	225-05-7404	Male	W	Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1899

8. AGE: Years	Months	Days	If less than one day
43	1	11	hr. min.

9. Birthplace Richmond, North Carolina (Town, county, and state)
10. Usual Occupation
11. Industry or business National Cash Reg. Co.

FATHER
12. Name Joseph Nye
13. Birthplace N. Car.

MOTHER
14. Maiden Name Nancy Granyhan
15. Birthplace N. Car.

16 (a) Informant Mrs. A. Nye
(b) Address Fairmont N C

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/17/42 (month) (day) (year)
(c) Cemetery or crematory New Cemetery
Location Fairmont N. C.

18 (a) Funeral director Tilson & Sons
(b) Address 129 So Paul St.

19 (a) AUG 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1942, at 11:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5 1942, to Aug. 16 1942, and that I last saw him alive on Aug. 16 1942.

	Duration
Immediate cause of death Uremia due to nephritis of right Kidney after removal of left Kidney	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Aug 7. 1942
Major findings of operation: Carcinoma of the rt. Kidney
of autopsy: Nephritis & cloudy swelling

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. S. Stevens
Address S. B. General Hospital Date signed 8/16/42

VS 8

F 94920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94920

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3216 Gwynns Falls Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Binghamton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Gervais

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Louis A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9 1868

8. AGE: Years 74 | Months 0 | Days 7 | If less than one day hr. min.

9. Birthplace Cohoes, N.Y.
(Town, county, and state)

10. Usual Occupation Housewife Own Home

11. Industry or business

FATHER
12. Name Joseph Renaud
13. Birthplace Montreal, Canada

MOTHER
14. Maiden Name Rose Budreaux
15. Birthplace Montreal, Canada

16 (a) Informant Mrs. Lee Gervais
(b) Address 3216 Gwynn Falls Pky

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/16/42 (month) (day) (year)
(c) Cemetery or crematory
Location Binghamton, N.Y.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves

19 AUG 17 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1942, at 3.20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Cardiac Failure	
Due to Chronic Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 8/16/42

VS 6

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94921 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3508 Eldamont Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3508 Eldamont Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nettie Lee Taylor

3 (b) If veteran, name war —
3 (c) Social Security Account No. none

4. Sex female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William R Schnyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22 1893

8. AGE: Years 48 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles C Riggin
13. Birthplace Somerset Co Md

MOTHER
14. Maiden Name Virginia Lee Taylor
15. Birthplace Essex Co Va

16 (a) Informant William R Schnyder
(b) Address 3508 Eldamont Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 17 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Ridge
Location Dorsey Md

18 (a) Funeral director William Cook Inc
(b) Address 1214 Huntington Ave

19 (a) AUG 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Aug 13 1942 and that I last saw her alive on Aug 13 1942

Immediate cause of death Typ po stalis pneumonid — Duration 1 day

Due to Carcinoma - breast right - Glands - neck - also Lung. — Duration about 3 months

Other Conditions Operated for carcinoma Right breast Jan 10/41
(Include pregnancy within 3 months of death)

Date of operation Jan 10/41

Major findings of operation: Carcinoma of right breast

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E Bartlett M. D.
Address 222 Garrison Blvd Date signed

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Type, or use INDELIBLE PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied.

94922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316 V

F 94922 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eastern + Wolfe Sts
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2825 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Tapman

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3 1867

8. AGE: 74 years | Months 9 | Days 12 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Practical Nurse

11. Industry or business Balt City Schools

FATHER
12. Name Henry Tapman
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes Waldman
15. Birthplace Balto Md

16 (a) Informant Dorothy M Duvall
(b) Address Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Hillsman Bros Inc
(b) Address 1247 E Pratt St

19 AUG 17 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION 1135A

20. DATE OF DEATH 8-15 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942, to Aug 15 1942 and that I last saw him alive on Aug 15 1942

Immediate cause of death Uremia from Chronic nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G Guthrie Rosberg

Address St. Agnes Hosp. Date signed 8/16/42

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully and UNFAILINGLY INK.

4923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 94923

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1820 N Fort St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 N Fort St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Doring

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harry Doring
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1867

8. AGE: Years 75 | Months 4 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Peter Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant George A Doring
(b) Address 1238 Stevens Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md

18 (a) Funeral director Welborn Funeral Home
(b) Address 1217 E Fort St

19 (a) AUG 17 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1942 at 11:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 1940 to Aug 14 1942 and that I last saw her alive on Aug 14 1942.

Immediate cause of death	Duration
1 Hypertensive cardio-vascular disease	2-40
Due to	
Due to	
Other Conditions Diabetes Mellitus	2-40

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. H. Mabel per Earl Pano M. D.
Address 4001 Wilkens Ave Date signed 8-16-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94924

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94924
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 679 W Hoyt St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marguerite Cox

3 (b) If veteran, name war no

3 (c) Social Security Account No. 213-03-8772

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Charles LeRoy Cox

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 10. 1920

8. AGE: Years 21 | Months 11 | Days 4 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Glen Martin Co

FATHER
12. Name Louis M Nessler
13. Birthplace Annapolis Md

MOTHER
14. Maiden Name Agnes Hoyt
15. Birthplace Balt Md

16 (a) Informant Louis M Nessler
(b) Address 679 W Hoyt St

17 (a) Final (Burial, cremation, or removal) **(b) Date thereof** 8/18/42 (month) (day) (year)

(c) Cemetery or crematory Mem Cathedral
Location Baltimore Md

18 (a) Funeral director Wilson Col Inc
(b) Address 627 E Lond St

19 (a) AUG 17 1942 (Date rec'd by registrar) **(b)** Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1942, at 11:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1942 to Aug 14 1942 and that I last saw h[illegible] alive on Aug 14 1942.

Immediate cause of death Intestinal Obstruction
Peritonitis
Due to Ruptured Appendix

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Intestinal Obstruction

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J Edmondson M.D.
Address Franklin Sq Hosp Date signed 8/14/42 M. D.

VS 3

94925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94925 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland B&O R.R.
(b) Street address Shed H, Hamburg Station St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Severn (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Washington Duvall

3 (b) If veteran, name war	3 (c) Social Security Account No.
No —	

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Mulatto	Married

6 (b) Name of husband or wife Louisa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 1881

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	11	14		

9. Birthplace Anne Arundel Co Md (Town, county, and state)
10. Usual Occupation Trackman
11. Industry or business B&O R.R.

FATHER
12. Name Thomas Duvall
13. Birthplace Md

MOTHER
14. Maiden Name Patience Todd
15. Birthplace Md

16 (a) Informant Louisa Duvall
(b) Address Severn Md

17. Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (month) (day) (year)
(c) Cemetery or crematory Friendship M E
Location Anne Arundel Co Md

18 (a) Funeral director Millhouse & Dove
(b) Address 1217 E Fayette St

19 (c) AUG 17 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-14- 1942; at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy found that said deceased came to his death on the day stated above.

Immediate cause of death
Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Haslett M.D.
Medical Examiner.
Date signed 8-14-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

94926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94926

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St Johns Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hopkins Apts 421 St Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella M Gibson

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Dr Wilbur S Gibson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9 1867

8. AGE: Years 75 | Months 2 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore Co Md
(Town, county, and state)

10. Usual Occupation: Housemaid
11. Industry or business

FATHER
12. Name Capt John A Lynch
13. Birthplace Balt Co Md

MOTHER
14. Maiden Name Monica Emory
15. Birthplace Baltimore Co Md

16 (a) Informant Wm Gibson
(b) Address Hopkins Apt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1211 St Paul St

19 (a) AUG 17 1942 (Date rec'd by registrar) Huntington Williams, M.D. Address 24 E Eager St Baltimore Md Date signed 8/17/42

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1942, at 3 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 16 1936 to Aug 15 1942, and that I last saw h[illegible] alive on Aug 14 1942.

Immediate cause of death: Carcinoma of stomach and liver (metastatic) — Duration: 6 yrs 6 mo

Due to

Due to

Other Conditions: Cerebral arteriosclerosis — Duration: 14 yrs

(Include pregnancy within 3 months of death)

Date of operation: No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul H. Clough

VS 3

Every item of information should be carefully written, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly.

Pr. Jacobson

F 94927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94927 Registered No. 932

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 957 N. Gay
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 957 N. Gay
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL SIEV

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Bertha

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 62 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Jeweler

11. Industry or business Self

FATHER
12. Name Israel Siev
13. Birthplace Russia

MOTHER
14. Maiden Name Begari
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-42 (month) (day) (year)
(c) Cemetery or crematory Southern Ave
Location Walther Blvd

18 (a) Funeral director Jas. Young Inc
(b) Address 1432 E. Balto St

19 (a) AUG 17 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16-42 19 , at 8 AM

21. I certify that death occurred on the date above stated; that I attended deceased from January 1941 to Aug 16 1942, and that I last saw him alive on Aug 16 1942.

Immediate cause of death: Cardiac Decompensation — Duration: 12 mos.
Due to: II (Dis) —
Due to: — —
Other Conditions Uremia — 1 mo
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. W. Jacobson M. D.
Address 1500 N. Charles St Date signed Aug 16 1942

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94928
Registered No.

IMPORTANT: PRINT PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Ramsey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Ramsey ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert A. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-5424

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Addie Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name Albert Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Md

16. (a) Informant Addie Smith
(b) Address 913 Ramsey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Joseph Kaminska
(b) Address 612 Wash. Blvd

19 (a) [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 1942, to Aug 15 1942, and that I last saw h[illegible] alive on Aug 15 1942

Immediate cause of death Coronary Occlusion — Duration 1 DAY

Due to Arteriosclerosis — 1941

Due to Cerebrovascular Disease — 1941

Other Conditions Bronchial Asthma — 1941

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Nolan M. D.
Address 68 Eutaw Pl. Date signed Aug 16 42

Grace M Gorka

94929

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163A Registered No. F 94929

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Szczypior

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-5197

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Stefania Szczypior

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Feb. 10 - 1891

8. AGE: Years 51 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Moulder

11. Industry or business

FATHER 12. Name Anthony Szczyh

13. Birthplace Poland

MOTHER 14. Maiden Name Rose Januszewska

15. Birthplace Poland.

16 (a) Informant Stefania Szczypior

(b) Address 2430 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location O'Donnell St & Ext.

18 (a) Funeral director Wm. S. Fralkowski

(b) Address 2007 Eastern Ave

19 AUG 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1942, at 12 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Acute phosphorus poisoning — Duration

Due to Ingestion of rat poisoning

Due to

Other Conditions Mental dependency

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence August 14 at 4 00 AM
(c) Where did injury occur? 2430 Fleet St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Swallowed rat poison

23. Signature Robert Lee Slaten M.D. Medical Examiner

Date signed Aug 14 1942

VS 6

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94930 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll (?)
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Ellsworth Dawer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 13, 1940

8. AGE: Years 1 | Months 20 | Days 2 | If less than one day hr. min.

9. Birthplace Sykesville, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Austin B. Dawer
13. Birthplace Pennsylvania

MOTHER 14. Maiden Name Kathrine Schaffer
15. Birthplace Md

16 (a) Informant Parents
(b) Address Sykesville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Oakland Cemetery
Location Carroll Co. Md.

18 (a) Funeral director C. Harry Wiers
(b) Address Sykesville, Md.

19 (a) AUG 17 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1942 at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1942 to August 15 1942 and that I last saw him alive on Aug. 15 1942

Immediate cause of death Cardiac Failure — Duration

Due to Acute Lymphatic Leukemia — 2 mos.

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Leukemia infiltration of organs

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Mary L. Hayback

Address Union Memorial Hosp. Date signed 8/16/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

correct are is especially important. Physicians: please write the causes of death clearly and legibly.

F 94931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

Registered No. F 94931

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1128 Clinton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Blake

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-07-9967

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1892

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Rebecca Blake
(b) Address 396 West Stump

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md

18 (a) Funeral director Sarah L. Brannon
(b) Address 1010 Pennsylvania Ave Washington, D.C.

19 (a) AUG 17 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-12- 1942, at 11:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Partial Autopsy and that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Chronic Pulmonary Tuberculosis	
Due to Cavitation.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy: Partial —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Moldaeis M.D.
Medical Examiner.
Date signed 8-12-42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94932 Registered No. 1228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 813 Bradley St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Marie Foster

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Fred
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22, 1903

8. AGE: Years 39 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Middleway Va. (Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles West
13. Birthplace Middleway Va

MOTHER
14. Maiden Name Mary Jane Carter
15. Birthplace Middleway Va

16 (a) Informant James A Dodson (Friend)
(b) Address 813 Bradley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-42 (month) (day) (year)
(c) Cemetery or crematory U.S. National Cemetery
Location Baltimore Md.

18 (a) Funeral director Charles S. Carter
(b) Address 514 W. Calhoun St.

19 (a) AUG 17 1942 (Date rec'd by registrar) Burial to Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1942 at 4:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1942 to Aug 17 1942 and that I last saw her alive on Aug 14 1942.

Immediate cause of death: Pneumonia — Duration

Due to: ? Intestinal Obstruction

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L E Goodman Jr. M. D.
Address Franklin Sq Hospital Date signed

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied by the

T.N.76039 F 94933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. F 94933

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2548 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Gillette

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/12/1874

8. AGE: Years 67 | Months 9 | Days 2 | If less than one day: hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Moses Gillette
13. Birthplace Va.

MOTHER
14. Maiden Name Jane Southall
15. Birthplace Va.

16 (a) Informant Balto. City Hospitals
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. County

18 (a) Funeral director Chas H. Crocker
(b) Address 514 N. Calhoun St.

19 (a) AUG 17 1942 (Date registered) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14 1942, at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/12 1942 to 8/14 1942 and that I last saw h[illegible] alive on 8/14/ 1942.

Immediate cause of death: Uremia — Duration: 12 hrs

Due to: Nephritis

Due to:

Other Conditions: (over)

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W.H. Haase M.D.
Address Balto City Hosp Date signed 8/14/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94934

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1226 F 94934 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 1532 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Donald Williams (Birth F. 44736)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18, 1942

8. AGE: Years | Months: 6 | Days: 27 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Paul Williams
13. Birthplace Maryland

MOTHER 14. Maiden Name Ada Tilson
15. Birthplace Maryland

16 (a) Informant Paul Williams
(b) Address 1532 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 17 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. County Md.

18 (a) Funeral director Mrs R. G. Elliott & Dept
(b) Address 1129 N. Carey St

AUG 17 1942 Huntington for Williams, M.D.
(Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 19 42 at 11:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 15 1942, to August 15 1942 and that I last saw h alive on August 15 19 42

Immediate cause of death Peritonitis — Duration

Due to gangrene of distal part of transverse portion of large gut

Due to intussusception of small gut into large gut

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation August 15

Major findings of operation: Gangrene of portion of large gut into large gut

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. T. Rabey M. D.
Address University Hospital Date signed August 17 42

VS 8

794935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

794935 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 1200 Valley St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Schwarz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1853

8. AGE: Years	Months	Days	If less than one day
89			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name George Schwarz
13. Birthplace ?

MOTHER
14. Maiden Name Annie Reus
15. Birthplace ?

16 (a) Informant Sisters of the Poor
(b) Address 1201 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 1942 (month) (day) (year)
(c) Cemetery or crematory St Mary Cross A.A. Co.
Location A.A. Co.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Cathedral St

19 AUG 18 [illegible] (b) Huntington Willi[illegible] M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1942, at 5 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 - 1942 to Aug 17 - 1942, and that I last saw her alive on Aug 16 - 1942.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to	
Due to Chronic myocarditis	5 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E North Ave Date signed Aug 17 1942

VS 3

F 94936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

184

F 94936 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 months 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2931 Huntingdon ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Mangan

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 8 1934

8. AGE: Years	Months	Days	If less than one day
8	-	7	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation School
11. Industry or business

FATHER
12. Name Patrick J. Mangan
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine F. Watson
15. Birthplace Ireland.

16 (a) Informant Patrick J. Mangan
(b) Address 2931 Huntingdon Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Eastern Ave, Baltimore, Md.

19 (a) AUG 17 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15- 1942, at 4.50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest + Autopsy thereon and from the evidence obtained by said Inquest + Autopsy (Autopsy or Inquiry) had that said deceased came to his death on the day stated above.

Immediate cause of death
Bullet wound of Brain
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-15-42 at 4.40 P.M
(c) Where did injury occur? 420 Tuxedo Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Rifle bullet
23. Signature Howard J. Madden M.D. Medical Examiner
Date signed 8-15-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94937

420041

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65a

F 94937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3818 Pleasant St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Adrian Smith. Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-5286

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Viola Smith

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 7-22-01

8. AGE: Years	Months	Days	If less than one day
41	-	23	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Milling machine Oper.

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Shipley
15. Birthplace Md.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18/42 (month) (day) (year)
(c) Cemetery or crematory St. Marys
Location Hampden

18 (a) Funeral director Rhenbwell & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) (Date) AUG 17 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1942, at 9 05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 13 1942 to August 15 1942 and that I last saw him alive on August 15 1942.

Immediate cause of death: Addison's Disease — Duration: 1 yr

Due to Tuberculosis of adrenal glands. — Duration: over 1 yr

Due to Acute serosanguinous pericarditis

Other Conditions Pulmonary TBc

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John Lautenter, jr. M.D.
Address Johns Hopkins Hosp. Date signed 8/15

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 Orleans St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Orleans St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nicolas Heilman

3 (b) If veteran, name war None

3 (c) Social Security Account No. 219-18-9602

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Helen Heilman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1888

8. AGE: Years 53 | Months 10 | Days 14 | If less than one day hr. min.

9 Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Guard

11. Industry or business Glenn L. Martin

FATHER
12. Name Wm. Heilman
13. Birthplace Balto Md

MOTHER
14. Maiden Name Agnes Haen
15. Birthplace Balto md

16 (a) Informant Helen Heilman
(b) Address 2709 Orleans St

17 (a) Burial (b) Date thereof Aug. 17, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park.
Location Taylor Ave

18 (a) Funeral director H. A. Kramer + Son
(b) Address 1 [illegible] St. Charles St

19 (a) AUG 17 1942 (b) Huntington Pollitt [illegible]
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14 1942 at 12 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 8/14/42.

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 94939

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Perryville, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Allison Barclay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife Helen Barclay
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) March 1, 1896

8. AGE: Years	Months	Days	If less than one day
47	5	6	hr. min:

9. Birthplace Saltwood, Lancs. co., Pa
(Town, county, and state)
10. Usual Occupation Brakesman
11. Industry or business P. R. R.

FATHER
12. Name Charles Barclay
13. Birthplace Saltwood, Pa.

MOTHER
14. Maiden Name Eva Trimble
15. Birthplace Saltwood, Pa.

16 (a) Informant Helen Barclay
(b) Address Perryville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof aug 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Bethesda
Location Saltwood, Pa.

18 (a) Funeral director Lewis Patterson & Son
(b) Address Perryville, Md.

19 (a) Huntington Williams M.D. Registrar
(Date sent by registrar) AUG 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1942, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16 1942, to Aug. 17 1942, and that I last saw him alive on Aug 17 1942.

Immediate cause of death: Insulin Shock — Duration: 8 hours

Due to: Diabetes Mellitus

Due to:

Other Conditions: Portal Cirrhosis

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M. D.
Address St. Joseph's Hosp. Date signed 8-17-42

Vol

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 b

F 94940

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3308 HAMILTON AVE

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town BALTO (If outside city or town limits, write RURAL and give town)

(d) Street No. 3308 HAMILTON AVE (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARIE M. KELLY

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-05-8314

4. Sex F

5. Color or race WH

6 (a) Single, married, widowed, or divorced SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 6-23-1916

8. AGE: Years 26 Months 1 Days 25 If less than one day hr. min.

9. Birthplace BALTO MD (Town, county, and state)

10. Usual Occupation BOOKKEEPER

11. Industry or business

12. Name LEOPOLDINA KELLY

13. Birthplace BALTO

14. Maiden Name JOHN E KELLY

15. Birthplace BALTO MD

16 (a) Informant JOHN E KELLY

(b) Address 3308 HAMILTON AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-17-42 (month) (day) (year)

(c) Cemetery or crematory HOLY REDEEMER

Location

18 (a) Funeral director LEONARD J RUCK

(b) Address 5305 HARFORD ROAD

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG 15 1942 at 6.45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to Aug 15 1942 and that I last saw her alive on Aug. 15 1942

Immediate cause of death Mitral Stenosis

Due to Rheumatic

Due to

Other Conditions Streptococcus Viridans.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(e) Means of injury

23. Signature James Krause, M.D.

Address Medical Arts Bldg Date signed 8/15/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 94941

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

761

F 94941

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6315 Birchwood Court

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 6315 Birchwood Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lilly A. Gill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph Gill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Balto Co. Md.

(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Robert Reese

13. Birthplace Md.

MOTHER 14. Maiden Name Rebecca McCarty

15. Birthplace Md.

16 (a) Informant Joseph Gill

(b) Address 6315 Birchwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location

18 (a) Funeral director Leonard J. Pisoni

(b) Address 3305 Harford Ave

19 AUG 17 1942 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1942 at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1938 to Aug 14 1942 and that I last saw h W alive on Aug 14

Immediate cause of death

Acute Cerebral Hemorrhage

Ch Diabetes

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify) (Specify) (Place)

(e) Means of injury

(f) Signature A. L. Homstein M.D.

Address 733 Aisquith St. Date signed 8/16/42

VS 3

Please write as especially important. Physicians: please write the causes of death clearly and legibly. The

F 94942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 94942
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lake Drive vear Linden Ave. Lake Drive Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lake Drive Apts.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME HENRIETTA OTTENHEIMER.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband ~~or wife~~ Bernard M. Ottenheimer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13th. 1864.

8. AGE: Years	Months	Days	If less than one day
78	2	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Isaac Juhn.
13. Birthplace Unknown.

MOTHER
14. Maiden Name Caroline Delevie.
15. Birthplace America.

16 (a) Informant Mrs. Helen H. Goodman,
(b) Address Lake Drive Apts. 3 E.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Baltimore Hebrew
Location Balto. Md.

18 (a) Funeral director ~~Name of licensed undertaker or firm~~
(b) Address 1800 Eutaw Place.

19 (a) AUG 17 19 42 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16th. 19 42 at 12.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16 19 42 to Aug 16 19 42 and that I last saw h alive on 19

Immediate cause of death: Cerebral Arteriosclerosis — Duration: Sev. yrs.
Due to
Due to
Other Conditions Senility — Duration: Years.
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert W. Garis M. D.
Address 1014 St. Paul St. Date signed 8/17/42

(Substituting for Dr. E. Mayer - regular physician)

Physicians: please write the causes of death clearly and legibly.

F 94943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 94943 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Holbrook (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs. Anna M. Casserly

3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: James B. Casserly
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) June 20, 1889
8. AGE: Years 53 Months 1 mo Days 26 days
If less than one day ... hr. ... min.
9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Darby Craig
13. Birthplace Ireland

MOTHER
14. Maiden Name ? Evans
15. Birthplace England

16 (a) Informant Mrs. James B. Casserly
(b) Address 1502 Holbrook St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Frederick Rd.

18 (a) Funeral director Edmund W. Conklin
(b) Address 924 E. Lafayette St.

19 (a) AUG 17 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1942, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 12 1942, to Aug. 16 1942, and that I last saw her alive on Aug-16 1942.

Immediate cause of death: Congestive Heart Failure — Duration: 3 months

Due to: Hypertensive Heart Disease — Duration: ?

Due to:

Other Conditions: Hydrothorax, Rt. Pulmonary Infarct, left.
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuesting M. D.
Address St. Joseph's Hosp. Date signed 8-16-42

VS 3

F 94944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 94944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 87 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4724 Delaware Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Bertha Schrifogle

3 (b) If veteran, name war
na

3 (c) Social Security Account No. none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1878

8. AGE: Years 64 | Months 2 | Days 15 | If less than one day hr. min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Burton
13. Birthplace Va.

MOTHER
14. Maiden Name Alice Cathright
15. Birthplace Indianna

16 (a) Informant Pt.
(b) Address 4724 Delaware Ave.

17 (a) Burial (b) Date thereof Aug 19 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave

18 (a) Funeral director Ehrer W. Cumbler & Son
(b) Address 2242 E. Eutaw St. Williams, M.D.

19 (a) AUG 17 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16-42 19 at 9:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-19 1942, to 8-16 1942, and that I last saw him alive on 8-16 1942.

Immediate cause of death Broncho pneumonia — Duration —

Due to

Due to

Other Conditions Intestinal obstruction ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
Signature E. Cross M. D.
Address B.C.H. Date signed 8-17-42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be carefully obtained

F 94945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94945 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1043 Sharp St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs., mos., or days~~) 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1043 S. Sharp St (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) **FULL NAME** Daisy Lee Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6 - 28

8. AGE: Years 13 | Months 10 | Days 8 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Sam Jones
13. Birthplace N C

MOTHER
14. Maiden Name Mary Lewis
15. Birthplace N C

16 (a) Informant Sam Jones
(b) Address 1043 Sharp St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto Md

18 (a) Funeral director Daniel L. Brown & Son
(b) Address 10 & W Montgomery St

19 (a) AUG 1 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1942, to Aug 14 1942 and that I last saw h[illegible] alive on Aug 14 1942

Immediate cause of death Tuberculosis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James A Carfax M. D.
Address 1016 S. Sharp Date signed 8-17-42

VS 3

Physicians: please write the causes of death clearly and legibly. Be especially important. Physicians: please write the causes of death clearly and legibly.

F 94946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 94946 Registered No.

Physicians: please write the causes of death clearly and legibly. Information should be carefully prepared. Age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2300 Garrison Blvd.
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Emma Bartgis

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Married

6 (b) Name of husband or wife George Philip Bartgis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 12, 1867

8. AGE: Years	Months	Days	If less than one day
75	5	3	hr. min.

9. Birthplace Milford, Del.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Irvin Smith
13. Birthplace Delaware

MOTHER
14. Maiden Name Barnes
15. Birthplace Maryland

16 (a) Informant Mr. George P. Bartgis
(b) Address 2300 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa.

19 (a) 7/61/I 0(b) Huntington Williams Registrar
(Date received by Local Registrar)

MEDICAL CERTIFICATION PM

20. DATE OF DEATH August 15 1942 at 10:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1941, to Aug 15 1942 and that I last saw her alive on Aug 15 1942

Immediate cause of death	Duration
Coronary occlusion	1/2 hr.
Due to Advanced arteriosclerosis ? Hypertension ?	?
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to ~~external causes, fill in the~~ following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did ~~injury occur~~ about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter E. Tuttle M. D.
Address 2220 Garrison Blvd. Date signed aug 17/42

VS 3

F 94947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94947 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Hammond, Riviera Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dale Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Lange — Harry J.T. Lange

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 212-03-9413

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Margaret M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6 1885

8. AGE: Years	Months	Days	If less than one day
57	6	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Pressman
11. Industry or business News-Post

FATHER
12. Name Frederick H. Lange
13. Birthplace Alsaac Lorraine

MOTHER
14. Maiden Name Caroline Reichert
15. Birthplace Md.

16 (a) Informant Mrs. Margabet Lange
(b) Address Riviera Beach, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pennsylvania Aves.

19 (a) (Date rec'd by registrar) (b) Huntington Williamsville, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/15/42 19 , at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions Subacute Bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 8/15/42

VS 6

F 94948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94948 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 226 Northway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 226 Northway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES PAUL McPHAIL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	215-05-6901	male	white	widower

6 (b) Name of husband or wife Blanche Causey McPhail
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1872

8. AGE: Years	Months	Days	If less than one day
69	8	21	hr. min.

9. Birthplace Montreal, Canada
(Town, county, and state)
10. Usual Occupation Chairman of Board
11. Industry or business The James Robertson Mfg. Co.

FATHER
12. Name John McPhail
13. Birthplace Fintry, Scotland

MOTHER
14. Maiden Name Annie McCubbin
15. Birthplace Montreal, Canada

16 (a) Informant Mr. W. A. McPhail, Brother,
(b) Address 106 Hopkins Place.

17 (a) Burial (b) Date thereof 8/17/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williamsville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14, 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1900 to Aug 14 1942
and that I last saw h alive on Aug 14 19 42.

Immediate cause of death Coronary Thrombosis (Final Attack) — Duration 8 hr

Due to Arteriosclerosis Cardiac Failure — Duration 5 yrs

Due to General Arteriosclerosis — Duration 5 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address 3916 N. Charles Date signed 8-18 19 42

F 94949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 E

Registered No. F 94949

Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 Chestnut Hill Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Chestnut Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY D. STAFFORD

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: F.
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: James L. Stafford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/12/1868

8. AGE: Years 74 | Months 0 | Days 3 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph German
13. Birthplace Maryland

MOTHER
14. Maiden Name -- Hunt
15. Birthplace Maryland

16 (a) Informant Mr. James L. Stafford
(b) Address 517 Chestnut Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/42 (month) (day) (year)
(c) Cemetery or crematory Govans Presby. Cem.
Location Govans, Baltimore, Md.

18 (a) Funeral director W. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) (Date rec'd by registrar) AUG 1 7 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15, 1942, at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 14th. 1942, to Aug. 15, 1942, and that I last saw h er alive on Aug. 13, 1942.

Immediate cause of death: Myocardial Insufficiency — Duration 5 mos.

Due to ----------

Due to

Other Conditions: Endocarditis — unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh Huntington Williams M.D.
Address 401 E. 25th. St. Date signed 8/15/42

F 94950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 94950
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4010 Frankford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4010 Frankford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN BAER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Aurora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1853

8. AGE: Years	Months	Days	If less than one day
89	0	11	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Florist
11. Industry or business Self

FATHER
12. Name Bankard Baer
13. Birthplace Bavaria

MOTHER
14. Maiden Name -- Marie Hennis
15. Birthplace --

16 (a) Informant Mr. Bankard F. Baer
(b) Address 3741 Nortonia Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS.
(b) Address North & Pa. Aves.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14/1942 19 at 4½ M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8, 19 42 to Aug 14, 1942, and that I last saw h i m alive on Aug 14, 1942.

Immediate cause of death — Duration
Acute Coronary Thrombosis — 20 min
Due to
Due to Arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Charles A. Lerch M. D.
Address 4700 Parkwood Ave Date signed 8-15-42

VS 3

F 94951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131b

F 94951 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 2 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2113 W. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Nettie Jacob.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Mr Louis Jacob.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-6-1884

8. AGE: Years	Months	Days	If less than one day
57	10	9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Lambert Tenfel
13. Birthplace Germany

MOTHER
14. Maiden Name Amelia Kasbyt
15. Birthplace Balto Md.

16 (a) Informant Louis Jacob
(b) Address 2113 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore - Md

18 (a) Funeral director George L. Schwab
(b) Address 2101 Frederick ave

19 (a) AUG 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 1942 at 1.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-12 1942 to 8-15 1942 and that I last saw her alive on 8-15 1942.

Immediate cause of death: Chronic glomerular Nephritis — Duration: 2 yrs?
Due to
Due to
Other Conditions: Hypertensive C-V. D. 2 yrs?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
1- Renal Lithiasis
2- Pyelonephrosis
or autopsy?

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Edward L. J. Krieg M.D.
Bon Secours Hosp
Date signed 8-15-42

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 94952

F 94952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 b

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2710 Manhattan Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County .....

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2710 Manhattan Ave

(If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Sarah E. Dietz

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Married.

6 (b) Name of husband or wife Henry Dietz

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) March 4-1869

8. AGE: Years	Months	Days	If less than one day
73	5	11	..... hr. ..... min.

9. Birthplace Balto Md.

(Town, county, and state)

10. Usual Occupation None.

11. Industry or business —

FATHER

12. Name George Muhly

13. Birthplace Balto Md.

MOTHER

14. Maiden Name Barbara Fisher

15. Birthplace Balto Md.

16 (a) Informant Henry Dietz

(b) Address 2710 Manhattan Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem

Location Woodlawn Md

18 (a) Funeral director Mrs Chas A. T. Rohde

(b) Address 2327 Edmondson Ave

19 (a) AUG 17 1942 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 1942 at 3 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to Aug 15 1942 and that I last saw h[illegible] alive on 8-15-1942

Immediate cause of death	Duration
Gastric Carcinoma 1yr +	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? ..... (City or town) (County) (State)

Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(d) Means of injury .....

Signature C. B. Ewbor M. D.

Address 4936 Park Hts Ave Date signed 8-16-42

Dr March

F 94953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94953 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 947 N. Collington a

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 947 N. Collington Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Joseph J. Jindra

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-12-9772

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Theresa Jindra

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Aug 12, 1874

8. AGE: Years	Months	Days	If less than one day
68		5	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Electro-Plater

11. Industry or business

FATHER 12. Name John Jindra

13. Birthplace Bohemia

MOTHER 14. Maiden Name Frances Petr

15. Birthplace Bohemia

16 (a) Informant Theresa Jindra

(b) Address 947 N. Collington a

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto. Md

18 (a) Funeral director Frank Brach & Son

(b) Address 900 N. Chester St

19 (a) Date received by registrar (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1942 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to Aug 16 1942 and that I last saw him alive on Aug 15 1942

Immediate cause of death	Duration
Chronic Pancreatitis	
Due to Chronic GB Disease	
Due to	
Other Conditions Terminal Pneumonia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Chas O March M. D.

Address 801 N. Eutaw Date signed 8/17/42

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

F 94954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94954 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 943 N. Chapel St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 943 N. Chapel or Rte (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Centonie Becka

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Becka
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) June 16, 1859

8. AGE: Years	Months	Days	If less than one day
83	2		hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Sveka
13. Birthplace Austria

MOTHER
14. Maiden Name Not Known
15. Birthplace Austria

16 (a) Informant James Becka
(b) Address 952 N. Duncan St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director Hugh Boughton
(b) Address 900 N. Chester St

AUG 17 1942 (Date received by local registrar) (Signature of registrar) Wm. Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16, 1942 at 9.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 6 1942, to Aug. 14 1942, and that I last saw h[illegible] alive on August 14 1942.

Immediate cause of death Chronic nephritis
a nephritis degeneration

Due to General arteriosclerosis

Due to

Other Conditions Chronic syphilis - Senility
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration	
Unknown	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lemuel Brill M. D.
Address 826 N. Washington St. Date signed Aug. 16, 1942

94955 BALTIMORE CITY HEALTH DEPARTMENT F 94955
CERTIFICATE OF DEATH 107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 5
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.o.a.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs!

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. Front Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christiana Fitzpatrick DiPortiers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Frank DiPortiers
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mr. Frank DiPortiers
(b) Address R.F.D. #14 Middle River, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-14-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Milton Schilling
(b) Address 3914 E. Hanover St.

AUG 17 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1942 at 10 35 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Inspection thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquest & Inspection find that said deceased came (Autopsy or Inquiry) to death on the day stated above.

Immediate cause of death Bronchial Pneumonia — Duration

Due to

Due to

Other Conditions History of chronic alcoholism (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Aug. 13, 1942.

VS 6

F 94956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 140 B

F 94956 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 203 Herring Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kobecky

3 (b) If veteran, name war | 3 (c) Social Security Account

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Stanley Kobecky
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1913

8. AGE: Years 29 | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation
11. Industry or business Ellen L. Martin

FATHER
12. Name George Case
13. Birthplace Penna.

MOTHER
14. Maiden Name Ellen Swingle
15. Birthplace Penna.

16 (a) Informant Stanley Kobecky
(b) Address 203 Herring Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19 42 (month) (day) (year)
(c) Cemetery or crematory South Cornaan Cemy
Location Pennsylvania Pa Monroe

18 (a) Funeral director Lilly Zeiler Jr
(b) Address 403 S. Arlington Ave

19 AUG 17 1942 (b) Huntington Williamsport Pa

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16/42 19 , at 9:15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Septicaemia
Due to Incomplete Abortion
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert Lee Graham M.D.
Medical Examiner.
Date signed 8/17/42

Howard D. Mallis M.D.

F 94957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 94957 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6508 Riverview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 6508 Riverview Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry A. Schnepf

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 214-01-4092

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 11/1885

8. AGE: Years 57 | Months 6 | Days 4 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Standard Oil Co.

FATHER
12. Name John Schnepf
13. Birthplace Germany

MOTHER
14. Maiden Name Pirsilla MillHofer
15. Birthplace Balto Md.

16 (a) Informant Mary Schnepf
(b) Address 6508 Riverview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Lilly & Zerbolin
(b) Address 403 S. Wolfe St.

19 (a) (Date received by local registrar) Huntington Williams M.D. (Registrar)

AUG 17 [illegible].

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15/42 19 at 4pm M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/7 1940 to 8/15 1942 and that I last saw him alive on 8/15 1942.

Immediate cause of death: Cardio-vascular renal disease — Duration: 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene Zrllrs, M.D. M. D.

Address 2739 Eastern Ave. Date signed 8/16/42

Please print and write the causes of death clearly and legibly.

94958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94958
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4630 Keswick Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4630 Keswick Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry B. Akehurst

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widower
6 (b) Name of husband or wife Aurelia Kelly Akehurst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22-1849

8. AGE: Years 93 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business Retired 15 years

FATHER
12. Name Charles Akehurst
13. Birthplace England

MOTHER
14. Maiden Name Ruth Bonifuss
15. Birthplace England

16 (a) Informant Mrs. Mary E. Lloyd
(b) Address Ruxton Md.

17 (a) Burial (b) Date thereof Aug. 18-1942
(Burial, cremation, or removal) (month) (day), (year)
(c) Cemetery or crematory Govans Presbyterian
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

AUG 17 1942
(Date received by Registrar) (b) Huntington Williams, M.D.
(Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15- 1942 at 11-45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 11 1942, to Aug 15 1942
and that I last saw him alive on Aug. 15-1942.

Immediate cause of death Cerebral Thrombosis and Hemiplegia R.
Duration: 4 days
Due to Arteriosclerosis
Duration: years
Due to Senility
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James S. Akehurst M. D.
Address 4630 Park Heights Ave Date signed 8-16-42

VS 3

F 94959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94959 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. mine
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3165 Leeds St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank L. Green Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-2942

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1914

8. AGE: Years	Months	Days	If less than one day
28	2	2	hr. min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business Glen Co.

FATHER
12. Name Frank L. Green
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Edith Simpson
15. Birthplace Howard Co. Md.

16 (a) Informant Edith Green
(b) Address 3165 Leeds St

17 (a) Burial (b) Date thereof Aug 18, 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Westview Park
Location Catonsville Md.

18 (a) Funeral director Mrs Katie B Williams
(b) Address 322 N. Schroeder St

[redacted]

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1942 at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 21 1942 to August 14 1942 and that I last saw h alive on Aug 14 1942.

Immediate cause of death Pulmonary Embolism

Due to Thyrotoxic Cardiac Disease

Due to Toxic hyperthyroidism

Other Conditions Gc. Urethritis

(Include pregnancy within 3 months of death)

Duration: Sudden

Due to Childhood.

Date of operation Aug 14. 1942

Major findings of operation: Extremely large friable Thyroid.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Patrick O'Leary Jr. M. D.
Address Mercy Hospital Date signed 8/14/42

F 94960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 94960

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 670 W. Saratoga
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 670 W. Saratoga St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Alexander Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Jane Butler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 77 | Months | Days | If less than one day hr. min.

9. Birthplace Howard Co. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Charles Butler
(b) Address 1137 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Long Green

18 (a) Funeral director Mrs. T. R. Williams
(b) Address 322 N. Schroeder St

(a) (Registrar) (b) Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1942 to Aug 13 1942 and that I last saw h l— alive on Aug 12 1942

Immediate cause of death chronic myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen M. D.

Address 206 S. Gilmor St Date signed Aug 17 1942

A. Hugh B. McCulley, Asst. S.T.

F 94961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

F 94961 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Forsythe St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 72

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3006 Elliott St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. Thomas Lawrence McAvoy
3 (b) If veteran, name war —
3 (c) Social Security Account No. None
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8/27/69
8. AGE: Years 72 Months 11 Days 13 If less than one day hr. min.
9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business
12. Name of FATHER Thomas McAvoy
13. Birthplace Ireland
14. Maiden Name of MOTHER Anne Lynn
15. Birthplace Ireland (Foster)
16 (a) Informant Miss Margaret McAvoy
(b) Address 3006 Elliott St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.
18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St.
19 (a) AUG 17 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14 1942 at 7 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 8/12 1942 to 8/14 1942 and that I last saw him alive on 8/14 1942
Immediate cause of death: Hypostatic pneumonia — Duration 4 days
Due to C.A. of Rectum — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Earl L. Rippy M.D.
Address Bon Secours Hosp. Date signed 8/17/42

VS 3

Please write plainly in ink or indelible pencil. Physicians: please write the causes of death clearly and legibly.

F 94962 T.N 64559

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 94962 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3816 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Gardner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Married

6 (b) Name of husband or wife Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16th, 1880

8. AGE: Years	Months	Days	If less than one day
62	2	29	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Hester Jenkins
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Germon Hill Rd.

18 (a) Funeral director John B Connelly
(b) Address 418 Eastern Ave Huntington Williamsport

19 (a) AUG 17 1942 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15 1942, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-19 1941, to 8-15 1942, and that I last saw h alive on 8-15 1942.

Immediate cause of death: Cardiac failure — Duration 8 mos.
Due to: Hypertension C.V. disease — ?
Due to:
Other Conditions: Sarcoidosis pneumonia — ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp Date signed 8-17-42

94963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 94963

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Driveway and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo.11da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3mo.11da.

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 90 Cornelia Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUST FINK

3 (b) If veteran, name war

3 (c) Social Security Account No. 217 14 3382

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1893

8. AGE: Years	Months	Days	If less than one day
49	3	3	hr. min.

9. Birthplace Patterson, New Jersey
(Town, county, and state)

10. Usual Occupation Engineer

11. Industry or business

FATHER
12. Name John Fink
13. Birthplace Germany

MOTHER
14. Maiden Name Pauline Root
15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 19 42 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cemetery
Location Brooklyn New York

18 (a) Funeral director William Cook Inc
(b) Address 217 St Paul St Baltimore
(c) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15, 1942, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4, 1942 to Aug. 15, 1942, and that I last saw h im alive on Aug. 15, 1942.

Immediate cause of death: Cachexia and inanition — Duration: 2 mo.
Broncho-pneumonia — 24 hr.
Due to Carcinoma of oesophagus with extension of lymphnodes — 10 mo.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 5/8/42
Major findings of operation: Esophagoscopy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. S. M. an deceased.
Address US Marine Hospital, Baltimore, Maryland. Date signed 8/17/42 M. D.

VS 3

F 94964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94964 Registered No. 486

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 Hafer St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 Hafer St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Maude L. Ball

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Carroll

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 10-1897

8. AGE: Years 49 | Months 89 | Days 166 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank L. Wilde
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Smith
15. Birthplace Maryland

16 (a) Informant Husband Carroll Ball
(b) Address 2613 Hafer St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-19-42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edmondson Ave

18 (a) Funeral director John P. Kenny
(b) Address 1728 Lees Terrace

19 (a) Date of death (month) (day) (year) AUG 17 1942 (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1942 at 1.20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1942 to Aug 16 1942, and that I last saw h alive on Aug 14 1942

Immediate cause of death
(a) Asthma
Due to Carcinoma of Lung
Due to
Other Conditions Carcinoma of Lung
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
(a) 3 Mos
5 Yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James D Lazenby
Address 721 Medical Arts Bldg Date signed 8/17/42

VS 3

F 94965

BALTIMORE CITY HEALTH DEPARTMENT F 94965
CERTIFICATE OF DEATH 46 B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo9da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo2 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 E. Clements Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME OSCAR M. PETTERSON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	None	Male	White	Married

6 (b) Name of husband or wife Mary Leonard
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) April 16, 1868

8. AGE: Years	Months	Days	If less than one day
74	3	29	hr. min.

9. Birthplace Norway
(Town, county, and state)
10. Usual Occupation Retired-G.G.
11. Industry or business

FATHER
12. Name Peter Olsen
13. Birthplace Norway

MOTHER
14. Maiden Name Mary Amelia
15. Birthplace Norway

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Bolt's National
Location Frederick Extd Road

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Road

AUG 17 1942
(Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15, 1942, at 6:30a. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6, 1942, to Aug. 15, 1942, and that I last saw him alive on Aug. 15, 1942.

Immediate cause of death	Duration
Cachexia and Inanition	Unknown
Due to Carcinoma of stomach with extension to liver	6 mos. 3 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 6/11/42
Major findings of operation: Gastroscopy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. N. Anderson M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 8/17/42

F 94966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH (1147)

F 94966
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Baltimore Gen
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months
(e) Length of stay in Baltimore (yrs., mos., or days) 11 months

2. USUAL RESIDENCE OF DECEASED:
(a) State N (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 714 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvester Allen

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19 1926

8. AGE: Years 16 | Months 0 | Days 30 | If less than one day hr. min.

9. Birthplace Pittsburg Pa
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Allen
13. Birthplace Tenn.

MOTHER
14. Maiden Name Lelly Huddleston
15. Birthplace Ky.

16 (a) Informant Robert Allen
(b) Address 714 W Lombert St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 17 1942 (month) (day) (year)
(c) Cemetery or crematory Jellico Tenn.
Location

18 (a) Funeral director Harry H Witzke
(b) Address 4101 Edmondson ave

AUG 17 1942 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15, 1942 at 11 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-27 1942 to 8-15 1942 and that I last saw h alive on 8-15 1942.

Immediate cause of death Pulmonary Hemorrhage — Duration 30 Min since 2-13-42

Due to Lung Abscess

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 3-21-42, 4-28-42

Major findings of operation 3-27-42, 6-18-42 Lung Abscesses

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Duncan M. Cheetham

Address WBGH Date signed 8/15/42

F 94967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C

Reg. F 94967

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 N Wolfe (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Keys

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20-189[illegible]

8. AGE: Years 45 47 | Months 11 | Days 24 | If less than one day hr. min.

9. Birthplace W. Va (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Days Work

FATHER 12. Name Unknown

13. Birthplace Va

MOTHER 14. Maiden Name Emma Newman

15. Birthplace Va

16 (a) Informant Ellen Keys

(b) Address 1415 N. Central ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location A. A. Co

18 (a) Funeral director Ramsey Sanders

(b) 1412 E. Preston St

AUG 17 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1942 at 725 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1942 to Aug 14 1942, and that I last saw h[illegible] alive on Aug 14 1942.

Immediate cause of death Acute Cardiac decompensation — Duration

Due to Cause undetermined

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Large flabby heart

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Lattimer, Jr. M.D.

Address John Hopkins Hosp. Date signed 8/15

VS 3

F 94968 T.M 75700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94968 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4923 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Trumpter (Trumpeter)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18th, 1894

8. AGE: Years	Months	Days	If less than one day
48	3	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ? unknown
13. Birthplace ? unknown

MOTHER
14. Maiden Name Fannie Caffman
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18 42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cemetery
Location Glenn Burnie Md

18 (a) Funeral director Dedicam Brook Inc
(b) Address 1217 St Paul Street

19 AUG 18 1942 (Date received by Local Registrar) Huntington Williams M.D. (Signature of Local Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15-42 19 , at 7.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-2-42 19 , to 8-15- 19 42 and that I last saw h-e alive on 8-15 19 42.

Immediate cause of death: cellulitis + abscess Rt. Knee + buttocks.
Due to Erysipelas
Otes Cellulitis Rt. Knee
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 2 days

Date of operation 5-26-42 & 7-20-42
Major findings of operations: Ligation femoral vein - I & D. abscess.
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel, Jr. M. D.
Address Balto. City Hosp. Date signed 8-15-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

F 94963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 552

F 94969 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3494 Dolfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 80 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3494 Dolfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Fordyce

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary Fordyce

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec 9. 1847

8. AGE: Years 94 | Months 8 | Days 9 | If less than one day: hr. min.

9. Birthplace Scotland (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER — 12. Name Unknown
13. Birthplace Scotland

MOTHER — 14. Maiden Name Unknown
15. Birthplace Scotland

16 (a) Informant Marie Stein
(b) Address 3494 Dolfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Wilhams Co Inc
(b) Address 1217 E Pratt St

19 AUG 18 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1942, at 1 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4 1942 to 8-11 1942 and that I last saw h[illegible] alive on 8-11 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 8 hrs
Due to: arteriosclerosis — many years
Due to:
Other Conditions: Carcinoma right breast — 3 yrs
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. J. Gallagher M. D.
Address 2911 Garrison Blvd Date signed

VS 1

F 94970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. F 94970

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 39 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Schaefer

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Virginia L. Craft

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	1	28		

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Bittinger Lumber Co.

FATHER
12. Name George Schafer
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Mrs. Conrad Johnson
(b) Address 3112 Keeler Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto.

18 (a) Funeral director C. J. Fanning & Son
(b) Address 1938 E. Lafayette Ave.

19 AUG 18 1942 (Date accepted by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1942 at 3:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardiovascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner

Date signed Aug. 17 1942

VS 6

94971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1860 Registered No. F 94971

Type or print plainly in ink. Fill all items. If unknown, state so. Certify causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Rural: Sparrows Pt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. #713 Eye ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Vaughn

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-09-1749

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1905

8. AGE: Years	Months	Days	If less than one day
37			hr. min.

9. Birthplace Infield N. C
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Vaughn
13. Birthplace Va

MOTHER
14. Maiden Name Lucy Wilkens
15. Birthplace N. C

16 (a) Informant Tyler Vaughn
(b) Address 609 Eye St. Sparrows Pt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 42 (month) (day) (year)

(c) Cemetery or crematory
Location Infield N. C

18 (a) Funeral director Harry M. Chase & Son
(b) Address 638 N. Eutaw St

AUG 18 1942 Huntington Williams, M.D. (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1942, at 4 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or inquiry)

Duration
Immediate cause of death Puncture wound of skull with laceration of brain
Due to
Due to
Other Conditions Subarachnoid hemorrhage

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 17 1942 at 4:15 P.M.
(c) Where did injury occur? 1713 Eye St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Outside of home While at work? No
(Specify type of place)
(e) Means of injury Fell against curbstone

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Aug. 17 1942

VS 6

94972

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94972 Registered No.

Please write clearly and legibly. Use black ink. Do not use pencil. Sign certificate of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sydenham Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 W. Fayette St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Richard A Weibking, Jr

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27 1942

8. AGE: Years | Months 5 | Days 20 | If less than one day hr. 19 min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Guy M Weibking
13. Birthplace Md

MOTHER 14. Maiden Name Adele F Hardt
15. Birthplace Md

16 (a) Informant Mrs Guy M Weibking
(b) Address 1915 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Geo A Barber
(b) Address Fallon & Fayette

19 (a) AUG 18 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16 1942, at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/16 1942, to 8/16 1942, and that I last saw him alive on 8/16 1942.

Immediate cause of death Pregnancy
2 uterine

Due to Pneumonia

Due to Obstetrics

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 12 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature K. Dermott Brukett
Address Sydenham Hosp Date signed 8/17/42

VS 3

F 94973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 94973

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1819 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Marie Wooden (Birth 8-15-42)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

8-14-42 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15th 1942

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James G. Wooden
13. Birthplace Md

MOTHER
14. Maiden Name Margaret M. Guyton
15. Birthplace Md

16 (a) Informant Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18th 1942 (month) (day) (year)
(c) Cemetery or crematory New Catheridal
Location Edmondson Ave

18 (a) Funeral director Leo S. Crook
(b) Address 1701-03 N. Patt Park Ave

19 (a) [illegible] (b) [illegible] AUG 18 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1942 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1942 to Aug 17 1942 and that I last saw her alive on Aug 17 1942

Immediate cause of death Prematurity — Duration 2 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irwin H. Kuiler
Address 1037 N. Calvert St. Date signed 8/18/42

VS 3

F 94974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

F 94974 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 929 W. Lombard St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 929 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick P. Knopp.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Annie M. Hopkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1874

8. AGE: Years 67 | Months 10 | Days 24 | If less than one day 23 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Cabinet maker

11. Industry or business retired

FATHER 12. Name Charles Knopp

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Mr Keating

(b) Address 929 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park.

Location Frederick Ave.

18 (a) Funeral director John J. Lowney & Son

(b) Address 941 Hollins Mkt. Baltimore, Md.

19 (a) AUG 18 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16, 1942, at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1942 to Aug 16 1942, and that I last saw him alive on Aug 15 1942.

	Duration
Immediate cause of death Cerebral hemorrhage	2 weeks
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Reuben Rosebrook

Address 910 W. Lombard St. Date signed 8/19/42

VS 3

F 94975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 94975

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1156 Cleveland St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1156 Cleveland St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Mc Kay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Joseph Mc Kay

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10 - 1884

8. AGE: Years 57 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business at home

FATHER
12. Name Joseph Bury
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mr Benj F. Bassell
(b) Address 1156 Cleveland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director John J. Condon & Son
(b) Address 1218 Hollins St

19 (a) 8/18/42 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1942, at 8 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 - 19 , to Aug 16 1942
and that I last saw h alive on Aug 16 1942

Immediate cause of death — Duration
Cerebral Hemorrhage — 4 day
Due to
Due to Cerebral Sclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

M. D. Signature Chas Carlin
Address 2140 W Balto Date signed 8/17/42

VS 8

F 94976

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

167 F 94976 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Genl. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
Street No. 909 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Jasper Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No. 215-03-1176

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day hr.	min.
32				

9. Birthplace Forrestown, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Garage

FATHER
12. Name Lenzel Brown
13. Birthplace Richmond, Md.

MOTHER
14. Maiden Name Mary White
15. Birthplace Richmond, Va.

16 (a) Informant Mary McNeil
(b) Address 909 Park Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 20 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Hall
(b) Address 9 & Dulaney

19 (a) AUG 18 1942 (Date buried or cremated)
Huntington Williamsville, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 16 1942, at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Stab wound of chest — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Aug. 17 1942 at 6 00 P M
(c) Where did injury occur? 909 Park Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Stabbed

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Aug. 17 1942

F 94977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 94977

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3025 Presbury St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 Presbury St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Edward Biddinger

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-9036

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Florence P. Biddinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1874

8. AGE: Years	Months	Days	If less than one day
67	8	0	hr. min.

9. Birthplace Carroll Co.
(Town, county, and state)

10. Usual Occupation Construction & Foreman-retired
11. Industry or business Potts & Callahan

FATHER
12. Name John Biddinger
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Catherine Sutch
15. Birthplace Md.

16 (a) Informant Mrs. Florence P. Biddinger
(b) Address 3025 Presbury St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42 (month) (day) (year)
(c) Cemetery or crematory Hard Chapel Cem.
Location Randallstown, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Hunting to Williams, M.D.

19 (a) AUG 18 19 42 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16. 19 42. at 11:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1942 to Aug. 16 1942, and that I last saw h— alive on Aug. 14 1942.

Immediate cause of death Myocardial Degeneration — Duration 1 year
Due to Coronary Thrombosis — 2 years
Due to Arteriosclerosis — Indefinite
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Nelson K. Gallagher M. D.
Address Catonsville, Md Date signed 8/19/42

F 94978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46

F 94978

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2730 St. Paul St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shaber S. Ackers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-1873

8. AGE: Years 69 | Months 2 | Days | If less than one day hr. min.

9. Birthplace Persia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Cornelius
13. Birthplace Persia

MOTHER
14. Maiden Name Nannie Meem
15. Birthplace Persia

16 (a) Informant Mr. Masrop A. Ackers
(b) Address 225 W. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) AUG 18 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Union Memorial Hospital

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/17 1942 at 9:[illegible] AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 12th 1942 to August 17th 1942 and that I last saw h alive on 8/17 19

Immediate cause of death: Respiratory failure — Duration

Due to: Dehydration, starvation

Due to: Carcinomatosis of liver + abdomen generally.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Generalized abdominal carcinomatosis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurland Edward Day M. D.
Date signed August 17 1942

VS 8

F 94979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

Registered No. F 94979

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 904 N. Madeira Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Hierstetter

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-03-9587

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hilda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12. 1894

8. AGE: Years	Months	Days	If less than one day
48	3	4	hr. min.

9. Birthplace Laurel Md (Town, county, and state)
10. Usual Occupation Upholster
11. Industry or business Union Bros

FATHER 12. Name Unknown Hierstetter
13. Birthplace Unknown

MOTHER 14. Maiden Name Elizabeth Unknown
15. Birthplace Unknown

16 (a) Informant John E. Hierstetter
(b) Address 904 N Madeira

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Ce
Location

18 (a) Funeral director William Cook Inc
(b) Address 1317 St Paul St

19 (a) AUG 18 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16- 1942, at 9:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to organized	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madeira M.D. Medical Examiner
Date signed 8-16-42

VS 6

F 94980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94980 ✓ 936 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Fairview Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Fairview Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~:
F	W.	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 28-1853

8. AGE: Years	Months	Days	If less than one day
89	5	19	hr. min.

9. Birthplace Cato Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address 3500 Fairview Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Cato Md.

18 (a) Funeral director
(b) Address

19 (a) AUG 18 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug-17 1942 at 7.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1941 to Aug 17 1942 and that I last saw h alive on July 17 1942

Immediate cause of death
Myocardial degeneration
Due to Senility
Due to Arterio Sclerosis

Duration 2 days 3 yrs

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Martin Ed Brooks M. D.
Address 6862 Fullerton Ave Date signed Aug-17, 42

VS 3

Washington Williams MD

F 94981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

419909 F 94981 131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) ~~City or town~~ Street No. 1012 Harford Ave (If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ City Baltimore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Stewart

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Virgie
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
39			hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Samuel Stewart
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Reed
15. Birthplace Va.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County

18 (a) Funeral director Mrs. R. A. Elliott Daughtry
(b) Address 1129 N. Carey St. Hunting 0700

19 AUG 18 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1942 at 7 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to August 17 1942 and that I last saw him alive on August 17 1942.

Immediate cause of death Uremia — Duration 2 weeks

Due to Arterio and arteriolo-sclerotic nephritis — 14 years

Due to

Other Conditions Hypertension — 14 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Custer
Address The Johns Hopkins Hosp. Date signed 8/19/42

The cause of death clearly and legibly.

F 94982

Dicks

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X ✓ F 94982

1642 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. Hecht Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Brooks (Dicks)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	—	Female	White	Dicks

6 (b) Name of husband or wife James Dicks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-17-

8. AGE: Years	Months	Days	If less than one day
25			hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Monty Leagan
13. Birthplace Rockingham Co., N.C.

MOTHER
14. Maiden Name Mollie ?
15. Birthplace Florida

16 (a) Informant William Leagan
(b) Address Raleigh, N.C.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-18-42 (month) (day) (year)
(c) Cemetery or crematory Fort Lincoln
Location Washington, D.C.

18 (a) Funeral director Frederick H. Cole
(b) Address 200 W. Lanvale St.

19 (a) (b) Huntington Williams, M.D.
(Date received) (Registrar)

AUG 18 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-13- 1942, at 6.05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
Due to	
Due to	
Other Conditions Multiple fractures - long bones, abrasions, lacerations	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8-13-42 at 9.30 A.M.
(c) Where did injury occur? 2706 Maryland Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Jumped to pavement from 3rd floor

23. Signature Howard J. Claudius M.D.
Medical Examiner.
Date signed 8-14-42

94983 1208-0

F 94983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. 1600 Chesapeake Ave St., Ward 6)

(If death occurred in a hospital or institution give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Hathaway

(a) Residence: No. 1600 Chesapeake Ave St., Ward. (Birth F 54994)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 17, 1942

7. AGE Years	Months	Days	If LESS than 1 day hrs. or 2 min.
—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done; as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 1600 Chesapeake Ave

FATHER

13. NAME William Angus Hathaway

14. BIRTHPLACE (city or town) (State or country) Sheto Ct, Ohio

MOTHER

15. MAIDEN NAME Mary Adelaine McFarland

16. BIRTHPLACE (city or town) (State or country) Rome, Ohio.

17. INFORMANT Wm. Angus Hathaway

(Address) 1600 Chesapeake Ave

18. BURIAL, CREMATION OR REMOVAL

Place PUBLIC CEMETERY AUG 18 1942 19 42

Commissioner of Health

19. UNDERTAKER

(Address)

20. FILED AUG 18 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 17, 19 42

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Delivery suspected by large shoulders.
Fetal aspiration of fluid

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Paul Lyon ... M. D.

(Address) 320 Patapsco Ave

OCCUPATION is very important. See instructions on back of certificate.

F 94984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95b

F 94984 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3202 Rueckert Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3202 Rueckert Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JEWEL H. GORMAN

3 (b) If veteran, name war *

3 (c) Social Security Account No. *

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife George M. Gorman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1897

8. AGE: Years 44 | Months 8 | Days 26 | If less than one day hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William I. Hilton
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Annie Kline
15. Birthplace Balto., Md.

16 (a) Informant Mr. G. M. Gorman
(b) Address 3202 Rueckert Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director Leasure Funeral Home
(b) Address 7401 Belair Road

19 (a) (b) Huntington Williams, M.D. Registrar

AUG 18 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16th, 1942, at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 1941, to Aug. 8 1942, and that I last saw her alive on Aug 8 1942

Immediate cause of death Coronary thrombosis — Duration 10 years (history)

Due to Rheumatic heart disease

Due to Chronic pancarditis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold M.D. M.D.

Address 4706 Harford Road Date signed 8/17/42

F 94985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 E

Registered No. F 94985

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2323 Harford Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Fairmont (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Michael Watson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Warren G. Watson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1869

8. AGE: Years	Months	Days	If less than one day
73	7	13	hr. min.

9. Birthplace Smithtown, W. Va. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Lucian Michael
13. Birthplace W. Va.

MOTHER
14. Maiden Name Isabelle Miller
15. Birthplace W. Va.

16 (a) Informant George G. Michael
(b) Address 2323 Harford Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (month) (day) (year)
(c) Cemetery Woodlawn
Location Fairmont, W. Va.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

AUG 18 1942 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1942, at 8.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1942 to Aug 17 1942 and that I last saw her alive on Aug 17 1942

Immediate cause of death Carcinoma of the Uterus (Left Fundus).
Due to
Due to
Other Conditions Hypertension & Metastasis to Lungs.
(Include pregnancy within 3 months of death)

Duration

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Schwenck M. D.
Address 1337 S. Charles St. Date signed

VS 8

F 94986
43062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 94986
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 919 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roberta Waters

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-19-22

8. AGE: Years	Months	Days	If less than one day
20	3	25	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Alonzo
13. Birthplace Md.

MOTHER
14. Maiden Name Hattie Waters
15. Birthplace Md.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18-1942 (month) (day) (year)
(c) Cemetery or crematory Lutherville Memorial Park
Location Baltimore Co Md

18 (a) Funeral director Robert F. Williams
(b) Address 1515 McElderry St

19 (a) AUG 18 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14 1942 at 1 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 13 1942 to August 14 1942 and that I last saw her alive on August 14 1942.

Immediate cause of death Acute pulmonary edema — Duration 1 hr.

Due to Thoracentesis for pleural effusion

Due to Tuberculous pericarditis with effusion

Other Conditions Autopsy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Tuberculous pericarditis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John Lattimer, jr M. D.
Address Johns Hopkins Hosp. Date signed Aug. 15

F 94987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 94987 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-0-10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Anne Champness

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871 (?)

8. AGE: Years: abt 71 | Months: - | Days: - | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Champness
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Records of Mount Hope Retreat
(b) Address Mount Hope Retreat, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Maryland

18 (a) Funeral director Stewart & Morrow Company
(b) Address 108-10 North Eutaw

19 (a) AUG 18 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1942 at 8:11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934, to Aug. 17 1942 and that I last saw her alive on Aug. 17 1942

Immediate cause of death: Cerebral Myocardial decompensation — Duration: 2 mos.

Due to

Due to

Other Conditions Paranoid Psychosis — 17 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Damon P. Gleyne M. D.
Address 332 Cathedral St. Date signed

VS 8

F 94988

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 94988 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp. 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1834 Orleans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Caster

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1916

8. AGE: Years	Months	Days	If less than one day: hr.	min.
26	4	16		

9. Birthplace Lancaster, Va (Town, county, and state)

10. Usual Occupation Laundress

11. Industry or business

FATHER
12. Name Moses Caster
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Julia Bee
15. Birthplace Va.

16 (a) Informant Mary Hodge
(b) Address Wilkins, P.O. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brant Ave Hunting Ridge, Md

AUG 18 1942 (Local Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1942, at 9:25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Stab wound of chest. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Aug. 14 1942 at 9 P M
(c) Where did injury occur? Orleans & Durham Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury Stabbed

23. Signature Roland Lee Gretzer M.D. (Medical Examiner.)
Date signed Aug. 15 1942

VS 6

F 94989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94989 Registered No.

420727 93d

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Charity

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Widowed.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-16-70

8. AGE: Years	Months	Days	If less than one day
72	7	-	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charity ?
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Butler
15. Birthplace Va.

16 (a) Informant Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 902 Brantly Ave
(c) [illegible] (Registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1942, at 3:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 15 1942 to August 16 1942 and that I last saw him alive on August 16 1942.

Immediate cause of death Hypertensive cardiovascular renal disease with Pulmonary edema

Duration 8 yrs. about

Due to

Due to

Other Conditions Bronchitis atrophic

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pulmonary edema,

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp Date signed 8/17/42

VS 8

F 94990

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94990 Registered No. 130

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 74 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 130 S. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alvah Bedford 74402

3 (b) If veteran, name war

3 (c) Social Security Account No. 195-05-0299

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1898

8. AGE: Years	Months	Days	If less than one day
44	6	7	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Bedford
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Hicks
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (month) (day) (year)
(c) Cemetery or crematory John Wesley.
Location North Point Rd.

18 (a) Funeral director Ethan Wilson
(b) Address 1000 Brantley Ave

AUG 18 1942 (Date rec'd by registrar)

(b) Huntington Williams Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 15 1942 at 3:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942, to Aug. 15 1942, and that I last saw him alive on Aug. 15 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	11 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A.J. Hart M.D.
Address Balto City Hosp Date signed 8/15/42

VS 1

F 94991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

F 94991
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 28 N. Durham St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie Goods 75829

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1923

8. AGE: Years	Months	Days	If less than one day
18	9	20	hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Royster Goods
13. Birthplace Va.

MOTHER
14. Maiden Name Vergie Faulkne
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1220 Division Ave.

19 AUG 18 1942 (Date received by Registrar) (b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1942, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 3 1942, to Aug. 13 1942, and that I last saw her alive on Aug. 13 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 3 mos?

Due to

Due to

Other Conditions Tyberculous laryngitis — 1 mo.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Hartz M.D.
Address Balto City Hosp Date signed 8/14

VS 3

F 94992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

F 94992 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Homewood Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Eastern
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 526 Eastern Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Comelous Lowndes (William Lowndes)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
35			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Lowndes
13. Birthplace Maryland

MOTHER
14. Maiden Name Lillie Hall
15. Birthplace Maryland

16 (a) Informant Wm. Lowndes Jr. (Brother)
(b) Address 831 Boyd Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42 (month) (day) (year)
(c) Cemetery or crematory
Location Gamble Md

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brandt Place

19 AUG 18 1942 (b) Huntingtown Md (Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/12 1942, at 10:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Hemoptysis	
Due to Chronic pulmonary tuberculosis with cavities	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 8/17/42

VS 6

F 94993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 94993 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Baltimore City Harbor
(b) Street address: Pier 4 Pratt Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Cal. (b) County
(c) City or town San Francisco
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES MILLER, Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 31, 1908

8. AGE: Years	Months	Days	If less than one day
34	6	12	hr. min.

9. Birthplace San Francisco, California
(Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business

FATHER
12. Name Charles Miller, Sr.
13. Birthplace San Francisco, California

MOTHER
14. Maiden Name Rosetta Miller
15. Birthplace Langford Ireland

16 (a) Informant Mrs. Lasswell
(b) Address 6154 Miscon St., Calif.

17 (a) Removal (b) Date thereof 8-18-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Sanfrancisco, Calif

18 (a) Funeral director Leo J. Cook.
(b) Address 1701-03 N. Patt. Park Avenue

(b) Huntington Williamsport

AUG 18 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Found Drowned	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: X
(a) Accident, suicide, or homicide Accidental ?
(b) Date of occurrence 8-12-42 ? at M
(c) Where did injury occur? Pier 4 - Pratt Street
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Drowning.

23. Signature Howard J. Maddocks M.D.
Medical Examiner.
Date signed 8-18-42

F 94994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93a Registered No. F 94994

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 634 N. Carrollton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Never up

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 634 N. Carrollton
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mary Spratt

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	C	Married

6 (b) Name of husband or wife Thurman Spratt
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug 25, 1876

8. AGE: Years	Months	Days	If less than one day
69	11	16	hr. ..... min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Nancey
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Catherine Robinson
15. Birthplace Eastern Shore Md

16 (a) Informant Thurman Spratt
(b) Address 634 N. Carrollton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location .....

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3329 W. Lafayette Ave

19 (a) AUG 18 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/14/42 at 9 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/13/42 to 8/14/42, and that I last saw [illegible] alive on 8/13/42.

Immediate cause of death
Cerebral Hemorrhage
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation
Of autopsy None

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Waldo Cone
Address 1131 Harlem Ave Date signed 8/16/42

VS 8

F 94995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 94995 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 W. Chapel St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 424 W. Chapel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Green.
3 (b) If veteran, name war —
3 (c) Social Security Account No. None
4. Sex
5. Color or race Black Col.
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Alfred Green
6 (c) If alive, give age 61 years
7. Birth date of deceased (mo., day, yr.) January 1, 1883
8. AGE: Years 59 Months 7 Days 15 If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Albert Bowman
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Ann Carroll
15. Birthplace Va.

16 (a) Informant Alfred Green
(b) Address 424 W. Chapel St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location
18 (a) Funeral director Robert L. Young
(b) Address 804 W. Carlton St.
19 (a) (Signature of local registrar)

AUG 18 1942

Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1942 2:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1942 to Aug 16 1942 and that I last saw her alive on Aug 16, 1942.

Immediate cause of death Chronic Myocarditis
Chronic Nephritis
Duration 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas L. Luke M.D.
Address 1741 E. Eager St. Date signed 8/18/42

F 94996 (Mailed Dec)

410067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1579 Registered No. F 94996

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Bengies (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louise Grimage

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/13/42

8. AGE: Years	Months	Days	If less than one day
	7	29	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Louis Grimage
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Wright
15. Birthplace Md.

16 (a) Informant Records.
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHNS HOPKINS MEDICAL SCHOOL AUG 18 1942
18 (a) Funeral director Commissioner of Health
(b) AUG 18 1942 Washington Williams, M.D.
19 (Date received by registrar) Registrar

9354

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 1942 at 1 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1942 to August 12 1942 and that I last saw her alive on August 12 1942

Immediate cause of death Unknown — Duration

Due to Multiple Congenital malformations of feet, hands, Swallowing mechanism. 7 mo.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations

of autopsy: 8-13-42

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Lemmon M. D.
Address 3807 Park Ht Av Date signed 8-15-42
Robert Lee Graham, M.D.

F 94997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 94997 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 Warren St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rufus Sheldon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ernest Sheldon
13. Birthplace N. C.

MOTHER
14. Maiden Name Matilda ?
15. Birthplace N. C.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 18 1942

18 (a) Funeral director Commissioner of Health
(b) AUG 18 1942

19 (a) Washington Williams, M.D. Registrar
(Date) rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6 1942, at 8:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3 1942, to 8-6 1942 and that I last saw him alive on 8-6 1942

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. C. Welden M. D.
Address U. Hosp. Date signed 8-6-42

5.30

94998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 94998 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 5 3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. no home (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Begley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1859

8. AGE: Years	Months	Days	If less than one day
83	6	19	hr. min.

9. Birthplace Tenn. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name William Begley
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie ?
15. Birthplace Ireland

16 (a) Informant Pt.
(b) Address no home

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or Crematory Location UNIVERSITY MEDICAL SCHOOL AUG 17 1942

18 (a) Funeral director Commissioner of Health
(b) Address
(Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 1, 1942, at 6:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 2-26 1938, to 8-1 1942, and that I last saw h[illegible] alive on 8-1 1942.

Immediate cause of death - Myocardial Degeneration
Due to Arteriosclerosis
Due to
Other Conditions Hypertrophic arthritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address B. C. H. Date signed 8-17-42

VS 3

F 94999
Ab-75945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 124

Registered No. F 94999

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8Hrs
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 727 S. Charles St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Sinclar

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?- 1893 ?

8. AGE: Years	Months	Days	If less than one day
49 ?	?	?	hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 17 1942
Commissioner of Health

18 (a) Funeral director Huntington Williams, M.D. Huntington Williams, M.D.
19 AUG 18 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4- 1942, at 10 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4 1942 to 8-4 1942 and that I last saw him alive on 8-4 1942.

Immediate cause of death	Duration
Gastro intestinal hemorrhage	?
Due to Esophageal varices	?
Due to	
Other Conditions Cirhosis of liver	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature L. S. Cross M. D.
Address B. C. H. Date signed 8-17-42

VS 8

4337

F 95000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 F 95000 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address or location: Sinai Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 32.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Gearing St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances. Ragnese (Ragonese)

3 (b) If veteran, name war none. | 3 (c) Social Security Account No. none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Peter Ragnese
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1887

8. AGE: Years	Months	Days	If less than one day
55.	5.	3	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Housek. Wife
11. Industry or business

MOTHER | FATHER
12. Name John.
13. Birthplace Italy
14. Maiden Name Angelina. Alessi
15. Birthplace Italy

16 (a) Informant Samuel. Ragnese
(b) Address 625. N. Eden St.

17 (a) Burial. (Burial, cremation or removal) (b) Date thereof Aug 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer.
Location Belair Road

18 (a) Funeral director Mendell. Dippel
(b) Address 315. S. Highland Ave.

19 (a) (Date rec'd by registrar) AUG 18 1942 (b) Huntington Willis, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16 1942, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 14 1942, to Aug. 16 1942, and that I last saw h[illegible] alive on Aug. 16 1942

Immediate cause of death Left sided Heart failure & Pulmonary Edema — Duration
Due to Arteriosk. Cardio Vascular Disease.
Due to
Other Conditions Cardiac Arthma

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene Goodelain M. D.
Address Sinai Hospital Date signed 8/17/42

F 95001 #5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 95001 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. DO NOT WRITE IN SPACE RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town NEWARK (If outside city or town limits, write RURAL and give town)
(d) Street No. 249 Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Arter

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-04

8. AGE: Years 38 | Months 10 | Days 16 | If less than one day hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William Bagent
13. Birthplace Ohio

MOTHER 14. Maiden Name Susie Harris
15. Birthplace Ohio

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Newark Ohio

18 (a) Funeral director Wallace Funeral Home
(b) Address Newark Ohio

19 (Date rec'd by registrar) 8/18 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug-17 1942 at 9.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1942 to Aug 17 1942 and that I last saw her alive on Aug 17 1942.

Immediate cause of death: Cardiac failure, etiology uncertain — Duration: 2 mos
Due to: ? Thyrotoxic heart disease
Due to: ? Coronary occlusion

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian M.D.
Address The John Hopkins Hosp Date signed 8/19/42

VS 3

F 95002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95002 Registered No. 452

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 27 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Hillsdale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 37 Pascach Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES FRANCIS GILES

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Adele Petty

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) September 19, 1882

8. AGE: Years 59 | Months 10 | Days 28 | If less than one day: hr. min.

9. Birthplace Jersey City, New Jersey
(Town, county, and state)

10. Usual Occupation Captain

11. Industry or business SS JOSEPH F. CARROLL

FATHER
12. Name James Giles
13. Birthplace England

MOTHER
14. Maiden Name Ellen Lowe
15. Birthplace England

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1942 (month) (day) (year)
(c) Cemetery or crematory St Paul's Graveyard
Location Balto Md

18 (a) Funeral director C. Wesley Slade
(b) Address 4907 York Road

19 (a) Filed AUG 18 1942 (b) Registrar Washington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17, 1942 at 2:45a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 20, 1942 to Aug. 17, 1942 and that I last saw him alive on Aug. 17, 1942

	Duration
Immediate cause of death: Hemorrhage from rt. common carotid artery	Terminal
Due to Infection and necrosis in wall of artery	7 months
Due to Metastasis from carcinoma of tongue	7 months
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify home, farm, etc.)
(e) Means of injury

23. Signature T. M. H. Anderson M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 8/17/42

VS 3

F 95003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95003 Registered No. 122a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 14 days

2. USUAL RESIDENCE OF DECEASED:
(a) State La. (b) County
(c) City or town New Orleans (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 Race Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT SISSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 433 24 1938

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Beaumont
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) January 9, 1896

8. AGE: Years	Months	Days	If less than one day
46	7	6	hr. min.

9. Birthplace Merrilton, Arkansas (Town, county, and state)
10. Usual Occupation 3rd Officer
11. Industry or business

FATHER
12. Name Robert Sisson
13. Birthplace Morrilton, Arkansas

MOTHER
14. Maiden Name Margaret O'Reilly,
15. Birthplace Morrilton, Arkansas

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 18 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Morrilton Arkansas

18 (a) Funeral director [illegible]
(b) Address 4907 York Road

AUG 18 1942 (Date received by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16, 1942 at 6:20a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 3, 1942, to Aug. 16, 1942, and that I last saw him alive on Aug. 16, 1942.

Immediate cause of death: Bronchiectasis, left lower lobe — Duration: Unk.

Due to

Due to

Other Conditions Hernia, inguinal, indirect, rt., hernia, recurrent, lt. inguinal

(Include pregnancy within 3 months of death)

Date of operation 8/12/42-7/31/8/3/4/5/42

Major findings of operation: Lobectomy, lt. lower lobe; pneumothorax, left

of autopsy: None

PHYSICIAN (Underline the cause to which death should be charged statistically.)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. M. a. Leeson. M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 8/17/42

F 95004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42a

F 95004
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Do not omit any. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 29 S. Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 29 S. Ann St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Wolf

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower

6 (b) Name of husband or wife Late Rachel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3. 1862

8. AGE: Years	Months	Days	If less than one day
79	11	15	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation
11. Industry or business none

FATHER
12. Name Morris Wolf.
13. Birthplace Russia

MOTHER
14. Maiden Name unknown
15. Birthplace Russia

16 (a) Informant Miss Bessie Wolf
(b) Address 29 S. Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Goldale
Location Hamilton Ave

18 (a) Funeral director Sol Levin & Bro
Address 1726-26 W. North Ave
(b) Attending Physician Williams M.D.

AUG 18 1942
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1942 at 10 40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21 1941 to Aug. 18 1942
and that I last saw him alive on Aug. 18 1942

Immediate cause of death Coronary Occlusion — Duration 3 days.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Sadow M. D.
Address 14 S. Broadway Date signed 8/18/42

VS 9

F 95005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

F 95005 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 Linden ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Paul Reiss

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 218-10-0589

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elizabeth M Reiss
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Feb 19 1895

8. AGE: Years	Months	Days	If less than one day
47	5	28	hr. min.

9. Birthplace Allentown Pa (Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business Bethlehem Steel Co

FATHER
12. Name John Reiss
13. Birthplace Youngstown Pa

MOTHER
14. Maiden Name Ida Boyer
15. Birthplace Youngstown Pa

16 (a) Informant Mrs Elizabeth M Reiss
(b) Address 1211 Linden Ave

17 (a) Burial, cremation, or removal (b) Date thereof 8/18/42 (month) (day) (year)
(c) Cemetery or crematory Youngstown
Location Youngstown Pa

18 (a) Funeral director Wilhelm Bros Inc
(b) Address 1217 E Fort Ave

19 (a) AUG 8 1942 (Date received by registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17- 1942, at 5.50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — **Duration**
Bronchopneumonia
Due to
Due to
Other Conditions Multiple fractures
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-12-42 at 11.30 AM
(c) Where did injury occur? Bath. Steel Corp. Key Highway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? yes
(e) Means of injury Fell from ladder

23. Signature Howard J. Sheldon M.D.
Medical Examiner.
Date signed 8-18-42

95006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94aw

Registered No. F 95006

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3113 Marcco Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2855 Pelham Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank M. Kmieciak (KMIECIAK)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-9944

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15 1879

8. AGE: Years	Months	Days	If less than one day
63	9	1	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Watchman (night)

11. Industry or business

FATHER 12. Name Matthias Kmieciak

13. Birthplace Poland

MOTHER 14. Maiden Name Wisniewska

15. Birthplace Poland

16 (a) Informant George Kmieciak

(b) Address 2855 Pelham Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 42 (month) (day) (year)

(c) Cemetery or crematory St Stanislaus Cem

Location Baltimore City

18 (a) Funeral director John M Welker

(b) Address 401 S. Chester Street

19 AUG 19 19[illegible] (Date rec'd by registrar) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/16 19 42 at 4.[illegible] PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an [illegible] (Autopsy or Inquiry) thereon and from the evidence obtained by said [illegible] (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. Mickley M.D. Medical Examiner.

Date signed 8/16/42

95007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938 Registered No. F 95007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Bennett Pl. (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Henrietta Madden

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 73 | Months — | Days — | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Joyce
13. Birthplace Howard Co. - Md.

MOTHER
14. Maiden Name Keziah Miller
15. Birthplace Howard Co. - Md.

16 (a) Informant Herbert Joyce Bro.
(b) Address 1013 Bennett Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Charles R. Law
(b) Address 802 Harlem Ave.

19 Date received AUG 19 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-16-42 19 at 6.47 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942 to Aug 16 1942 and that I last saw her alive on Aug 16, 1942.

Immediate cause of death: Hypertensive Heart Disease — Duration

Due to

Due to

Other Conditions Arteriosclerosis Cardiac Hypertrophy (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G H Bangsel M. D.
Address Provident Hospital Date signed 8-16-42

F 95008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 95008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Chesapeake Bay
(c) Hospital or institution: 13

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 34 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4205 Falls Road
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Mary Dorothy Oates

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ----------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) June 6, 1908

8. AGE: Years 34 | Months 2 | Days 11 | If less than one day -- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Secretary

11. Industry or business --------

FATHER
12. Name William F. Oates
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Katherine M. Macha
15. Birthplace Maryland

16 (a) Informant Miss Kathryn M. Oates
(b) Address 4101 Mary Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meares and Son
(b) Address 805 N. Calvert Street

19 (a) Filed AUG 18 1942 (Date filed by registrar) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17- 1942, at 0 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence 8-16-42 at 4 P M
(c) Where did injury occur? Chesapeake Bay Harford
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Drowning - Bel Air Pool Harford

23. Signature Howard J. Tilden M.D.
Medical Examiner.
Date signed 8-18-42

F 95009 1/2M 75604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95009 Registered No. 834

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 W. Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Levi Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb, 28, 1869

8. AGE: Years	Months	Days	If less than one day
73	5	20 19	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Henrietta Johnson
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof aug 19 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location

18 (a) Funeral director A. Halstead
(b) Address 9 E Lund Hall Ave.

19 (a) AUG 19 1942 Huntington Williams, M.D.
(Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17 1942, at 8 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25 1942 to 8-17 1942, and that I last saw him alive on 8-17 1942.

Immediate cause of death: Intracranial hemorrhage — Duration: 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun
Address Balt. City Hosp Date signed 8-18-42 M. D.

F 95010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. DO NOT FOLD OR BEND THIS CARD FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 E. 32nd Street
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 817 E. 32nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret K. Fields

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-14-1864

8. AGE: Years	Months	Days	If less than one day
78	—	3	hr. min.

9. Birthplace Germany (Town, County, and state)
10. Usual Occupation
11. Industry or business Housewife

FATHER
12. Name John Meyers
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Mrs H. Fields
(b) Address 817 E. 32nd Sts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location —

18 (a) Funeral director Mary M. Weedefeld
(b) Address 824 E. 32nd St

19 AUG 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1942, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1942 to Aug. 17 1942, and that I last saw her alive on Aug 16 1942.

Immediate cause of death	Duration
arterio sclerotic myocarditis	?
Due to Senile abyd arterio sclerosis	?
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury —

23. Signature Morris B. Schreiber M. D.
Address 547 Fulton Ave Date signed 8-19-42

F 95011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9442 F 95011

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ad
(c) Hospital or institution: City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 - 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 256 N. Eutaw Street (If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Nunzio S. Buemi

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	138-16-6953

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1892

8. AGE: Years	Months	Days	If less than one day
50	4	23 1/2	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Carmelo Buemi
13. Birthplace Italy

MOTHER
14. Maiden Name Maria Ferrara
15. Birthplace Italy

16 (a) Informant Matteo Labrasso
(b) Address 25-27 N. Eutaw Street

17 (a) Burial (b) Date thereof Aug 20 1942
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Rd Cemetery
Location Glen Rd Balto. Md

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St. Huntington Williams, Mgr

19 (a) AUG 19 1942 Huntington Williams
(Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17- 1942, at 4 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Andersen M.D.
Medical Examiner.
Date signed 8-18-42

VS 6

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95012 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 544 N. Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 544 N. Payson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie G. Price

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Thomas S. Price

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1882

8. AGE: Years 59 | Months 10 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Same

FATHER
12. Name Harry Meyer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Briel
15. Birthplace Baltimore, Maryland

16 (a) Informant Thomas S. Price
(b) Address 544 North Payson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location

18 (a) Funeral director Charles P. Powell
(b) Address 2497 Edmondson Ave

19 (a) AUG 19 1942 (Date rec'd by registrar) Huntington Williams, Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1942 at 11.45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to ____ death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive Cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph B. McNally M.D. Medical Examiner.
Date signed 8/17/42

VS 6

F 95013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95013 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dead
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Walbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SOPHIA EISENGER (Sophia Margaret Eisinger)

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife: --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1866

8. AGE: Years	Months	Days	If less than one day
76 ~~8-7~~	7	3	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Paul L. Wisinger
13. Birthplace Germany

MOTHER
14. Maiden Name Johanna Schmidt
15. Birthplace Germany

16 (a) Informant Miss Nellie Eisinger
(b) Address 2802 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) AUG 19 1942 (Date rec'd by registrar) (b) Harrington for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1942, at 1 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 18, 1942 at 1 P.M.
(c) Where did injury occur? Maryland and North Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? Yes No
(e) Means of injury Pedestrian struck by street car

23. Signature N. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 8-18-42 (Year)

F 95014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1932

F 95014 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 Quantico Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BADDOCK, Louis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1887

8. AGE: Years 55 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Jeweler Business

11. Industry or business Self

FATHER
12. Name Joseph
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Canaan
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Pulaski & Conkling

18 (a) Funeral director Jack Levin Sons
(b) Address 1439 E. Balto St

19 (a) AUG 19 1942 (Date received by registrar) Registrar for Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/19 19 42, at 5:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/18 19 42 to 8/19 19 42 and that I last saw him alive on 8/19 19 42.

Immediate cause of death Myocardial Infarction — Duration

Due to Arteriosclerotic H.-Dis.

Due to

Other Conditions Contract Bronchogenic carcinoma - left upper lobe (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Saul J. Farber
Address Sinai Hosp. Date signed 8/19

F 95015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95015 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Fairmont st
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 78 S. Franklintown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME MINNIE GREENWALD

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	MARRIED

6 (b) Name of husband or wife Nathan Greenwald
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Russia (town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Frank Greenwald
(b) Address 800 Reservoir st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-42 (month) (day) (year)
(c) Cemetery or crematory Mikro Nodush
Location Keyser Run

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Monument st

19 (a) AUG 19 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/17 1942 at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/16 1942, to 8/17 1942 and that I last saw her alive on 8/17 1942.

Immediate cause of death Arteriosclerosis Hypertension Coronary occlusion myocardial infarction

Duration

Due to

Due to

Other Conditions Diabetes Mellitus

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Saul J. Farber
Address Sinai Hosp. Date signed 8/17

VS 3

F 95016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 146

F 95016
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, as correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME McKinley Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Black	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1910

8. AGE: Years	Months	Days	If less than one day
32	4	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John T. Jackson
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Rebecca Jackson
15. Birthplace Baltimore, Md.

16 (a) Informant Hattie Jackson
(b) Address 840 N Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 19 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location Balto. Md.

18 (a) Funeral director Wm. Chas. H. Stellas
(b) Address 16 S. Paca St. Hill Ave

19 (a) (b) Registrar

AUG 19 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1942 at 8:3A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1942 to Aug 15 1942 and that I last saw him alive on Aug 15 1942.

Immediate cause of death: Carcinoma of Liver
Carcinoma of Liver (2)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Van B Bennett M. D.
Address University Hospital Date signed 8-16-42

F 95017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95017 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined before it is written. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 18da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 613 W. Hoffman Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME RAYMOND SHIELDS

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Rosa Miles
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) July 30, 1890

8. AGE: Years	Months	Days	If less than one day
52	0	16	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Gardner
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-42 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs. Katie F. Williams
(b) Address 24 E. N. Lafayette Ave. Huntington Northside, W.Va.

19 (a) AUG 3 (Date rec'd by registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16, 1942, at 5:00a.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18, 1942 to Aug. 16, 1942, and that I last saw him alive on Aug. 16, 1942

Immediate cause of death	Duration
Cachexia and inanition	3 mo.
Due to Primary carcinoma of liver with metastasis to lungs	3 mo.
Due to	
Other Conditions Luetic aortitis with regurgitation	Unk.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. B. H. an deceased, M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 8/17/42

F 95018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95018 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 N. Carrollton Av
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Carrollton Av (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Mary Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex female | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Douglass Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/7/85

8. AGE: Years 56 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Eastern Shore, Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business —

FATHER
12. Name Unknown.
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Christina Oliver
(b) Address 204 N. Carrollton Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location —

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3229½ Schroeder St

19 (a) (Date received) AUG 20 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/15 1942 to 8/15 1942 and that I last saw h[illegible] alive on 8/15 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Cardio-Hypertensive Disease — 1 yr.

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature C. H. Pifer M.D.
Address 1536 W. Lanvale St Date signed 8/18/42

F 95019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH V 13 1 a

F 95019 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1032 Valley St
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 Valley St. (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country Germany

3 (a) FULL NAME John Steven

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anna B Steven
6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) 2/2/1863

8. AGE: Years 79 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name John Steven
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace Germany

16 (a) Informant Mrs Anna B Steven
(b) Address 1032 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel Cemetery
Location 5762 Old Frederick Rd

18 (a) Funeral director Edgar W. Conklin Son
(b) Address 924 E. Eager St.

19 (a) AUG 19 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18th 1942 at 8:29 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1937 to Aug 18 1942 and that I last saw h alive on Aug 16 1942.

Immediate cause of death
Congestive heart failure due to Chronic Myocarditis | Duration 5 yrs.
Due to arteriosclerosis
Due to
Other Conditions chronic nephritis & chronic bronchitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Libutzow M.D.
Address 714 S. Preston Date signed 8/19/42

VS 3

F 95020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 95020 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3714 Mohawk Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3714 Mohawk Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addye L. Copeter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Samuel E Copeter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13/1865

8. AGE: Years 76 | Months 11 | Days 5 | If less than one day: hr. min.

9. Birthplace New Haven Conn.
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name —a Turner
13. Birthplace Unknown.

MOTHER
14. Maiden Name Eliza Morris
15. Birthplace Unknown

16 (a) Informant Robert A Copeter
(b) Address 15 E Kirby St Wardell Detroit Mich

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20/1942 (month, day, year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Harry A. Tennacroft
(b) Address 4204 Ridgewood Ave

19 (a) AUG 19 1942 (Date received by Registrar) (b) Huntington Williamsville, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18th 1942, at 1 24 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 28th 1942, to Aug. 18 1942, and that I last saw her alive on August 17th 1942.

Immediate cause of death Cerebral Hemorrhage

Duration 21 days

Due to Hypertension
Duration - 5 years.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Earl L Chambers M. D.

Address 4108 Liberty Heights Ave. Date signed 8/18/42

F 95021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

F 95021

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18-10-18
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 639 West Lombard St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Annie Harrington

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife James P. Harrington.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1866

8. AGE: Years	Months	Days	If less than one day
76	-	21	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Matthew Mc Namee
13. Birthplace Ireland

MOTHER
14. Maiden Name Rose Carroll
15. Birthplace Maryland

16 (a) Informant Mt. Hope Retreat.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral.
Location

18 (a) Funeral director L. Vernon Lemmon
(b) Address 4611 Park Heights

19 (a) (Signature of Registrar) (b) Huntington Williams, M.D. Registrar

AUG 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1942, at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1934 to August 18 1942, and that I last saw her alive on Aug 18 1942.

Immediate cause of death: Repeated Coronary Thrombi — Duration: 3 wks

Due to:

Due to:

Other Conditions: Senile Dementia — 18 yrs

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel M. Gleason M. D.
Address 33 W. Lexington St. Date signed

F 95022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95022 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 3 21
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2544 McCulloh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Cook

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife John Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1885

8. AGE: Years	Months	Days	If less than one day
57	?	?	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name James Bowie
13. Birthplace ? Md

MOTHER
14. Maiden Name ? Sallie Watts
15. Birthplace ? Md.

16 (d) Informant friend
(b) Address ?

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Park.
Location Baltimore Md
18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W Biddle St
19 (a) (Date received by registrar) (b) Huntingtown Williams M.D. Registrar

AUG 19 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17 1942; at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-11 1942 to 8-17 1942, and that I last saw h alive on 8-17 1942.

Immediate cause of death Cerebral thrombosis — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Gastro

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. N. Rathbun
Address Balto. City Hosp. Date signed 8-18-42 (M. D.)

F 95023

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 95023

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be checked by applicant. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens Ave
(c) Hospital or institution: St Agnes Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Jessups
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hazel Marcelle Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 28

8. AGE: Years	Months	Days	If less than one day
	7	21	hr. min.

9. Birthplace Maryland
(town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Curley Hall
13. Birthplace Md.

MOTHER
14. Maiden Name Hazel Hall
15. Birthplace Md.

16 (a) Informant Mrs Hazel Hall
(b) Address Jessups Md

17 (a) Burial (b) Date thereof Aug 20-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Hill
Location Laurel Md

18 (a) Funeral director Lloyd Kaiser
(b) Address Laurel Md

19 (a) AUG 19 1942 Huntington Williams
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1942, at 6 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7 1942 to Aug. 18 1942, and that I last saw h[er] alive on Aug 18 1942.

Immediate cause of death Bronchopneumia — Duration

Due to Whooping Cough

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Arthur Rosberg M.D.
Address St Agnes Hosp. Date signed 8/18/42

VS 8

95024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95024

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Aisquith Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: MATTHEW JONES

3 (b) If veteran, name war

3 (c) Social Security Account No. 265-10-9384

4. Sex: male

5. Color or race: colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-22-1896

8. AGE: Years 45 | Months 10 | Days 21 | If less than one day hr. min.

9. Birthplace: Deerfield, Fla. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: Marie Jones
(b) Address: 214 Aisquith Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cem
Location: D. C. County Md

18 (a) Funeral director: William A Jackson
(b) Address: 916 Pennsylvania Ave Washington, D.C.

19 (a) AUG 19 1942 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13 1942, at 7:50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed August 19, 1942

95025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95025

Registered No. 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2030 Wilkens Ave
(c) Hospital or institution: 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 673 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANTONIA SKELPS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Lith (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Vincent Skelps
(b) Address 673 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kaminska
(b) Address 602 Wash. Blvd

19 AUG 19 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1942 at 6:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Coronary occlusion	
Due to		
Due to		
Other Conditions	No	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed Aug 19-42

95026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1861 Registered No. E 95026

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 673 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH SKELPS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Antonia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace Lith (Town, county, and state)

10. Usual Occupation Plumber

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Lith

MOTHER
14. Maiden Name Unknown
15. Birthplace Lith

16 (a) Informant Vincent Skelps
(b) Address 673 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Blair Rd

18 (a) Funeral director Joseph Kasmakas Inc
(b) Address 602 Washington Blvd

19 (a) Aug 19 19[illegible] (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1942, at 3:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) I find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death	Duration
Suffocation	
Due to Cave-in	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 18, 1942 at 3 P.M.
(c) Where did injury occur? Rear of 222 N. Culver St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Walls of ditch caved in

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed Aug 19-42

VS 6

F 95027

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1942 159 Registered No. F 95027

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Do not abbreviate. Use full name of person, town, or city. Give correct age in years, or if under one year, in months, days, hours, or minutes, as the case may be. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3339 Strickland St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose M. Weaver Baby Girl Weaver (Birth F-54880)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 2 - 1942
8. AGE: Years — Months — Days 16 If less than one day — hr. — min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —
12. Name of Father: Rowland L. Weaver
13. Birthplace of Father: Balto. Md
14. Maiden Name of Mother: Nellie Hearn
15. Birthplace of Mother: Balto Md
16 (a) Informant: Mary Weaver
(b) Address 3338 Strickland St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Co Md
18 (a) Funeral director F. R. WIPPERT, SON
(b) Address 300 Eutaw Place
19 (a) AUG 19 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1942, at 9 50 M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1942 to Aug 18 1942 and that I last saw her alive on Aug 18 1942.

Immediate cause of death: Premature birth — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Arthur Bowling, M.D.
Address St. Agnes Hosp. Date signed Aug 19 1942

VS 3

F 95028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13 1a

F 95028

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3210 Elderslie Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3210 Elderslie Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Gustmyer

3 (b) If veteran, name war

3 (c) Social Security Account No. [illegible]

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 13 1867

8. AGE: Years 75 | Months 5 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Baker Retired

11. Industry or business

FATHER
12. Name John Gustmyer
13. Birthplace Germany

MOTHER
14. Maiden Name Marguerite Koch
15. Birthplace Baltimore Md

16 (a) Informant B Henry Gustmyer
(b) Address 3210 Elderslie Ave

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 8/20/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Md
Location Baltimore Md

18 (a) Funeral director [illegible] & Son Inc.
(b) Address 1217 E Fayette St

19 (a) AUG 19 1942 (Date rec'd by Registrar) (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1942 10:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . to 19 . and that I last saw h alive on 19 .

Immediate cause of death: Arteriosclerosis - renal - vascular disease.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. L. Ewart Jr. M. D.
Address 36 York Ct. Date signed 8/18/42

F 95029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 95029 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Metzerwald Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Stewart Burbindine (birth F55565)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 1942

8. AGE: Years | Months | Days: * | If less than one day: 15 hr. 20 min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation New Born

11. Industry or business

FATHER
12. Name Donald Burbindine
13. Birthplace Maryland

MOTHER
14. Maiden Name Marita Clomax
15. Birthplace Maryland

16 (a) Informant Marita Clomax
(b) Address 3804 Metzerwald Ave Balt.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 19 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) AUG 18 1942 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1942, at 2 09 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1942, to Aug 18 1942, and that I last saw h alive on 19

Immediate cause of death: Prematurity — Duration: 1.

Due to Premature Birth (35 weeks - Lower Extremities)

Due to

Other Conditions Atelectasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Atelectasis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John M. Fuller Jr. M.D.
Church Home + Infirmary
Address Date Signed 8-18-42

VS 8

9345

95030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 95030

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address ~~1100~~ Lafayette Ave. + John Sts.

(c) Hospital or institution:

Women Hospital. Balt.

(d) Length of stay in hospital or inst. (yrs., mos., or days) today

(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2927 Harrison Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Stoplamon (Birth F 55282)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-17-42

8. AGE: Years	Months	Days	If less than one day
0	0		5 hr. 30 min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Gratti Stoplamon

13. Birthplace

MOTHER 14. Maiden Name Dorothy Elliott

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHNS HOPKINS MEDICAL SCHOOL AUG 19 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 AUG 18 1942 (b) Huntington Williams, M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1942, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1942 to Aug 17 1942, and that I last saw him alive on Aug 17 1942.

Immediate cause of death	Duration
a. Atelectasis, foetal	
Due to prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James L. Gannon Jr. M. D.

Address Date signed

VS 8

9340

F 95031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 113

F 95031
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 Chesley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Chesley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adel Rosenthal

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Frank Rosenthal

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19-1857

8. AGE: Years 84 | Months 11 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER
12. Name Wm Marley
13. Birthplace Balto

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Alberta Rosenthal
(b) Address 2916 Chesley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20th (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2008 Arlington Ave

19 (a) AUG 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1942 at 9 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6 1942 to 8/17 1942.
and that I last saw h alive on 8/17 1942

Immediate cause of death Emphysema
(a) Fungus

Due to

Due to

Other Conditions Hypostatic Pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Myers Foley M. D.
Address 5703 Harford Rd Date signed 8/18/42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95032 **CERTIFICATE OF DEATH** F 95032

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2534 E. Fayette St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME FREDERICK WALLACE

If U. S. Veteran specify WAR

(a) Residence: No. 2534 E. FAYETTE ST. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Wallace

6. DATE OF BIRTH (month, day, year) Aug 6 - 1875 SS. 212-05-8406

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Leon Wallace

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elmer Wallace

(Address) 1636 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Mem Aug 20 19 42

19. UNDERTAKER Ulrich Funeral Home

(Address) 200 E. Lafayette Ave. Baltimore, Md.

20. FILED AUG 19 1942 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8/17/1942.

22. I HEREBY CERTIFY, That I attended deceased from JAN. 1941. to 8/17/1942.

I last saw him alive on 8/10/1942. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CANCER OF PROSTATE	1940
HYPERTENSIVE HEART DISEASE	1942

Other contributory causes of importance: HYPERTENSION.

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Benj. B. Mace M. D.

(Address) 448 N. Lozerne Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 95033

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95033 Registered No. 1004

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina St -
(c) Hospital or institution: St Joseph's Hosp 7641
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413 S. Clinton St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George T Binko Bingo

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-9019

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Baltimore - Md.
(Town, county, and state)

10. Usual Occupation Machinist Foreman
11. Industry or business Bethlehem Steel

FATHER
12. Name John Bingo
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace Czechoslovakia

16 (a) Informant Mary Bingo
(b) Address 413 S Clinton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 19 42 (month) (day) (year)
(c) Cemetery or crematory Leakin Park
Location Balto Co Md

18 (a) Funeral director
(b) Address 24[illegible] Huntington Ave, Wollaston, Mass

19 (a) AUG 19 1942 (Date received by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1942, at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14 1942, to 8-18 1942, and that I last saw him alive on 8-18-1942 5:45 pm.

Immediate cause of death Pulmonary embolism

Due to Phlebitis of leg

Due to

Other Conditions After hip + leg injuries

(Include pregnancy within 3 months of death)

Date of operation Aug 10, 1942

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Lupik M. D.
Address St Joseph's Hosp Date signed 8/19/42

F 95034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1672 F 95034

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 308 E 25th St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 E. 25th St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Helene E Schatdach

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Leonard Schatdach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2-1864

8. AGE: Years 78 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Theo Schwartz

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Dont Know

MOTHER 15. Birthplace Germany

16 (a) Informant Mrs Lizzie Schmidt

(b) Address 3330 Gwynn Falls Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21/42 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel Cem

Location Balto

18 (a) Funeral director Ulrich Funeral Home

(b) Address 200 E Arlington Ave Huntingtown Williamsport, Md.

19 (a) AUG 19 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1942; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1942 to Aug 18 1942, and that I last saw her alive on Aug 17 1942.

Immediate cause of death Senility

Infirmities of age

Due to Infirmities

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. D. Carman M. D.
Address 1701 N Carolina Ave Date signed Aug 18 1942

VS 8

F 95035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1830

F 95035

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4100 Parkwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4100 Parkwood Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Richard R. Moraue

3 (b) If veteran, name war

3 (c) Social Security Account No. no Card

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Johanna Moraue
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 1 1887

8. AGE: Years 58 | Months 3 | Days 17 | If less than one day ... hr. ... min. 16

9. Birthplace (Town, county, and state) Germany

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Rudolph Moraue
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Johanna Moraue
(b) Address 4100 Parkwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20 42
(month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Md

18 (a) Funeral director Lorenz Undertaking
(b) Address 2911 Pitcher St Huntington Williams, W Va

19 (a) Aug 18 1942 (b) Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1942, at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1942 to Aug 17 1942
and that I last saw him alive on Aug 17 1942.

Immediate cause of death: Myocardial Failure Pneumonia — Duration 1 day

Due to Cerebral Hemorrhage — 5 yrs

Due to Arteriosclerosis — 3

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herbert Bamford M. D.
Address 810 Park Ave Date signed Aug 18 1942

F 95036

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1932 Registered No. F 95036

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 W Lakewood Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 419 W. Lakewood Av
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence R. Lentz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Charles E. Lentz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-23-1884

8. AGE: Years	Months	Days	If less than one day
57	7	1	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Solomon V. Felder
13. Birthplace Balto Md

MOTHER
14. Maiden Name Harriet Smith
15. Birthplace Va

16 (a) Informant Charles E. Lentz
(b) Address 419 W Lakewood Av
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-20-42 (month) (day) (year)
(c) Cemetery or crematory Oakland Cem
Location
18 (a) Funeral director Leonard J. Rupp
(b) Address 6305 Harford Rd.
AUG 19 1942 Huntington Williams M.D. Registrar
(Date Rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to 8/17 1942 and that I last saw her alive on 8-17 1942

Immediate cause of death Arteriosclerosis — Duration 3 yrs
Due to Acute Myocarditis — 1 wk
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Edward L. Koch M.D.
Address 2550 Baltimore Date signed 8/19/42

VS 8

F 95037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95037 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2588 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2588 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME William A. Felton

3 (b) If veteran, name war World War
3 (c) Social Security Account No. 215-10-2683

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Edie M. Clark
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) April 18-1894

8. AGE: Years 48 Months 4 Days — If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Sells Tennis Balls

FATHER
12. Name John H. Felton
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Lentz
15. Birthplace Germany

16 (a) Informant Edie M. Felton
(b) Address 2588 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Road

18 (a) Funeral director F. B. WIPPERT - SON
(b) Address 300 Eutaw Place

19 (a) Aug 19 1942 (b) [illegible] Registrar

AUG 19 1942 VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1942, at 6.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1942, to Aug 18 1942, and that I last saw him alive on Aug 18 1942.

Immediate cause of death: Acute Dilation Cardiac — Duration: 5 minutes

Due to: Sclerosis Coronary Artery. & Occlusion. — Duration: One month.

Due to: Myocarditis Chronic. — Duration: No known.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Graham Masten M. D.
Address 516 Cathedral St Date signed Aug 19-42.

F 95038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95038 / 1312 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 Cliftwood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Chance

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1910

8. AGE: Years	Months	Days	If less than one day
32			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Chance
13. Birthplace Md.

MOTHER
14. Maiden Name Sadie Quinby
15. Birthplace Md.

16 (a) Informant Hosp. Records
(b) Address Univ. Hosp.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/21/42 (month) (day) (year)
(c) Cemetery or crematory Centreville
Location Centreville, Md.

18 (a) Funeral director C. J. Timmons & Son
(b) Address 1938 E. Lafayette Ave. Huntingtown Williams, Md.

AUG 19 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1942, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 23 1942, to Aug. 19 1942, and that I last saw him alive on Aug. 19 1942

Immediate cause of death	Duration
Chronic glomerulo Nephritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. C. Wilder M. D.
Address Univ. Hospital Date signed 8/19/42

VS 3

95039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 95039 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts.
(c) Hospital or institution:
Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 825 N. Bruce St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Jennings

3 (b) If veteran, name war No

3 (c) Social Security Account No. 4445

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Florence Jennings
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~12/21/65~~

8. AGE: Years	Months	Days	If less than one day
~~77~~ 69	8	9	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name William H. Jennings
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sudat Carroll
15. Birthplace Cork Ireland

16 (a) Informant Mrs. Florence Jennings
(b) Address 825 N. Bruce St. Balto

17 (a) Buried (b) Date thereof 8/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Wilson Conroe
(b) Address 1217 Eutaw St

19 AUG 20 1942 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1942, at 5.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1942, to Aug. 18 1942, and that I last saw h[illegible] alive on Aug. 18 1942.

Immediate cause of death	Duration
Arteriosclerotic Hypertensive Cardio Vascular Disease	3 days on Hosp.
Due to	
Due to	
Other Conditions Terminal Pulmonary Oedema	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. T. Moore M. D.
Address Bon Secours Hosp. Date signed 8/18/42

(over)

VS 3

95040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

F 95040 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and the correct answer given. Physicians: please write the causes of death clearly and legibly. This certificate is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd. & Herring Run
(c) Hospital or institution: Lyndenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Brooklyn, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3603 Brooklyn Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** NORWOOD BRANHAM

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Child

6 (b) Name of husband or wife —
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1942

8. AGE: Years 1 | Months 6 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER 12. Name Unknown
13. Birthplace "

MOTHER 14. Maiden Name Irene Brenham
15. Birthplace Va

16 (a) Informant Mary E Hettinger
(b) Address 3603 Brooklyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glenburnie, Md.

18 (a) Funeral director Wilson & Son
(b) Address 1214 Light St.

19 (a) Date received AUG 20 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1942, at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 13 1942 to Aug. 18 1942, and that I last saw him alive on Aug. 18 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Tuberculous Meningoctes	
Due to Pulmonary Tuberculosis	
Other Conditions Generalized Tuberculosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature K. Kenneth Thackeray M. D.
Address Lyndenham Hosp. Date signed 8/19/42

F 95041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a ✓ Registered No. F 95041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 N Calvert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 N Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha C Rafferty

3 (b) If veteran, name war: Not in
3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Harry R Rafferty
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Dec 17 1865

8. AGE: Years 56 | Months 8 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John A Wakeland
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Sarah E Mussey
15. Birthplace Harford Co Md

16 (a) Informant Elizabeth T Ganton
(b) Address 1614 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/42 (month) (day) (year)

(c) Cemetery or crematory Patterson
Location Baltimore Md

18 (a) Funeral director Wilfong & Dove
(b) Address 217 E Lexington St

19 (a) AUG 20 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1942, at 6 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to Aug 19 1942 and that I last saw her alive on Aug 19 1942

Immediate cause of death: Chronic Myocarditis

Due to:

Due to:

Other Conditions: Chronic Interstitial Nephritis (Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

Duration
7 yrs

PHYSICIAN: Under the the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: A A Richardson
Address 1122 N 25th St Date signed Aug 19 1942

VS 3

F 95042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95042 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3012 Glendale Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Glendale Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER REBSTOCK

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 215-07-0548

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Laura Rebstock
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Jul.6.1888

8. AGE: Years	Months	Days	If less than one day
54	1	11	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Oven operator
11. Industry or business Emerson Drug Co.

FATHER
12. Name Charles Rebstock-deceased
13. Birthplace Baltimore

MOTHER
14. Maiden Name Marie Antoinette Sheckels
15. Birthplace Baltimore

16 (a) Informant Mrs. Laura Rebstock (Wife)
(b) Address 3012 Glendale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 20. 1942 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Pk.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) AUG 20 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17. 1942 at 11.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10, 1942 to Aug. 17, 1942 and that I last saw him alive on Aug. 17, 1942.

Immediate cause of death: Coronary Heart Disease — Duration 7
Due to Generalized Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Janney M. D.
Address 710 Harford Rd. Date signed 8/19/42

F 95043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95043

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens Ave. Relay Md
(c) Hospital or institution: St Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County Balt.
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. Relay, Md (If rural, give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME John Lillian Masson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Single

6 (b) Name of husband or wife ------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) --------

8. AGE: Years	Months	Days	If less than one day
About 19	—	—	— hr. — min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business -----

FATHER
12. Name John Masson
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Sarah Audrey
15. Birthplace Maryland

16 (a) Informant Miss Lillian B. Masson
(b) Address 807 W. University Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert St.

19 (a) (Date received by registrar) AUG 20 1942 Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/19/42 at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/18 19 42 to 8/19 19 42 and that I last saw him alive on 8/19 19 42

Immediate cause of death Septicemia — Duration 2 days

Due to abscess of neck — 2 weeks

Due to Teeth

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 8/19

Major findings of operation: abscess of neck drained

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H A Dwyer M. D.
Address St Agnes Hosp Date signed 8/19/42

VS 3

F 95044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/10 F 95044 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1307 Ashland Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Ashland Ave
If rural, give location in terms of distance and direction from center of town. 25 South of Dunbar on St.
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-5782

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Sarah Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7 1900

8. AGE: Years	Months	Days	If less than one day
41	8	10	hr. min.

9. Birthplace Howard Co. Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Johnson
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Rachel Johnson
15. Birthplace Howard Co. Md.

16 (a) Informant Nellie McKnight
(b) Address 1307 Ashland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Lafayette Cem
Location Anne Arundel County

18 (a) Funeral director Byron & Mamie Wright
(b) Address 721 Resquith St.

19 (a) (Date received by Local Registrar) AUG 20 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 17 1942, at 6.45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death	Duration
Cardiac Failure & Decompensation	
Due to Chronic Cardio-vascular-renal	
Due to Disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McKelly M.D.
Medical Examiner.
Date signed 8/17/42

VS 6

95045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95045 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully furnished, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3031 Abell Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Abell Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie M Potts

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Charles E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1883
8. AGE: Years 59 | Months 3 | Days 2 | If less than one day: hr. min.
9. Birthplace Richmond Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George A Hooper
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Julia Mitchell
15. Birthplace Ga

16 (a) Informant Charles E Potts
(b) Address 3031 Abell Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location East End North Ave

18 (a) Funeral director Uniform Burial Co Inc
(b) Address 1217 St Paul Street

19 (a) AUG 20 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1942 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1942 to Aug 19, 1942 and that I last saw her alive on Aug 19 1942

Immediate cause of death: Cerebral hemorrhage
Due to: Arteriosclerosis
Due to:
Other Conditions: Gastric ulcer, Partial intestinal obstruction
(Include pregnancy within 3 months of death)

Duration: 2 hours, Indefinite

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jno B. Seybert M. D.
Address 2802 Harford Rd Date signed 8-19-42

F 95046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13 N

Registered No. F 95046

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1639 N. Milton av
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1639 N. Milton av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Pinder

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Solomon Pinder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1858

8. AGE: Years 84 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Denton Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Benjamin F. Knotts.
13. Birthplace Md.

MOTHER
14. Maiden Name Lydea Turner
15. Birthplace Md.

16 (a) Informant Lydia Wagner (Daughter)
(b) Address 1639 N. Milton av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21 42 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location Parkville Md

18 (a) Funeral director William Cook Sons
(b) Address 1217 St Paul Street

19 (a) AUG 20 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1942, at 4 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 18 1942, to Aug 18 1942, and that I last saw her alive on Aug 17 1942.

Immediate cause of death	Duration
Mitral Regurgitation	2 mos
Due to Pneumonia	
Due to	
Other Conditions Chr. Interstitial Nephritis	8 mo

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. A. Stearns M. D.
Address 2878 Harford Rd Date signed 8 19 42

95047

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

480 F 95047 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and complete. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1648 Chilton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1648 Chilton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Isabelle Jean Hickcox

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles G Hickcox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 16 1892

8. AGE: Years 50 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Kinlough Ireland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name George Lukely
13. Birthplace Ireland

MOTHER
14. Maiden Name Katherine Stenson
15. Birthplace Ireland

16 (a) Informant Charles Hickcox
(b) Address 1648 Chilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Co. Md

18 (a) Funeral director Wilson & Son
(b) Address 2170 E Fort Ave

19 AUG 20 1942 (Date filed by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1942 at 6 16 M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/1/41 to 8/18/1942, and that I last saw h alive on 8/17/42.

Immediate cause of death: Carcinoma of cervix with metastasis.
Due to
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Jan. 30, 1942
Major findings of operation: Carcinoma of cervix with metastasis.
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Friedman, M.D.
Address 1319 Eutaw St. Date signed 8/19/42

VS 3

F 95048

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95048
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2008 Guilford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marshal Evans

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3/1910

8. AGE: Years	Months	Days	If less than one day hr.	min.
32	8 7	15		

9. Birthplace Smith Island Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles C. Evans
13. Birthplace Smith Island

MOTHER
14. Maiden Name Mildred Bain
15. Birthplace Smith Island

16 (a) Informant Mother
(b) Address 2008 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22/42 (month) (day) (year)
(c) Cemetery or crematory Smith Island
Location Md.

18 (a) Funeral director John Bradshaw
(b) Address Crisfield, Md. Huntington Williams, M.D.

19 (a) AUG 20 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1942, at 4 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-6 1940, to 8-18 1942, and that I last saw him alive on Aug. 18 1942.

Immediate cause of death Pulmonary Tuberculosis — Duration 6 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 1938 Thoracoplasty
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. W. Jacobson M. D.
Address 1600 N. Charles St Date signed 8-19-42

VS 2

F 95049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43 F 95049 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square
(c) Hospital or institution: Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 W Franklin St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Jerry Mc Burroughs

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-4016

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20, 1899

8. **AGE:** Years: 43 | Months: 4 | Days: 27 | If less than one day, hr. min.

9. Birthplace South Carolina (town, county, and state)

10. Usual Occupation Shell Loiner

11. Industry or business

FATHER
12. Name Jack Mc Burroughs
13. Birthplace South Carolina

MOTHER
14. Maiden Name Jane
15. Birthplace South Carolina

16 (a) Informant Mable Mc Burroughs
(b) Address 1000 W Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21, 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Baltimore & Pulaski

18 (a) Funeral director Joseph A. Lyell
(b) Address 939 N Mount St

19 (a) (Date received by Registrar) AUG 20 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8.14.42 19 to 8.17.42 19, and that I last saw h/m alive on 8/17/42 19

Immediate cause of death — **Duration**

Cerebral Hemorrhage

Due to Hypertensive C.V. Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. **Signature** J E Boardman Jr M. D.
Address Franklin Sq. Hosp Date signed 8/17/42

95050 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

F 95050

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Living in Private Home

CITY OF BALTIMORE: (No. 600 Chapel gate Lane St., Ward .....

Length of residence in city or town where death occurred 1 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Maria Oliva Frost

If U. S. Veteran specify WAR .....

(a) Residence: No. Ellicott City Md St., ... Ward Howard Co.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

FATHER

13. NAME Elias S. Frost

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sophia

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frank Frost

Address Room 1 Bldg Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem Date Aug 21 1947

19. UNDERTAKER Easton Sons

(Address) Ellicott City Md.

20. FILED AUG 20 1947 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 19, 1947

22. I HEREBY CERTIFY, That I attended deceased from December, 1940 to August 19, 1947

I last saw h 9r alive on August 18, 1947 Death is said to have occurred on the date stated above, at 7 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	1930?
Arteriosclerotic Cardio Vascular Disease	1930?
Pulmonary edema	August 16 1947

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Earl Pars M. D.

(Address) 4001 Wilkens Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 95051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 ✓

F 95051 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined before the certificate is typed. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 925 W Lombard

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)

(d) Street No. 925 W. Lombard St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter Jokubaitis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 78 Months Days If less than one day hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Lithuania

MOTHER 14. Maiden Name Unknown

15. Birthplace Lithuania

16 (a) Informant Peter Jokubaitis

(b) Address 925 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Joseph Kasiukevicz

(b) Address 1621 Aisquith St

19 (a) AUG 20 1942 (Date rec'd by registrar) (b) Hunting Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1942 at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to August 1942, and that I last saw him alive on August 2 1942.

Immediate cause of death Decompensating heart disease

Due to Mitral stenosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Milton Shapiro M.D.

Address 1421 W. Fayette St Date signed 8/19/42

VS 3

F 95052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330 Registered No. F 95052

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 W Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 W. Hamburg St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RITA. V. WALEGA

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex FEM. | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife JOSEPH. T. WALEGA

6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) NOV 11 1918

8. AGE: Years 23 | Months 9 | Days 7 | If less than one day ... hr. ... min.

9. Birthplace BALTO MD (Town, county, and state)

10. Usual Occupation HOUSE WIFE

11. Industry or business

FATHER 12. Name DENNIS. J. MITCHELL

13. Birthplace BALTO MD

MOTHER 14. Maiden Name ALICE CUNNINGHAM

15. Birthplace BALTO MD

16 (a) Informant Joseph. T. WALEGA

(b) Address 625 W HAMBURG ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8—22 42 (month) (day) (year)

(c) Cemetery or crematory CATHEDRAL

Location Balto MD

18 (a) Funeral director Bernard C Hasle

(b) Address 1 AUG 2 1942 West St

19 (a) ... (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 18 1942 at 10 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1942 to Aug 18 1942 and that I last saw h... alive on Aug 18 1942

Immediate cause of death: Coronary Thrombosis — Duration 1 Day

Due to Bronchio-pneumonia — 5 Days

Due to Grippe — 8 Days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Hawkins M.D.

Address 1 E Eutaw St Date signed Aug 20 42

VS 3

F 95053

HEALTH DEPARTMENT—CITY OF BALTIMORE

89096 A

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 901 Aisquith Street St. 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sr. M. Edwina Hoffman

If U. S. Veteran specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 6, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71		15 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Teacher

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Hoffman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Sarah Vallely

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Sisters of Notre Dame
(Address) 901 Aisquith. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Notch Cliff. Date Aug. 21st 1942

19. UNDERTAKER Geo. M. Fink & Son.
(Address) 821 N Wolfe. St.

20. Filed AUG 20 1942 19 Huntington Mitchell, M.D. Registrar

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

V S 2

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug. 19, 42, 19

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1942, to Aug. 19 42, 19 42

I last saw her alive on Aug. 14, 19 42 Death is said to have occurred on the date stated above, at 6.30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma	
Lung-pleural cancer	
Other contributory causes of importance:	
left breast	

Was an operation performed? yes Date of 6 Weeks ago

For what disease or injury? Cancer breast

Name of operation radical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E J Kirby M. D.

(Address) 116 E Madison St

F 95054

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

931 F 95054 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4510 Schenley Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4510 Schenley Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Mary Elizabeth Swem

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John G. Swem
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8-1859

8. AGE: Years 82 | Months 10 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name John N. Sands
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Barclay
15. Birthplace Maryland

16 (a) Informant John G. Swem
(b) Address 4510 Schenley Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21-1942 (month) (day) (year)
(c) Cemetery or crematory Carroll Chapel
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Bruce
(b) Address 3421 Falls Road

19 (a) AUG 20 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19- 1942, at 5-10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1942 to August 18 1942, and that I last saw h[illegible] alive on Aug 18 1942.

Immediate cause of death Arteria-Sclerotic Myocardial disease — Duration 5 Mos.
Due to Bronchio-Pneumonia — 2 days
Due to —
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation No operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gibson Porter
Address 4822 Roland Ave Date signed 8/19/42 M. D.

VS 8

F 95055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

F 95055 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S. Curley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harrison M. Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-03-4730

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Theresa B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1888

8. AGE: Years	Months	Days	If less than one day
54		17	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER 12. Name Benjamin N. Jones Sr.

FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Unknown

MOTHER 15. Birthplace Maryland

16 (a) Informant Theresa B. Jones

(b) Address 115 S. Curley Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave

18 (a) Funeral director William M. Marock

(b) Address 715 Light St

19 (a) AUG 20 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17- 1942, at 4:10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death Fractured skull

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-17-42 at 3:30 P.M
(c) Where did injury occur? 113 S. Curley Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? yes
(e) Means of injury Fell from porch to cement pavement

23. Signature Howard J. Sheads M.D. Medical Examiner.

Date signed 8-18-42

F 95056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1192

F 95056 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Elkridge Md Box 95 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Corine Blackstone

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1941

8. AGE: Years	Months	Days	If less than one day: hr.	min.
1	2.1	1		

9. Birthplace Anne Arundel Co. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Wesley Blackstone
13. Birthplace Md

MOTHER
14. Maiden Name Sadie Parker
15. Birthplace Md

16 (a) Informant Sadie Parker Blackstone
(b) Address Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 8/22/42 (month) (day) (year)
(c) Cemetery or crematory Blackstone Cem.
Location Elkridge Md

18 (a) Funeral director C. C. Hyatt & Son
(b) Address Ellicott City, Md.

19 (a) AUG 20 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 1942, at 6.05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14-1942, to 8-20-1942, and that I last saw her alive on 8-20-1942.

Immediate cause of death: Acute gastro enteritis (non specific disorder)
Due to
Due to
Other Conditions: Malnutrition (Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 6 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. W. Reckling M. D.
Address Provident Hospital Date signed 8-20-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95057 F 95057

CERTIFICATE OF DEATH

1. PLACE OF DEATH 305 Winston Ave 93N

CITY OF BALTIMORE: (No. ____ St., 11 Ward)

Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Miss Ida M Beard 71

If U. S. Veteran specify WAR ____

(a) Residence: No. 305 Winston Ave St., ____ Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert Beard

6. DATE OF BIRTH (month, day, year) Oct. 23, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
72	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Meyers

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Sarha Findley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Miss Ada G. Beard
(Address) 305 Winston Ave. Govans.

18. BURIAL, CREMATION, OR REMOVAL
Place State Ridge Cem. Date Aug. 21, 19 42

19. UNDERTAKER John A. Mosano
(Address) 4201 Greenmount Ave.

20. FILED ____, 19____ ____

AUG 20 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 18, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 19 41, to August 18, 19 42
I last saw h__ alive on August 16, 19 42. Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal	
Other contributory causes of importance: Arteriosclerosis	

Was an operation performed? ____ Date of ____

For what disease or injury? ____

Name of operation ____

What test confirmed diagnosis? Clinical Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Eldora Roberts M. D.

(Address) 6100 York Road Baltimore Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any omission or error of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 95058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

F 95058
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Johnson Sts.
(c) Hospital or institution:
Hospital for the Women of Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Northway
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sophie Luther Regnier.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Female	White	Widowed

6 (b) Name of husband or wife Louis Regnier
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 20, 1866

8. AGE: Years	Months	Days	If less than one day
76	4	28	hr. min.

9. Birthplace Rhode Island
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name William Luther
13. Birthplace Providence R. I.

MOTHER
14. Maiden Name Margaret Luther
15. Birthplace Providence R. I.

16 (a) Informant Mrs J. Clarke Mathai (cousin)
(b) Address 212 Northway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director STEWART & MOWER COMPANY
(b) Address [illegible]

19 (a) AUG 20 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1942, at 10:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 11 1942, to August 18 1942, and that I last saw her alive on August 18 1942.

Immediate cause of death	Duration
Cardiac failure	8 days
Due to Arteriosclerosis	
Heart disease	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Sutterlin M. D.
Address Women's Hospital Date signed 8-19-42

F 95059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 95059 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2922 N. Calvert St.
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto. City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2922 N. Calvert St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Augusta England Grimes

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Chas. L. Grimes
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 31, 1855
8. AGE: Years 87 | Months 0 | Days 17 | If less than one day: hr. min.
9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Home

FATHER
12. Name Jos. J. Grimes
13. Birthplace New Castle, Del.

MOTHER
14. Maiden Name Mary E. Middleton
15. Birthplace Bel Air, Md.

16 (a) Informant Mrs. Jeanette F. Rinehart
(b) Address 2922 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave, City.

18 (a) Funeral director STEWART & BOWEN COMPANY
(b) Address (U. F. Bowen Mgr.) 100 S. Gilmor Avenue

19 (a) (b) Huntington Williams, M.D.

AUG 20 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 18 1942, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 11 1942 to Aug 18 1942, and that I last saw h.er. alive on August 18 1942.

Immediate cause of death: myocarditis with oedema — Duration: 3 weeks

Due to: general cardiac irregularities due to arteriosclerosis — 4-5 years

Due to: —

Other Conditions: Diabetes mellitus — 10+

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Randall Smith, Jr.
Address 1014 St Paul St. Date signed 8/20/42 M. D.

F 95060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

62 b

F 95060 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2726 Fox st

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2726 Fox st (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ratie Clash

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Leven Clash

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6, 1904

8. AGE: Years	Months	Days	If less than one day
37	11	10	hr. min.

9. Birthplace N. C (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Levy Perry

13. Birthplace N. C.

MOTHER 14. Maiden Name Not Known

15. Birthplace

16 (a) Informant Leven Clash

(b) Address 2726 Fox St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1 [illegible] Huntington Williams, M.D.

19 (a) (Date received) AUG 20 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 16 1942 at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Aug 16 1942, and that I last saw h[illegible] alive on Aug 13 1942

Immediate cause of death	Duration
Carcinoma of Bladder and Ureter	
Due to —	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation July 1942

Major findings of operation: Carcinoma at Johns Hopkins

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature Hugh S. Hawkins M. D.

Address 1202 Stockton Date signed 8-18-42

F 95061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95061 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Streets
(c) Hospital or institution:
Md. University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hampton Court Apts
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward K Deichmann

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1871

8. AGE: Years	Months	Days	If less than one day
70	7	25	hr. min.

9. Birthplace Balti Md
(Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business

FATHER
12. Name Edward Deichmann
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Kuhnert
15. Birthplace Bristol, Penn.

16 (a) Informant Dr. Geo L Deichmann
(b) Address 514 E Chase St Gate Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry H. Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

AUG 20 1942 (Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1942 at 10:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 11 1942 to August 19 1942 and that I last saw him alive on August 19 1942.

Immediate cause of death Metastatic Carcinoma of undetermined primary site

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation August 14, 1942

Major findings of operation: Metastatic Carcinoma of liver. Cirrhosis of liver

of autopsy: Same

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. T. Raby M.D.
M. D.
Address University Hospital Date signed August 19, 1942

VS 3

F 95062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

M/N F 9506[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2121 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY KATHERINE JONES

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 219 - 10 - 6461

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4, 1879

8. AGE: Years 62 | Months 9 | Days 15 | If less than one day: hr. min.

9. Birthplace Dover, Del.
(Town, county, and state)

10. Usual Occupation machine operator

11. Industry or business Hynson Wescott & Dunning

FATHER
12. Name Samuel T. Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary R. Bennett
15. Birthplace Delaware

16 (a) Informant Mrs. Virginia Mansfield
(b) Address 236 E. 25th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/42 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) North & Pa., Balto., Md.

AUG 20 [illegible]
(Date rec'd by registrar)
Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1942 at 12 [illegible] M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to h[illegible] death on the day stated above.

Immediate cause of death: Fracture of skull — Duration:

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation ho

Major findings of operation:

of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 16/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 16, 1942 at 10 P. M
(c) Where did injury occur? Edmondson Ave + Loudale (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? [illegible]
(e) Means of injury pedestrian struck by auto

23. Signature W. Wallenmaier M.D.
Medical Examiner.
Date signed 8-19-42

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95063 93dF 95063

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 Venable Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 Venable Ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country U. S. A.

3 (a) FULL NAME LINO J. JIMENEZ

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212-18-7681

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife: Felecita C. Jimenez
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/13/1860

8. AGE: Years	Months	Days	If less than one day
82	6	7	hr. min.

9. Birthplace Mantanzas, Cuba (Town, county, and state)
10. Usual Occupation Druggist retired
11. Industry or business J. O. Harrison

FATHER
12. Name --
13. Birthplace

MOTHER
14. Maiden Name --
15. Birthplace

16 (a) Informant Mrs. Carey Jarman
(b) Address 11 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Frederick Rd., Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

AUG 20 1942 Washington Millimans Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20, 1942 at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1942 to Aug 20 1942 and that I last saw him alive on Aug 20 1942

Immediate cause of death	Duration
Acute Cardiac Dilatation	2 hrs
Due to Chronic Myocardial degeneration	9 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Harry Ryder, M.D.
Address 1100 E. Pratt Date signed 8/20/42

F 95064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a F 95064 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3952 Pentwurst Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3952 Pentwurst Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Greenbaum

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	None	Male	White	Widower

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 12, 1867

8. AGE: Years	Months	Days	If less than one day
75	7	8	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired Butcher
11. Industry or business

FATHER
12. Name Leopold Greenbaum
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah ?
15. Birthplace Germany

16 (a) Informant Mr. Henry Greenbaum
(b) Address 3952 Pentwurst Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balt. Md.

18 (a) Funeral director Harris Sonneborn & Son
(b) Address 1400 Eutaw Place

19 (a) AUG 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20th 1942, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on Aug 20th 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 1 day
Due to Arteriosclerosis
Due to senility
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Poulton, M.D.
Address 3909 Harrison Date signed 8/20/42

Robert Lee Graham, M.D. Surg

VS 3

F 95065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1716

Registered No. F 95065

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BLANKS RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5709 Garland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lee R. (Smithson) Sothoron

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-1999

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Bessie R. Sothoron
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1916

8. AGE: Years	Months	Days	If less than one day
26	2	5	hr. min.

9. Birthplace Eastern Shore, Md.
(Town, county, and state)
10. Usual Occupation Street car Operator
11. Industry or business

FATHER
12. Name William Sothoron
13. Birthplace St. Mary's Co. Md.

MOTHER
14. Maiden Name Bertha Wolley
15. Birthplace Eastern Shore, Md.

16 (a) Informant Mrs. Bessie Sothoron
(b) Address 5709 Garland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd

18 (a) Funeral director Leonard J. Peake
(b) Address 5030 Harford Rd.

19 (a) AUG 20 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19 1942 at 11 55 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) inquest & autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Crushing injuries of thighs and legs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 7/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 19 1942 at 9 30 A.M
(c) Where did injury occur? Gardenville Loop, Belair Road
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial place While at work? yes
(Specify type of place)
(e) Means of injury Struck by street car

23. Signature Robert Lee Grattan M.D.
Medical Examiner.
Date signed Aug. 19 1942

F 95066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48 F 95066 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3905 Sunhill Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3905 Sunhill Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susanne K Gronhardt

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Gronhardt Jr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 1875

8. AGE: Years 67 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Adolphe J Ran
13. Birthplace France

MOTHER
14. Maiden Name Helen Schultz
15. Birthplace Germany

16 (a) Informant John Gronhardt Jr
(b) Address 3905 Sunhill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Fulton M Inc
(b) Address 1317 E Pratt St

19 (a) (To be registrar) (b) Huntington Williams M.D.

AUG 20 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1942 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1930 to Aug 18 1942 and that I last saw her alive on Aug 18 1942

Immediate cause of death Cerebral Concussion — Duration 12 hours

Due to Carcinoma of Uterus Removed in 1936 —

Due to Carcinoma of Ovary Removed 1939 —

Other Conditions Carcinoma of Rectum + Nervous System
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Smith M. D.
Address 4509 Eastern Ave Date signed Aug 19

F 95067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 95067 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and accurately. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catn Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Vincennes Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Kirby Ferdinand A. Kirby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward Kirby
13. Birthplace London,

MOTHER 14. Maiden Name Rose ?
15. Birthplace ?

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) Date received AUG 20 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20, 1942, at 12.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13, 1942 to Aug 20 1942, and that I last saw him alive on Aug 20, 1942.

Immediate cause of death cerebral hemorrhage
Hypertension
Due to
Left hemiplegia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James H. Evans
Address St. Agnes Hosp. Date signed 8/20/42 D.

VS 3

F 95068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 F 95068 Registration No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland General Hospital
(c) Hospital or institution: Same
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 min
(e) Length of stay in Baltimore (yrs., mos., or days) 30 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME (Birth F 55184)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-13-42

8. AGE: Years | Months | Days | If less than one day: 1/2 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name George Williams Fox
13. Birthplace Washington, Pa.

MOTHER — 14. Maiden Name Mabel Irene Martin
15. Birthplace Terra Alta West Va.

16 (a) Informant Mrs. Mabel Fox.
(b) Address 903 N. Fulton Ave

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/13/42 (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Md. Gen. Hosp.

18 (a) Funeral director
(b) Address

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 13 1942, at 4:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1942 to Aug 13 1942 and that I last saw him alive on Aug 13 1942

Immediate cause of death	Duration
Pneumaturity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin W. Krapp Jr M. D.
Address Md. General Hosp. Date signed 8/13/42

VS 8

95069

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 59

F 95069 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland Gen Hosp.
(c) Hospital or institution:
Same
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7231 Harford Rd.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Evans. (Birth F-54407)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/4/42

8. AGE: Years	Months	Days	If less than one day
			11 hr. 30 min.

9. Birthplace Maryland Gen Hosp. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William H. Evans.
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden Name Lillie Bell Webb
15. Birthplace Cambridge Md.

16 (a) Informant Mr. Wm Evans
(b) Address 7231 Harford Rd.

17 (a) Cremation (b) Date thereof 8/5/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Md. Gen. Hosp.

18 (a) Funeral director
(b) Address

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/6/42 19 , at 5:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/4/42 19 to 8/5 19 42 and that I last saw h CA alive on 8/5 19 42.

Immediate cause of death Premature birth (7 months) — Duration 11 hrs 30 min

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William A. Mitchell. M. D.
Address Maryland Gen Hosp Date signed 8/6/42

VS 1

F 95070 BALTIMORE CITY HEALTH DEPARTMENT F 95070
CERTIFICATE OF DEATH 46E
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. See correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Monkton (If outside city or town limits, write RURAL and give town)
(d) Street No. Elkridge Harford Hunt Club. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Stephen Paschek
3 (b) If veteran, name war ?
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	white	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1889

8. AGE: Years	Months	Days	If less than one day hr.	min.
52	10	7		

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Groom
11. Industry or business —

FATHER
12. Name Mr. Basil Paschek (d)
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine Lewko (d)
15. Birthplace Poland

16 (a) Informant None
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 42 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Long Green Md

18 (a) Funeral director Martin J Knott
(b) Address Parkville Md

19 (a) AUG 21 1942 (Date received by registrar) Huntingtn for Whitehall, Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1942 at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1942 to Aug 20 1942 and that I last saw h[illegible] alive on Aug. 20. 1942

Immediate cause of death	Duration
Cardio-Respiratory failure	
Due to Lobar Pneumonia, left	3 days.
Due to Peritonitis due to Rupture Large Bowel Carcinoma	8 days
Other Conditions Carcinomatosis	

(Include pregnancy within 3 months of death)

Date of operation Aug. 15 42
Major findings of operation: Ruptured Carcinoma of L. bowel
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Frank H Ridgely M. D.
Address Union Memorial Hosp Date signed 8-21-42

F 95071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95071
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Robert T. Geoghegan

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
---	None	Male	Wht.	Widowed

6 (b) Name of husband or wife Ella W. Geoghegan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1858

8. AGE: Years	Months	Days	If less than one day
83	11	21	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Miller Safe Co.

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Joseph R. Hudson
(b) Address 5513 Hadden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director George W. Little
(b) Address 2700 Edmondson Ave.

19 (a) AUG 21 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19, 1942 19 , at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1942 to Aug 19 1942 and that I last saw him alive on Aug 19 1942

Immediate cause of death
Cardiac Asthenia
C.P.C. Lungs
Due to Edema of Feet,
Due to Cardio-Vascular Renal

Duration
3 da.
8 da.
8 da.
15 yrs

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earle W. Rowe M.D.
Address 806 S. Fulton Ave. Date signed Aug 20/42

F 95072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43D

F 95072
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2303 Bryant Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-4
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2303 Bryant Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Engerlieb
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Rag Business
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Dan Chasney
(b) Address 2439 Shirley Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friedlee
Location Phil. Road
18 (a) Funeral director Jacob Lewis Inc
(b) Address 423 N. Gay St. Balto. Md.
19 (a) AUG 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21-42 19 , at 7 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 19 42 to Aug 21 19 42, and that I last saw h[illegible] alive on Aug 21-42

Immediate cause of death Coronary occlusion — Duration 1 hr

Due to

Due to Cardiac Vascular Sclerosis — 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. J. Boylin
Address 2040 Eutaw Pl. Date signed 8/24/42

F 95073

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95073 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Balto Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Main St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Mrs. Henry Kintberger

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex Female
5. Color or race W
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Dillie
6 (c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) 1895
8. AGE: Years 57 | Months | Days | If less than one day hr. min.
9. Birthplace Rumania (Town, county, and state)
10. Usual Occupation Grocery Store
11. Industry or business

FATHER
12. Name Dait Kintberger
13. Birthplace R

MOTHER
14. Maiden Name Sarah
15. Birthplace Rusand

16 (a) Informant Mrs A. Abarbanel
(b) Address Ellicot City
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Prog Star Benefit
Location Rosedale
18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto St
19 (a) (Date received by Local Registrar) AUG 21 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21 1942, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/19 1942 to 8/21 1942, and that I last saw h~~im~~ alive on 8/21 1942.

Immediate cause of death	Duration
Respiratory Failure	
Due to Cerebral Thrombosis	5 days
Due to Hypertensive C.V. Disease	
Other Conditions Cerebral & Coronary Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of ~~operation~~
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Tompkins M.D.
Address West Baltimore Clinic Date signed 8/21/42 M.D.

F 95074 ✓ F 95074

76096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1320 Division St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Charles James

3 (b) If veteran, name war

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Seperated

6 (b) Name of husband or wife Fanny

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1870

8. AGE: Years	Months	Days	If less than one day
72	0	29	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Jacob James

13. Birthplace Va

MOTHER 14. Maiden Name Clara Mitchell

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/42 (month) (day) (year)

(c) Cemetery or crematory Petersville MD

Location

18 (a) Funeral director Geo. E. Kelson

(b) Address 1303 Pennsylvania Ave

19 (a) AUG 21 1942 Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19-42 1942 4:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-15 1942 to 8-19 1942, and that I last saw h/m alive on 8-20 1942

Immediate cause of death Hypostatic Pneumonia — Duration 4 days

Due to Ascending Paralysis — 2 days

Due to Fracture Cervical Spine — 5 days

Other Conditions Cerebral Thrombosis — Syphilis

Lt. hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 8/14/42 at M

(c) Where did injury occur? 1320 Division (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no

(e) Means of injury Fell down steps

23. Signature Thos. J. Pierpont M. D.

Address Balto. City Hosp. Date signed 8-20-42

Approved Robert Lee Graham Asst. Med. Exam.

F 95075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

F 95075 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 Puget St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 Puget St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maybelle Blocker.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife June 20 1922.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
20	1	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Ira Blocker.
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Sarah Williams
15. Birthplace Brooklyn Md

16 (a) Informant Ira Blocker.
(b) Address 2407 Puget St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Towson Md
18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W Biddle St. Huntington Williams, M.D.
19 AUG 21 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/19/ 1942, at 6 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from 12/10/ 1941 to 8/19/ 1942 and that I last saw h[illegible] alive on 8/19/ 1942

Immediate cause of death Pulmonary T-B — Duration 4 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible] Hemsley
Address 578 W. Biddle St. Signed 8/20/42

VS 3

F 95076

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

130 Registered No. F 95076

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 557 W, Biddle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 557 W. Biddle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SUTTIE COOPER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1886

8. AGE: Years	Months	Days	If less than one day
55	11	3	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Benson Quarles
13. Birthplace N. C.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr George Cooper
(b) Address 557 W. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemaley
(b) Address 578 W. Biddle St.

19 (a) (Date received) AUG 21 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION A

20. DATE OF DEATH Aug. 19, 1942 19 at 2:20 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16, 1942 to Aug. 19, 1942 and that I last saw h[illegible] alive on Aug. 18, 1942.

Immediate cause of death	Duration
Pulmonary Edema	
Due to Anuria	3 days
Due to Acute Nephritis	6 wks
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. W. Bando M. D.
Address 2445 W. Hill Ave. Date signed 8-20-42

F 95077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 95077 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked, for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: the Union Memorial Hospital
(d) Length of stay in hospital or inst. (~~yrs, mos,~~ or days) 4
(e) Length of stay in Baltimore (~~yrs, mos, or~~ days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Watson (Birth F 55250)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife none
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug. 7, 1942

8. AGE: Years	Months	Days	If less than one day: hr.	min.
		4		

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Mr. John Theodore Watson
13. Birthplace Kentucky

MOTHER
14. Maiden Name Dorothy Ada Jones
15. Birthplace Kentucky

16 (a) Informant John Theodore Watson (F)
(b) Address 2806 Reisterstown Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-11-42 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Removal to Carnegie Institute of Embryology
Location

18 (a) Funeral director
(b) Address

19 (a) AUG 21 1942 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11, 1942 at 10:35 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 7 1942 to Aug 11 1942 and that I last saw h alive on Aug 11 1942.

Immediate cause of death	Duration
Pre-maturity (26 wks fetus)	
Due to Complications	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. M. Stark M. D.
Address 9 East Chase St. Date signed

VS 3

F 95078

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

61

F 95078
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully verified. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gwynnprang - Belvedere
(c) Hospital or institution: Levendale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 27-17
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Aged Home
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Goldstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	widow

6 (b) Name of husband or wife Louis Goldstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Benjamin Silverman
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie Silverman
15. Birthplace Russia

16 (a) Informant Jos Greenblatt
(b) Address Gwynnprang & Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Beth Tfiloh
Location Windsor Mill Rd.

18 (a) Funeral director Jack Levin Inc.
(b) Address 1439 E. Baltimore St.

19 (a) ~~Date received by registrar~~ (b) Williams, M.D. Registrar
AUG 21 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21 1942, at 2A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1940 to 8-21 1942, and that I last saw h[illegible] alive on 8-21 1942.

Immediate cause of death	Duration
Arteriosclerosis	
Diabetes Mellitus	
Chr. cerebral vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Edmund Levin M. D.
Address Levendale Date signed 8/21/42

F95079

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95079 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1134 Harford Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Harford Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew M. Yakel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife of the late Mary Yakel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.-28-1863

8. AGE: Years	Months	Days	If less than one day
79	10	21	hr. min.

9. Birthplace Salto. Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John Yakel
13. Birthplace Germany

MOTHER
14. Maiden Name Henryetta Raymond
15. Birthplace York Pa.

16 (a) Informant Mrs. Joseph J. Itzel
(b) Address 1134 Harford Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Aug.-22-1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Edmondson Ave.

18 (a) Funeral director Henry Steck & Sons Inc.
(b) Address 1301 E. Eager St.

19 AUG 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug.-19-1942 19 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1941 to Aug 19 1942 and that I last saw him alive on Jan 10 1942

Immediate cause of death	Duration
Obstruction of the Heart	month
Due to Senility	
Due to	
Other Conditions Obstipation Intubulation	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Pearce M. D.
Address 2105 E Lanvale Date signed Aug 20/42

VS 3

95080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 ✓

F 95080 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Street

(c) Hospital or institution South Baltimore Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County 23-1

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1314 Hanover St (If rural give location)

(e) Citizen of foreign country? ——— (Yes or No)

If yes, name country ———

3 (a) FULL NAME Catherine Rugean Wieber (Birth F 48641) ✓

3 (b) If veteran, name war ———

3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ———

6 (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) Apr. 29, 1942

8. AGE: Years	Months	Days	If less than one day
	3	21	___ hr. ___ min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Joseph F. Wieber

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Ruth M. Riggel

15. Birthplace Baltimore, Md

16 (a) Informant Joseph F. Wieber (Father)

(b) Address 1314 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1942 (month) (day) (year)

(c) Cemetery or crematory Western Cem.

Location Baltimore, Md.

18 (a) Funeral director C. Bernard Evans

(b) Address 1400 S. Charles St.

19 (c) AUG 21 1942 (Date rec'd by registrar) (d) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 1942, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 14 1942, to August 20 1942 and that I last saw her alive on August 20 1942.

Immediate cause of death	Duration
Gastro-enteritis	
Due to Malnutrition	
Due to	
Other Conditions Mongolianism	

(Include pregnancy within 3 months of death)

Date of operation ———

Major findings of operation: ———

of autopsy: ———

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ———

(b) Date of occurrence ——— at ——— M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ——— While at work? ——— (Specify type of place)

(e) Means of injury ———

23. Signature Paul A. Mongan M. D.

Address 1213 Light Street Date signed 8-20-42

VS 3

F 95081

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 95081

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 716 Sarah Ann St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Alice Jones 76146

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	sep.

6 (b) Name of husband or wife Columbus

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1902

8. AGE: Years	Months	Days	If less than one day
40	0	20	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name Ella Smith

15. Birthplace Md.

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 21 1942 (month) (day) (year)

(c) Cemetery or crematory Mount Zion

Location Baltimore County

18 (a) Funeral director Joseph A. Lively

(b) Address 404 North Mount street

19 (a) (Date received by Registrar) Huntington Williams, M.D. Registrar

AUG 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1942, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18 1942, to Aug. 20 1942, and that I last saw her alive on Aug. 20 1942.

Immediate cause of death Pulmonary tuberculosis — Duration 6 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. S. Harris

Address Balto City Hosp. Date signed 8/21/42

95082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

Registered No. F 95082

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Williams & Caton Sts.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1313 W. Fayette St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John Faidley

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of wife Flossie May

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1868

8. AGE: Years	Months	Days	If less than one day
73	9	2	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Sea Food Business

11. Industry or business Self

FATHER — 12. Name Elijah P. Faidley

FATHER — 13. Birthplace Pa.

MOTHER — 14. Maiden Name Mary Elizabeth Mercer

MOTHER — 15. Birthplace W. Va.

16 (a) Informant Mr. Edward Faidley

(b) Address 14 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.

Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address North & Pa., Balto., Md.

19 (a) Huntington Williams, M.D.

(Date rec'd by Registrar) AUG 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20, 1942 at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19, 1942 to Aug 20, 1942 and that I last saw him alive on Aug 20, 1942.

Immediate cause of death	Duration
Heart Failure —	
Myocardial fibrosis	
Due to Cirrhosis of liver	
Due to arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James M. Crane M. D.

Address St Agnes Hosp Date signed 8/20/42

VS 3

95083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 95083 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Swan Ave. & Old Frederick Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Swan Ave. & Old Frederick Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PHOEBE LOCK

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Charles A. Lock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1888

8. AGE: Years	Months	Days	If less than one day
54	6	0	hr. min.

9. Birthplace Skidby, England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Briggs
13. Birthplace England

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant Mr. Charles A. Lock
(b) Address Swan Ave & Old Frederick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) AUG 21 19[illegible] (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20, 1942 at 10.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1942 to Aug. 20, 1942, and that I last saw her alive on Aug. 20, 1942.

Immediate cause of death	Duration
Generalized Carcinomatosis	5 months
Due to Carcinoma of breasts, lungs, liver, & abdomen.	"
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation April 1, 1942.
Major findings of operation: Carcinoma of breast.
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank N. Ogden M. D.
Address 2701 N. Calvert. Date signed Aug. 24, 42

F 95084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95084 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 S. Patterson Park Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 88 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - - 1-5
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 S. Patterson Park Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME EVA ALTVATER

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

6 (b) Name of husband or wife: Louis Altvater
6 (c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): Apr. 29. 1852

8. AGE: Years	Months	Days	If less than one day
90	3	20	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: - - -

FATHER
12. Name: Peter Leimbach- deceased
13. Birthplace: Germany

MOTHER
14. Maiden Name: Not Known
15. Birthplace: Germany

16 (a) Informant: Mr. George Altvater (Son)
(b) Address: 120 S. Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 21. 1942 (month) (day) (year)
(c) Cemetery or crematory: Baltimore Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway

19 (a) [illegible] (b) Huntington Williams, Registrar

AUG 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 19. 1942 at 2.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 to Aug 19 1942 and that I last saw h alive on Aug 19 1942

Immediate cause of death: cardio-vascular deg of senility — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Geo. S. Leptow M.D.
Address: 432 S. Patterson Pk Date signed: 8/21/42

F 95085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1612 Registered No.

F 95085

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County 12-6
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 N. Charles Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME: Baby Mueller (Keith F-55 6221)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 14, 1942

8. AGE: Years | Months | Days | If less than one day: 19 hr. 56 min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name: Carl Mueller
13. Birthplace: Germany

MOTHER 14. Maiden Name: Harriette Beeman
15. Birthplace: Pennsylvania

16 (a) Informant: Hospital records
(b) Address: Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 21 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) AUG 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 14, 1942 at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 14, 1942 to Aug. 14 1942 and that I last saw h[illegible] alive on Aug. 14 1942

Immediate cause of death: Atelectasis of both lungs — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. H. Williams M. D.
Address Johns Hopkins Hospital Date signed Aug. 14, 1942

VS 3

9353

F 95083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 F 95386 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 66 da
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 753 Dover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Prescoe 74681

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Cora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1919

8. AGE: Years	Months	Days	If less than one day
22	8	10	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Truck driver

11. Industry or business

FATHER
12. Name Frank Prescoe d
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Cupplin
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery or crematory Putty Hill Cem.
Location Putty Hill Md.

18 (a) Funeral director Joseph B. Locke
(b) Address 1 E. Fort Ave.

19 AUG 21 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 19 42, at 5:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 19 42 to Aug. 20 19 42, and that I last saw him alive on Aug. 20 19 42.

Immediate cause of death Pulmonary tuberculosis — Duration 5 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Hartz, M.D.
Address Balto City Hosp. Date signed 8/20/42

F 95087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

F 95087 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important.– Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1133 Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1133 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES M.G. YOUNG

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Julia Young
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Cambridge Md
(Town, county, and state)
10. Usual Occupation Coal dealer
11. Industry or business (for Self)

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Evelyn Ford Ockimey
(b) Address 1133 Park Ave

17 (a) Burial (b) Date thereof 8/22/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk.
Location Arbutus, Md.

18 (a) Funeral director Joseph B. Lock Jr.
(b) Address 1301 N. Central Ave

19 (a) AUG 21 1942 (b) Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1942, at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & no autopsy thereon and from the evidence obtained by said inquiry & no autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature H. Z. Wollenweber M.D.
Medical Examiner.
Date signed 8-19-42

VS 6

95088
142036 7

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95088
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent Balto.
(c) City or town Rural. Butlertown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wharton. P.O.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PERCY JONES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black.	married

6 (b) Name of husband or wife Hertie
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) -2-1890

8. AGE: Years	Months	Days	If less than one day
52	6		hr. min.

9. Birthplace ? Worton. Kent Co. Maryland
(Town, county, and state)

10. Usual Occupation Laborer
11. Industry or business ?

FATHER
12. Name Booth Jones
13. Birthplace ? Kent Co. Maryland

MOTHER
14. Maiden Name Ann Rachel Brown
15. Birthplace ? Kent Co. Maryland

16 (a) Informant Reconda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/42 (month) (day) (year)
(c) Cemetery or crematory Butlertown
Location Near Worton, Maryland

18 (a) Funeral director Marvin V. Williams
(b) Address Chestertown, Maryland.

AUG 21 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20- 1942 at 6 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug - 8 1942 to Aug. 20 1942 and that I last saw him alive on Aug - 20 1942

Immediate cause of death Encephalitis

Duration

Due to ? (Over)

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation Aug 9, 1942

Major findings of operation Increased intracranial pressure

of autopsy: Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Irving J. Sherman M. D.
Address Johns Hopkins Hosp. Date signed 8-20-42

VS 8

F 95089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 95089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 min
(e) Length of stay in Baltimore (yrs., mos., or days) 25 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Severn
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Jane Austin

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Child

6 (b) Name of husband or wife: Child
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 23, 1941

8. AGE: Years	Months	Days	If less than one day
1	0	18	27 hr. min.

9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual Occupation: Child
11. Industry or business: None

FATHER
12. Name: Gail W. Austin
13. Birthplace: Mansfield Ohio

MOTHER
14. Maiden Name: Ireland
15. Birthplace: Hollidaysburg Pa

16 (a) Informant: Gail W Austin
(b) Address: Severn Md. R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 22 1942 (month) (day) (year)
(c) Cemetery or crematory: Glen Haven Memo.
Location: Glen Burnie, Md

18 (a) Funeral director: Thomas W. Livingston
(b) Address: Glen Burnie, Md.

19 (c) (Date received by registrar) AUG 24 1942 Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20, 1942, at 2:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20, 1942 to Aug 20, 1942, and that I last saw her alive on Aug 20, 1942.

Immediate cause of death	Duration
Pneumonia	
Due to	
Due to	
Other Conditions Spinal Bifida	

(Include pregnancy within 3 months of death)

Date of operation about August 1941
Major findings of operation: Spinal Bifida
of autopsy: Pneumonia, Spinal Bifida

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Robert A. Barthel Jr M.D.
Address: University Hospital Baltimore, Md. Date signed 8/20/42

E 95090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95090

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins Caton Ave
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 6518 Rosemont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Carolyn Woods

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Elmer M Woods
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Nov 13-901

8. AGE: Years	Months	Days	If less than one day
40	9	7	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Fred Wagner
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Hill
15. Birthplace Germany

16 (a) Informant Elmer Woods
(b) Address 6518 Rosemont Ave

17 (a) Burial (b) Date thereof Aug 24 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Rural

18 (a) Funeral director Ellis & Funeral Home
(b) Address 240 S Arlington

19 AUG 22 1942 Huntington for Williams Mgr.
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 20, 19 42, at 8:12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 7, 19 42 to Aug 20, 19 42 and that I last saw deceased alive on Aug 20, 19 42

Immediate cause of death Coronary Thrombosis — Duration 1 mon

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James M. Cranor
Address 21 Eight's Hosp. Date signed 8/20/42

F 95091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95091 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2315 Ramona Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 Ramona Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. no Number

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Katie Moore
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 11 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	5	19		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Penny Peg.
11. Industry or business Retired

FATHER
12. Name Randolph Moore
13. Birthplace Balto

MOTHER
14. Maiden Name Sarah Ellender
15. Birthplace Balto

16 (a) Informant Katie Moore
(b) Address 2315 Ramona Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) Aug (day) 22
(c) Cemetery or crematory Moreland Memorial
Location Rural

18 (a) Funeral director Ellis & Funeral Home
(b) Address 1600 E. Orleans

19 (a) AUG 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1942 to Aug 19 1942.
and that I last saw him alive on Aug 18 1942.

Immediate cause of death Coronary Thrombosis — Duration 1 hr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howard B Wolfe M. D.
Address 1331 E North Ave Date signed 8-22-42

95092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95092 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied—the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2503 E. Hoffman St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles G. Thompson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Not known
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) July 14 1845
8. AGE: Years 57 | Months | Days 6 | If less than one day hr. min.
9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Charles Thompson
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Charlotte Tarr
15. Birthplace Eastern Shore

16 (a) Informant Rudolph Thompson (Son)
(b) Address 714 Arlington Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24. (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial Park
Location Rural
18 (a) Funeral director Ulrich & Howe
(b) Address 200 E Orleans
19 AUG 22 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20 1942 at 7:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1942 to Aug 20 1942 and that I last saw h alive on Aug 20 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 10 days.
Due to Hypertension — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John C Oldham M. D.
Address Mercy Hospital Date signed 8/20/42

VS 3

95093 (Birth F 46850)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 1190

Registered No. F 95093

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Franklin Sq. Hosp.
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 W. Fayette St (If rural give location)
(Birth F 46850)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur Patrick Stilling (STILLING) ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	no	M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28 - 1942

8. AGE: Years	Months	Days	If less than one day
0	5	23	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER 12. Name Robert Stilling
13. Birthplace Balto

MOTHER 14. Maiden Name Mildred Rapp
15. Birthplace Balto

16 (a) Informant Mildred Stilling
(b) Address 1418 W Fayette St

17 (a) Balto (Burial, cremation, or removal) (b) Date thereof Aug 22 - 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave

18 (a) Funeral director Robert Brooks & Son
(b) Address Calhoun & Hollins St

19 (a) (Signature of informant) (b) Registrar
AUG 22 1942
Huntington Holcombe, M.D.
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21/42 19 , at 11 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death — Duration
Heart failure
Due to Malnutrition
Due to Pneumonia
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Bronchial pneumonia & Lobar pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Boudreau Jr. M. D.
Address Franklin Sq. Hosp. Date signed 8/30/42

F 95094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95094 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3304 Gwynns Falls Parkway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Gwynns Falls Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John N. Young,

3 (b) If veteran, name war: Civil War U.S.N.
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Jane Howe Young.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 4. 1844

8. AGE: Years 97 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Marine Engineer

FATHER
12. Name James Young,
13. Birthplace England.

MOTHER
14. Maiden Name Saphronia Black,
15. Birthplace Atlanta Georgia

16 (a) Informant Mrs Mary K. Young,
(b) Address 3304 Gwynns Falls Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 24. 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co. Md.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

AUG 22 19[illegible] (b) Huntingtown Williamsport, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1942, at 1 45 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1942 to Aug 21 1942 and that I last saw him alive on Aug 20 1942

Immediate cause of death: Uremia coma — Duration: 7 days
Due to chronic nephritis — 10 yrs.
Due to arterio-sclerosis — 10 yrs.
Due to
Other Conditions — Emphysema — Bronchitis — 10 yrs.
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Louis F. Krumeich. M. D.
Address 722 N. Kenwood Ave Date signed

F 95095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95095 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3416 Stafford Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 3416 Stafford Street
(If no street give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie A. Mc Shaffery

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Late John Mc Shaffery
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 27, 1898

8. AGE: Years	Months	Days	If less than one day
44	3	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business At home

FATHER
12. Name William Mulroy
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore Md

16 (a) Informant Mr. Joseph J. Lehner
(b) Address 3416 Stafford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Conroy & Son
(b) Address 901 Hollins St

19 (a) AUG 22 1942 (Date rec'd by registrar) (b) Thurlington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20-1942, at 2 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Coronary Occlusion
Due to
Due to
Other Conditions Fatty liver, Chr. Nephritis, Chronic Gastritis.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 8-21-42

V8 6

F 95096

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95096 Registered No. 9460

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: X
(a) State Md (b) County BALTO.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4050 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DAVID L. ELLIOTT

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24 1896

8. AGE: Years	Months	Days	If less than one day hr.	min.
46 47	5	29		

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Attorney
11. Industry or business Self

FATHER
12. Name David Elliott
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rosina Hoffheimer
15. Birthplace Baltimore Md

16 (a) Informant Mrs Charles Belt
(b) Address 4050 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Wilhelm Corl Inc
(b) Address 1217 E Pratt St

19 (a) [illegible] AUG 22 1942 Huntington Williams, M.D. Registrar
(Signature of Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 19 42 at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions hs

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 8-21-42

F 95097 25966

F 95097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 95097

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 Da.

(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County 21-V

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 907 McHenry St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gustave Lipfert

3 (b) If veteran, name war —

3 (c) Social Security Account No. [illegible]

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth Lipfert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 1870

8. AGE: Years 72 Months 5 Days 26 25 If less than one day ... hr. ... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Frank Lipfert

13. Birthplace Germany

MOTHER 14. Maiden Name Annie Schoffel

15. Birthplace Germany

16 (a) Informant Balto. City Hosp. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet

Location Baltimore Md

18 (a) Funeral director William Lord Fee

(b) Address 2176 Eutaw St

19 (a) AUG 22 1942 (b) Huntington Williams, M.D. Registrar

(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21 1942 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-5 1942 to 8-21 1942, and that I last saw him alive on 8-21 1942.

Immediate cause of death Cerebral Thrombosis — Duration 8 days

Due to

Due to

Other Conditions Diabetes mellitus — 5 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: not done

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. K. Rathburn M. D.

Address Balto. City Hosp Date signed 8-21-42

F 95098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95098 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution West Baltimore Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County 9-7
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2606 Garrett Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Marie Ward

3 (b) If veteran, name war N
3 (c) Social Security Account No. NONE
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Robert A Ward
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 2 1918
8. AGE: Years 24 Months 3 Days 19 If less than one day hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housemaid
11. Industry or business
12. FATHER Name Jens Ollenburg
13. Birthplace Baltimore Md
14. MOTHER Maiden Name Lottie Smith
15. Birthplace Baltimore Md
16 (a) Informant Robert A Ward
(b) Address 2606 Garrett Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery or crematory Loudenn Park
Location Forestville Md
18 (a) Funeral director Williams Funeral Inc
(b) Address 1360 E Fayette St
19 (a) AUG 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21 1942, at 10:15 AM
21. I certify that death occurred on the date above stated; that I attended deceased from 6/15 1942 to 8/21 1942
and that I last saw her alive on 19
Immediate cause of death Hodgkins Disease → Terminal — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Wm J. V. Tompkins M.D.
Address West Balto. Gen. Hospital Dated 8/24/42

VS 8

F 95099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95099 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-1-10

(e) Length of stay in Baltimore (yrs., mos., or days) 17-1-10

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna (b) County

(c) City or town Pittsburg (If outside city or town limits, write RURAL and give town)

(d) Street No. 1002 Chislett Street (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Martha Culbertson

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife ? ? Culbertson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Pittsburgh, Pennsylvania (town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business

FATHER

12. Name Edward B. Good

13. Birthplace Beaver County, Penna

MOTHER

14. Maiden Name Mary A. Toner

15. Birthplace Allegheny, Penna

16 (a) Informant Mount Hope Retreat Records

(b) Address Mount Hope Retreat, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 42 (month) (day) (year)

(c) Cemetery or crematory Pittsburg, Penna

Location Pittsburg, Penna

18 (a) Funeral director J. Stewart & Monroe Company

(b) Address 128-30 North Ave, Balto, Md.

AUG 22 1942 (Date rec'd by registrar)

(c) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1942, at 7:21 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1938 to Aug. 21 1942 and that I last saw her alive on Aug. 21 1942.

Immediate cause of death Carcinomatosis Peritonei — Duration

Due to Carcinoma of uterus 3 yrs.

Due to

Other Conditions Mental Psychosis 17 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas P. Hayes M. D.

Address 3 E Read St Date signed

VS 8

F 95100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 95100 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St - City
(c) Hospital or institution: Home for Incurables - 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 N. Hare St. Balto Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Ruehling

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Paul Thon
6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) April 29-1855

8. AGE: Years	Months	Days	If less than one day
87 87	3	21	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Ruehling
13. Birthplace Germany.

MOTHER
14. Maiden Name Louise Pelz
15. Birthplace Germany.

16 (a) Informant H. LaRue Browning
(b) Address 700 West 40th St. Balto

17 (a) burial (b) Date thereof 8/22/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Rd., Baltimore, Md.

18 (a) Funeral director AUG 22 1942 J. TICKNER & SONS
(b) Address North & Paca Baltimore, Md

19 AUG 22 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 20 1942, at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 30 1935, to August 20 1942, and that I last saw h[illegible] alive on Aug 20 1942.

Immediate cause of death	Duration
Coronary Occlusion	4 Hours
Due to Arteriosclerosis (Generalized)	10 yrs
Goitre (Hyperchromia)	6 Mos.
Due to Hypertension Cerebro-Vas Dis	8 yrs.
Hypertrophy Without	2 yrs.
Other Conditions Emphysema (Pulmonary)	15 yrs.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Grafton Hergberger M. D.
Address 214 Medical Arts Bldg Date signed 8/24/42

VS 8

F 95101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1248

F 95101 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Astor Court Apts - St Paul & 25th (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Keidel

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	216-09-2043

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Grace Lee Keidel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1876

8. AGE: Years	Months	Days	If less than one day
65	9	6	hr. min.

9. Birthplace Baltimore, (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business F. A. Davis & Sons

FATHER
12. Name Conrad Keidel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Leimbach
15. Birthplace Germany

16 (a) Informant Mrs. Grace Lee Keidel
(b) Address Astor Court Apts. Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/20/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa., Balto., Md.

19 (a) AUG 22 1942 (Date rec'd by registrar) (b)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20 1942 at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1942 to 8-20 1942 and that I last saw him alive on 8-20 1942

Immediate cause of death (a) intracerebral hemorrhage - Coronary thrombosis
Due to (b) Arteriosclerosis
Due to (c) foot Carbuncle - 7 days
Due to (d)

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

Duration: (a) (b) (c) (d)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. L. Byerly Jr. M. D.
Address University Hospital Date signed 8-20

F 95102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95102
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Lake Drive near Linden Ave.
(b) Street address Alhambra Apts.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. Alhambra Apts. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME ADDIE COBLENS

3 (b) If veteran, name war ---------
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1865

8. AGE: Years	Months	Days	If less than one day
77	1	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Coblens.
13. Birthplace Germany.

MOTHER
14. Maiden Name Sallie Wurtzburger,
15. Birthplace Germany.

16 (a) Informant Miss. Rickie Coblens,
(b) Address Alhambra Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/42. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Sonnebrun & Son
(b) Address 1902 Eutaw Place.

19 (a) AUG 22 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20th. 1942, at 4 AM

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1942, to Aug 20 1942, and that I last saw her alive on Aug 20 1942.

Immediate cause of death	Duration
General Metastatic carcinoma	6 mos
Due to Carcinoma of uterus	2 yrs
Due to	
Other Conditions Diabetes + hypertension - 10 yrs (Include pregnancy within 3 months of death)	3 yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. Frederick Lenk M. D.
Address Temple Garden Apts Date signed 8/20/42

VS 3

F 95103

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95103 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1208 Eutaw Pl
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County B
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 Eutaw Pl
(If rural give location)
(e) ~~Citizen of~~ foreign country? (Yes or No)
If yes, name country Germany

3 (a) FULL NAME Joseph Weinberg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15th 1867

8. AGE: Years	Months	Days	If less than one day
75	2	7	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation
11. Industry or business Retired Merchant

FATHER
12. Name Samuel Weinberg
13. Birthplace Germany

MOTHER
14. Maiden Name Ida Berman
15. Birthplace Germany

16 (a) Informant Dr Dan'l Weinberg
(b) Address 1208 E. Pl

17 (a) (Burial, cremation, or removal) (b) Date thereof Aug 23/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ East View
Location Woodlawn Rd

18 (a) Funeral director Dan'l Weinberg Jr
(b) Address 1902 E. Huntington Ave Huntington Williams, M.D.

19 (a) (Date received) (b) AUG 22 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1942, at 6.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/19 1942, to 8/22 1942, and that I last saw him alive on 8/21 1942.

Immediate cause of death acute cerebral hemorrhage

Due to Arteriosclerosis

Due to

Other Conditions Coronary Thrombosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 48 hrs. 7 wks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chester B Krush MD M. D.
Address 2904 Reisterstown Rd Date signed 8/22/42

(over)

VS 3

F 95104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95104 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: St. Joseph's Hosp.
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlton
(c) Hospital or institution: St. Joseph's Hosp - Baltimore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Raspeburg - Marylebone
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8414 Philadelphia Road
(If rural give location)
(e) Citizen of foreign country? ——— (Yes or No)
If yes, name country

3 (a) FULL NAME Carville N. Kern

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-7525

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3rd 1918

8. AGE: Years	Months	Days	If less than one day hr.	min.
24	1	18		

9. Birthplace Baltimore - Md.
(Town, county, and state)

10. Usual Occupation Truck driver

11. Industry or business Rustless Iron

FATHER
12. Name Maurice Kern
13. Birthplace Balto. Co. Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Jos. Kahler
(b) Address Philadelphia Rd Kenwood ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24 1942 (month) (day) (year)
(c) Cemetery or crematory Zion Lutheran
Location Baltimore Co. Maryland

18 (a) Funeral director Loading Funeral Home
(b) Address 7401 Belair Road

19 (a) AUG 22 1942 (Date received by Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 - 21 ; 1942 ; at 12 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 - 20 - 1942, to 8 - 21 1942 and that I last saw h[illegible] alive on 8 - 21 1942.

Immediate cause of death Intestinal obstruction — Duration

Due to

Due to Strangulated

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address St Joseph Hosp Date signed 8/24/42

(over)

VS 8

F 95105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95105 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4028 Ridgecroft Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4028 Ridgecroft Rd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Peter O. Grove

3 (b) If veteran, name war: U.S. World War I
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Jennie A. Grove
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28th 1879

8. AGE: Years	Months	Days	If less than one day
63	#	23	hr. min.

9. Birthplace Carroll Co. Md. (town, county, and state)
10. Usual Occupation Lineman
11. Industry or business Telephone Co.

FATHER
12. Name Wm Grove
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Nancy Fleming
15. Birthplace Carroll Co. Md.

16 (a) Informant Mrs. P.O. Grove
(b) Address 4028 Ridgecroft Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24th 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Balto. City Md.

18 (a) Funeral director Lasagna Funeral Home
(b) Address 7401 Belair Rd

19 (a) (Date received by Registrar) AUG 22 1942 (b) Hastings Physician's Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20th 1942 at 10:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1941 to Aug 20 1942 and that I last saw him alive on Aug 20 1942

Immediate cause of death: Carcinoma Ileii — Duration: 1 year

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation Aug 1941

Major findings of operation: Carcinoma Ileii

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos Standing M. D.
4810 Belair Rd Date signed Aug 21/42

95106
420690

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
1942

F 95106
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town York
(If outside city or town limits, write RURAL and give town)
(d) Street No. 648 W. Princess St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred C. Rossman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hallie L. Rossman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14 1874

8. AGE: Years	Months	Days	If less than one day
68	6	7	hr. min.

9. Birthplace Pa
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Shoes

FATHER
12. Name Edward Rossman
13. Birthplace Germany

MOTHER
14. Maiden Name Natalie Haas
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Removal (b) Date thereof Aug 22/42
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory York
Location Pa.
18 (a) Funeral director Thomas F. Donovan
(b) Address 3615-17 Chestnut Ave
19 (a) (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar
AUG 25 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1942 at 12 N

21. I certify that death occurred on the date above stated; that I attended deceased from August 14 1942 to August 21 1942 and that I last saw him alive on August 21 1942

Immediate cause of death: Coronary Thrombosis — Duration: about 2 weeks

Due to: Arteriosclerotic heart disease

Due to:

Other Conditions: Left heart failure; Stones in common bile duct
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Autopsy requested

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Krob M. D.
Address Johns Hopkins Hospital Date signed Aug 22, 1942

F 95107

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95107 Registered No. 1578

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d.
(e) Length of stay in Baltimore (yrs., mos., or days) 2d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A.
(c) City or town Pasadena
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy ~~T~~ Trhlik. (Balto. F 55495)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-18-42

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation ✓

11. Industry or business

FATHER 12. Name Frank J. Trhlik
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Eva Agnes Scepaniak
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Eva Trhlik
(b) Address Pasadena Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Annapolis Rd.

18 (a) Funeral director Fred. H. Evans & Son
(b) Address 1216 S. Charles St

19 (a) [illegible] Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20 1942 at 1 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18-1942, to 8-20 1942, and that I last saw him alive on 8-20-1942.

Immediate cause of death: Obliteration of bile passages.
Due to congenital
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Marganaro
Address 1213 Light Street Date signed 8/21/42
M. D.

95108 N 75987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95108 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Argyle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife William Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug, ? 1893

8. AGE: Years	Months	Days	If less than one day
49	0	?	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ned Taylor
13. Birthplace Va.

MOTHER
14. Maiden Name Lizzie ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-23-42 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location

18 (a) Funeral director A. Hatsbeck Undertaking Co.
(b) Address

19 (a) AUG 27 1942 (Date rec'd by registrar) (b) Huntington W. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-19 1942, at 10:08 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-10 1942 to 8-19 1942, and that I last saw her alive on 8-19 1942.

Immediate cause of death Bronchopneumonia — Duration 9 days

Due to

Due to

Other Conditions Enterocolitis generalized
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Radhuber

Address Balto. City Hosp Date signed 8-19-42 M D

4 VS 3

95109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 95109
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lemmy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 Pierce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Edwards

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married

6 (b) Name of husband or wife Cliff

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace Petersburg Va.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Private Family

FATHER
12. Name Otis Robinson
13. Birthplace Kingston Jamaica

MOTHER
14. Maiden Name Martha Thompson
15. Birthplace N. Car.

16 (a) Informant Otis Robinson
(b) Address 674 W. Fremont

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County

18 (a) Funeral director Adolphus Halstead
(b) Address 948 Druid Hill Ave

19 (a) AUG 22 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-17- 1942 at 11 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Gun shot wounds of neck	
Due to Abscess involving lung & liver	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8-17-42 at 11 P. M
(c) Where did injury occur? 645 Pierce Street
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Fire arm - revolver

23. Signature Howard J. Wardell M.D.
Medical Examiner.
Date signed 8-18-42

VS 6

F 95110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 dF 95110 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 637 N. Belnord Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 637 N. Belnord Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Bernard

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	none	Male	White	—

6 (b) Name of husband or wife Antonia Bernard
6 (c) If alive, give age Dedd years

7. Birth date of deceased (mo., day, yr.) Oct 31, 1866

8. AGE: Years	Months	Days	If less than one day
75	9	19	hr. min.

9. Birthplace Czecho-Slovakia (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business own business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Bessie Zavadil
(b) Address Essex, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Philadelphia Road.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison St.,

19 AUG 22 1942 Huntington Williams, M.D. (Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-20- 1942, at 1:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Atherosclerosis, Cardio-Vascular

Due to Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Headen M.D. Medical Examiner
Date signed 8-21-42

VS 6

F 95111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95111 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2231 Orleans St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Beil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife George Andrew Beil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-16-89

8. AGE: Years	Months	Days	If less than one day
49	5	11	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name August Beck

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Strodtman

15. Birthplace Md.

16 (a) Informant Husband

(b) Address 2231 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)

(c) Cemetery or crematory Louden Pk Cem., Location Frederick Road.,

18 (a) Funeral director Charles E. Schimunek

(b) Address 2601 Madison Street.

19 (a) AUG 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21 1942, at 1:37 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1942 to 8-21 1942, and that I last saw her alive on 8-21 1942.

Immediate cause of death: Acute psychobiotic (partial) uremia, Acute cholecystitis — Duration: 3 days

Due to

Due to

Other Conditions Cardiac failure

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. C. Rathbun M. D.

Address Balt. City Hosp. Date signed 8-21-42

VS 8

F 25112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 25112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4411 Falls road
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Mt. Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 4411 Falls road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA M. KEARNS

3 (b) If veteran, name war ----
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widow

6 (b) Name of husband or ~~wife~~ Thomas Kearns
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1860

8. AGE: Years	Months	Days	If less than one day
82	7	15	hr. min.

9. Birthplace Baltimore Co., Maryland (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Samuel Roche
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Dohony
15. Birthplace Ireland

16 (a) Informant Mrs. Nellie Baublitts
(b) Address 4411 Falls road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral ~~director~~ Chas. J. Evans Son
(b) Address 118 N. Mt Royal Ave

19 (a) AUG 22 19[illegible] Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 21 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1942 to Aug 21 1942 and that I last saw h alive on Aug 20 1942

Immediate cause of death Mitral Regurgitation
Cardiac Hypertrophy

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 1118 N. Mt Royal Ave Date signed 8-21-42

VS 8

95113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95113

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring La.
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pimlico (If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. Old Battle Grove Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin H. Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nancy Wood
6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Aug. 14 1860

8. AGE: Years 82 | Months — | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Page County, Va. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Joseph T. Wood
13. Birthplace Rileyville, Va.

MOTHER 14. Maiden Name Mary (Nee Wood)
15. Birthplace Rileyville, Va.

16 (a) Informant Edward Wood (Son)
(b) Address 2714 E. Jefferson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location A. G. Co., Md.

18 (a) Funeral director A. J. Bovard Evans
(b) Address 1408 E. Baltimore St.

19 (a) AUG 22 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21, 1942 at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 6 1942 to Aug 21 1942, and that I last saw h[illegible] alive on Aug 21 1942.

Immediate cause of death carcinoma of the head of the pancreas — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Patterson M.D.
Address 2324 Reisterstown Rd Date signed 8/22/42

95114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95114 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1510 S. Edwards Ln.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lloyd W. Kuhn

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-4490

4. Sex male | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife (Deceased) Hattie (Nee Fortney)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1890

8. AGE: Years 51 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired (~~Machinist~~)

11. Industry or business

FATHER 12. Name Joseph Kuhn
13. Birthplace Balto., Md.

MOTHER 14. Maiden Name Emma L. Lynes
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Marie A. Bloxenberger
(b) Address 1510 S. Edwards St. (Sister)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director A. Howard Evans
(b) Address 1400 S. Edwards St.

19 (a) (Local registrar) (b) Huntington Hillcrest, M.D. (Registrar)

AUG 22 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 | 20 | 42 19 . at 11 55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 | 18 | 42 19 . to 8 | 20 | 42 19 .
and that I last saw him alive on 8 | 22 | 42 19 .

Immediate cause of death

Cerebral Hemorrhage

Due to Hypertensive C. V. Disease

Due to

Other Conditions Hemiplegia

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. E. Hamilton M. D.

Address Date signed

M. D. B. 1933-6

F 95115

95115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 92 D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1526 Winchester St., ✓ Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elsie Davis Conway 16

(a) Residence: No. 1526 Winchester St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) 3-7-1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Margaret Wilson

(Address) 1526 Winchester St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 6/24, 19 42

19. UNDERTAKER Geo. C. Kelson

(Address) 1603 Pennsylvania Ave

20. FILED JUN 22 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20-, 1942

22. I HEREBY CERTIFY, That I attended deceased from 6-6-42, 19..., to 6-20-, 1942

I last saw her alive on 6-20-, 1942 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	6-30-42

Other contributory causes of importance:

Name of operation — Date of No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George C. Bagley, M. D.

(Address) 1816 N. Mount St.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

95116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. F 95116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 106 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Blount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Blanche Lucille Jones 73805

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1923

8. AGE: Years	Months	Days	If less than one day
19	1	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation student
11. Industry or business

FATHER
12. Name William Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Blanche Pinkett
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Md.

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Broadway
19 (Date rec'd by Registrar) AUG 22 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 21 1942, at 9:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1942, to Aug. 21 1942, and that I last saw her alive on Aug. 21 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	10 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pulmonary tbc.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A.S. Waite
Address Balto City Hosp. Date signed 8/24/42 M. D.

VS 8

95117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

F 95117

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1633 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 Edmondson Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Henderson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE 70 Years | Months | Days | If less than one day hr. min.

9. Birthplace Northumberland Co. Va (Town, county, and state)

10. Usual Occupation ?
11. Industry or business ? Unemployed

FATHER 12. Name Wagan Davenport
13. Birthplace ? Va

MOTHER 14. Maiden Name Hannah ?
15. Birthplace Va

16 (a) Informant Mrs. Hattie Norton
(b) Address 1633 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director P. R. Williams
(b) Address 3732 W. Belvedere

19 (a) AUG 22 1942 (Date rec'd by registrar) Registrar for Williams Mgr

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/17/42, at 8:30 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from 8/16/42 to 8/17/42, and that I last saw h[illegible] alive on 8/16/42.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to

Due to Hypertensive Heart Disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation?
Of autopsy None performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Welcome, M.D.
Address 1137 Harlem Ave Date signed 8/17/42

VS 3

F 95118

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95118 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3510 Fairview Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3510 Fairview Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM M. FALLIN

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced.: widower

6 (b) Name of husband or wife: Rhoda

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 29, 1859

8. AGE: Years: 83 | Months: 2 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Dorchester Co., Md.
(Town, county, and state)

10. Usual Occupation: Retired

11. Industry or business: Packing Business

FATHER
12. Name: Fallin
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Sally McNamara
15. Birthplace: Maryland

16 (a) Informant: Herbert Fallin
(b) Address: Linthicum Heights

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cem.
Location: Pikesville, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: North & Pa. Aves., Balto., Md.

19 (a) (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21/42 19 , at 3:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1942 to Aug 31 1942 and that I last saw [illegible] alive on Aug 20 1942

Immediate cause of death: Coronary Embolism — Duration:

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Mallory M. D.
Address 8 W Mulberry St Date signed May 27 1943

AUG 25 1942

VS 3

95119 H8697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95119 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address —
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Chester (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 CERLIN ST (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME John K. Whittington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife: FLORENCE Whittington
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 8-23-1887

8. AGE: Years	Months	Days	If less than one day
54	11	30	— hr. — min.

9. Birthplace M.D. (Town, county, and state)
10. Usual Occupation PROP. OF GAS STATION
11. Industry or business

FATHER
12. Name John Whittington
13. Birthplace M.D.

MOTHER
14. Maiden Name MARY - HADLEY
15. Birthplace M.D.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 26 - 1942 (month) (day) (year)
(c) Cemetery or crematory CHESTER, PA -
Location

18 (a) Funeral director F. B. WIPPERT, SON
(b) Address 1310 FULTON PLACE Huntington, Indiana

AUG 25 1942 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG 22 1942, at 5:20 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-6- 1942 to 8-22 1942 and that I last saw him alive on AUG 22 1942.

Immediate cause of death Biliary Obstruction — Duration 3 mos.

Due to Carcinoma common duct ??

Due to

Other Conditions Cholelithiasis + cholecystitis, chronic
(Include pregnancy within 3 months of death)

Date of operation 7-16-42 and 8-7-42

Major findings of operation: Cholelithiasis + cholelithiasis - glands also involved

of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bruce J. Tracy M. D.
Address Johns Hopkins Hospital Date signed 8-22-42

F 95120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95120 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St

(c) Hospital or institution: Sinai Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23d.

(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3817 Baumgarten Rd (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lillie Saffron

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation

11. Industry or business Home Wife

FATHER 12. Name Unknown

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Ralph Saffron

(b) Address 1532 Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-42 (month) (day) (year)

(c) Cemetery or ~~cemetery~~ Chel Gator

Location Henry Romp

18 (a) Funeral director Jack Levy Inc

(b) Address 1439 E. Balto St.

AUG 22 1942

(Date received by registrar) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21-42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/20 19 42 to 8/21 19 42 and that I last saw her alive on 8/21 19 42.

Immediate cause of death uremia

Due to Hypertensive CV disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. F. Hamburger

Address Sinai Hospital Date signed 8/24/42 M.D.

VS 3

F 95121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95121 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address E. Monument St

(c) Hospital or institution Sinai Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~)

(e) Length of stay in Baltimore (yrs., ~~mos., or days~~)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1522 E. Balto St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) FULL NAME Isaac Lotte Heinberg Heinberg

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Divorced

6 (b) Name of husband or wife Lena

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) ~~June 15 1867~~

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation House Painter

11. Industry or business

FATHER

12. Name Henry Heinberg

13. Birthplace Russia

MOTHER

14. Maiden Name Beasie

15. Birthplace Russia

16 (a) Informant Sophie Berman

(b) Address 4914 Greenberry ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-42 (month) (day) (year)

(c) Cemetery or crematory Pikesville Hebrew Cemetery (Rear)

Location Pikesville Md

18 (a) Funeral director Jack Levin Inc

(b) Address 1439 E. Balto St

19 (a) (Local registrar) (b) Registrar

VS 8

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1942, at 12:03 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 19 1942 to Aug 21 1942 and that I last saw h alive on Aug 20 1942

Immediate cause of death Pulmonary Edema

Due to left hydrothorax

Due to Coronary Occlusion and myocardial infarction

Due to

Other Conditions Aneurysm of Aorta SYPHILIS

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration
24 Hrs -
48 Hrs
4 Years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arthur Katz, M.D.

Address Sinai Hospital Date signed 8/21/42

(over)

F 95122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

F 95122 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2516 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2516 Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry C Witter

3 (b) If veteran, name war —
3 (c) Social Security Account No. none
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Harriet
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Aug 9. 1868
8. AGE: Years 74 | Months 0 | Days 12 | If less than one day: hr. min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Sail Maker Retired
11. Industry or business

FATHER
12. Name John Witter
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Ella Gaffney
(b) Address 2516 Jefferson St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Sparrows Point Md
18 (a) Funeral director Fallon & Co Inc
(b) Address 1217 E Pratt St
19 (a) Filed by registrar Huntington Williams M.D. (b) Date filed

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1942 to Aug 21 1942 and that I last saw h[illegible] alive on July 25 1942

Immediate cause of death: Cerebral Thrombosis — Duration: 2 days
Due to: Senile Myocarditis — 3 mos
Due to: Arteriosclerosis — 2 yrs
Other Conditions: Cancer of Rectum 6 mos
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: H. Van Ness
Address 1217 E Pratt St Date signed 8/24/42

F 95123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95123 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2119 St. Paul St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 St. Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN S LEARY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mabel R. Leary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21 1873

8. AGE: Years	Months	Days	If less than one day
68	8	2	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business Stenography

FATHER
12. Name Cornelius L. Leary
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Rebecca Horton
15. Birthplace Cecil Co Md

16 (a) Informant Mrs Mabel R. Leary
(b) Address 2119 St Paul Street

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 25-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Dickeyville Md

18 (a) Funeral director Williams Cook Fox
(b) Address 1217 St Paul Street

19 (a) [illegible] (Date received by Registrar) (b) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 19 42 at 11 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Tuberculosis pulmonary chronic	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation ho

Major findings of operation:

of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Wollenweber M.D. Medical Examiner.

Date signed 8-22-42

VS 6

JL - 75856

F 95124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95124 Registered No. 432

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Da.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1140 Montpelier St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Geckle

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-2071

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: Mary K.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-16-80

8. AGE: Years 62 | Months 3 | Days 6 | If less than one day: hr. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation: Carpenter

11. Industry or business

FATHER

12. Name: Charles Geckle

13. Birthplace: Germany

MOTHER

14. Maiden Name: Mary MargaretBizewit

15. Birthplace: Germany

16 (a) Informant: B. C. Hospital Records

(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 25 42 (month) (day) (year)

(c) Cemetery or crematory: Holy Redeemer

Location: Belair Road

18 (a) Funeral director: Wagaman Bros. Inc.

(b) Address: 217 E. Paul Street

19 (a) Filed (Date filed by registrar) (b) Signature of registrar: Hunterton Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22 1942, at 7 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-5 1942 to 8-22 1942 and that I last saw h[illegible] alive on 8-22 1942.

Immediate cause of death: Cardiac failure

Due to uremia

Due to hypertension C.V.D. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Duration: 1 month 1 week ?

Date of operation

Major findings of operation:

of autopsy: [illegible] to be obtained

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. K. Rathbun M. D.

Address Balt. City Hosp. Date signed 8-22-42

CVS 3

F 95125

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95125

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 54
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 307 W 31st St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Harris

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-2702

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Mrs. Edith Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 25, 1874

8. AGE: Years	Months	Days	If less than one day
67	8	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business

FATHER
12. Name Matthias Harris
13. Birthplace Baltimore

MOTHER
14. Maiden Name Rebecca Sherwood
15. Birthplace Baltimore

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East End North Ave

18 (a) Funeral director Wilson and Cook Inc
(b) Address 1217 St Paul Street

(Date filed by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1942, at 5:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/18 1942, to 8/21 1942, and that I last saw him alive on 8/21 1942.

Immediate cause of death
Bronchopneumonia

Due to

Due to

Other Conditions Arteriosclerotic H. D.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration
2 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Church Home & Infirmary Date signed 8/21/42

Dr. Goldsborough
2923 St. Paul St

F 95126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95126 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore Md
(b) Street address Bradford Apts - 3301 St Paul St
(c) Hospital or institution: 33rd & St Paul St
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edwin S. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-0375

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma Estelle Johnson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 27 - 1870

8. AGE: Years	Months	Days	If less than one day
71	11	26	hr. min.

9. Birthplace Palmyra Nebraska (Town, county, and state)
10. Usual Occupation Dredging Supt. of
11. Industry or business Arundel Corp.

FATHER
12. Name William Birth Johnson
13. Birthplace Missouri

MOTHER
14. Maiden Name Florence Rockwell
15. Birthplace Wisconsin

16 (a) Informant Emma Estelle Johnson
(b) Address 3301 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md

18 (a) Funeral director Mamie Cook Super.
(b) Address 1600 W. Northern Ave. Huntington for Williams, M.D.

19 (a) 8/25/42 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22 1942, at 9:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30/41 19__, to 8/22 1942 and that I last saw h[illegible] alive on 8/22 1942

Immediate cause of death	Duration
Coronary Occlusion	Unknown
Due to Arteriosclerosis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas R. Goldsborough Jr. M. D.
Address 2923 St Paul St Date signed 8/23/42

VS 3

F 95127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95127 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if available. The correct age is especially important. Physicians:-please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Pride
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt.
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 921 Harlem ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas A. Watkins Watkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race B

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1901

8. AGE: Years 40 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Danville, Va. (town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER
12. Name Thomas Watkins
13. Birthplace Danville, Va.

MOTHER
14. Maiden Name Nellie Walker
15. Birthplace Orange Co. Va.

16 (a) Informant Mary E. Watkins
(b) Address 921 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 24, 1942 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Thos. Geo. H. Holland
(b) Address 1101 Druid Hill Ave

DEC 23 1942 (Date rec'd by registrar) (b) Huntington Nitkacia, W.Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21/42 19 , at 1 15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/18/ 1942 to 8/21 1942 and that I last saw h[illegible] alive on 8/21 1942.

Immediate cause of death: Central nervous system syphilis

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. McKimon M. D.
Address Md. Gen. Hosp. Date signed

VS 3

W. J. McKIMON

F 95128

F 95128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 503 W. Lanvale St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 503 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Olegia Thomas Rice

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	married

6 (b) Name of husband or wife Jas A. Price
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14 - 1910

8. AGE: Years	Months	Days	If less than one day
32	-	5	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business

FATHER
12. Name John W. Thomas
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Annie R. Smith
15. Birthplace Baltimore, Md.

16 (a) Informant James A. Rice
(b) Address 503 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk
Location Balto. Co. Md.

18 (a) Funeral director Wm. Chas. H. Holland
(b) Address 1619 Druid Hill Ave.

19 (a) AUG 22 1942 (Date received by registrar) (b) Lexington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 19 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1942 to Aug 19 1942 and that I last saw her alive on Aug 2 1942

Immediate cause of death Acute suffering — Duration 1 month

Due to Chronic Arthritis

Due to

Other Conditions Chronic Arthritis — Duration 6 mos.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. C. Bell M. D.
Address 817 Hamilton Ave Date signed

VS 8

F 95129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95129 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Hebrew Home for Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Years
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 27-17
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvedere & Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Benjamin Adelson EDELSON

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Celia
6 (c) If alive, give age 95 years

7. Birth date of deceased (mo., day, yr.) 1844

8. AGE: Years	Months	Days	If less than one day
98			hr. min.

9. Birthplace Pitts (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Abraham EDELSON
13. Birthplace LITH

MOTHER
14. Maiden Name DORA —
15. Birthplace LITH

16 (a) Informant Sigmund Fembeck
(b) Address Belvedere & Greenspring

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-42 (month) (day) (year)
(c) Cemetery or crematory Sinai Memorial Park
Location Dolfield & Reisterstown Rd

18 (a) Funeral director Isaac Lewis Inc
(b) Address 439 E. Balto. St

19 (a) [illegible] (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1942 at 6 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1938 to Aug 22 1942
and that I last saw h[illegible] alive on Aug 22 1942

Immediate cause of death Bronchopneumonia — Duration about 3 months

Due to

Due to

Other Conditions Senile degenerative changes
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herman Deitch
Address 2404 Eastern Ave Date signed 8/23/42

VS 3

F 95130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95130 / 43 A — Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Agnes Bustein Bastain

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Philip

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation none

11. Industry or business

MOTHER / FATHER

12. Name Randell Dorsel

13. Birthplace Germany

14. Maiden Name Catherine Z

15. Birthplace Germany

16 (a) Informant Little Sisters of the Poor

(b) Address 1200 Valley St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 1942 (month) (day) (year)

(c) Cemetery or crematory Oakland

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

19 (a) 8-26-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1942, at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1942, to Aug 21 1942, and that I last saw h[illegible] alive on Aug 20 1942.

Immediate cause of death	Duration
Bronchial Asthma	2 yrs.
Due to Chronic Myocarditis	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.

Address 1631 E North Ave Date signed Aug 27 1942

VS 3

F 95131

E 95131

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93dF 95401

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 204 S. East Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 204 S. East Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE SOPHIA FENNEKOHL

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Albert Fennekohl
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 28.1863

8. AGE: Years	Months	Days	If less than one day
79	1	24	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Herman Horn - deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Cohen - deceased
15. Birthplace Germany

16 (a) Informant Mr. Frederick Fennekohl (Son)
(b) Address 1428 Edison Highway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 23. 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore County

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20. 1942 at 5.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 19. 1942 to Aug. 20. 1942 and that I last saw h er alive on August 20. 1942.

Immediate cause of death	Duration
Congestive Heart Failure	2 days
Due to Arteriosclerosis	Unknown
Chronic Myocarditis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. R. Williams artigan M. D.
Address 2942 E. Fayette St. Date signed 8/21/42

VS 8

F 95132

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95132
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reported and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 S. Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 S. Payson
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Lillian May Ray

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, widowed, or ~~divorced~~
Female	White	Widower

6 (b) Name of husband or wife Thomas B. Ray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 25 1887

8. AGE: Years	Months	Days	If less than one day
60	4	28	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Basil McKinnon
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Fannie Benson
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Lillian Stolzenbach
(b) Address 2201 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 25 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cemetery
Location B. & O. Md.

18 (a) Funeral director George L. Schwab
(b) Address 2101 Fiderick Ave.

19 (a) (Delayed) (Filed) by registrar Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1942, at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1942 to Aug 22 1942 and that I last saw h[illegible] alive on Aug 22 1942

Immediate cause of death Carcinomatosis from Breast — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert Seagnetti, M. D.
Address 1724 W Lombard Date signed Aug 22 42

VS 8

E 95133

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1862 Registered No. E 95133

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4614 Harford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES M. ERDMAN

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary J. Erdman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 22 - 1861

8. AGE: Years	Months	Days	If less than one day
80	7	29	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Peter G. Erdman
13. Birthplace —

MOTHER
14. Maiden Name Letitia Waddell
15. Birthplace Ireland

16 (a) Informant Gertrude Erdman
(b) Address 4614 Elsrode Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 - 24 - 42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 5395 Harford Rd.

19 (a) AUG 24 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1942 5:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to Fracture left femur	
Due to left tibia	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 27-72
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 19 1942 at 6 P.M.
(c) Where did injury occur? Patapsco Shelter (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Same (Specify type of place) While at work? No
(e) Means of injury fall down steps - rear

23. Signature H. Z. Williams M.D. Medical Examiner.
Date signed 8-24-42

VS 6

95134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

No Hall 163 2.1 93 Registered No. 95134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 N. Bond St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 N. Bond St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME John Washington Killmond.

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband/wife Kate E. Killmond. (nee Durkee)

6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1864

8. AGE: Years 77 | Months 7 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Balto. City Fire Dept.

FATHER
12. Name Thomas W. Killmond
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna Preston
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Kate E. Killmond
(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Aug. 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland.

18 (a) Funeral director Wendell E. Humphreys
(b) Address 502 N. Broadway.

AUG 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 21, 1942, at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1942, to Aug 21 1942, and that I last saw h[illegible]alive on Aug 21 1942.

Immediate cause of death	Duration
Acute Dilatation of Heart	5 hrs
Due to Chronic myocarditis	6 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Gill Hall M. D.
Address 1631 E North Ave Date signed Aug 22 42

VS 3

F 95135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95135

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully compiled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Fullmor Hotel
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME TILLMAN DAVIS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lucy Bolton
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1897

8. AGE: Years	Months	Days	If less than one day
44 ~~55~~	9	3	hr. min.

9. Birthplace Pleasant, Tenn. (Town, county, and state)
10. Usual Occupation Telephone lineman
11. Industry or business

FATHER
12. Name L. T. Davis
13. Birthplace Tenn

MOTHER
14. Maiden Name Amanda Alexander
15. Birthplace Tenn.

16 (a) Informant Mrs. Lucy Davis
(b) Address Maysville, Ky.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27, 42 (month) (day) (year)
(c) Cemetery or crematory Maysville
Location Maysville, Ky

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Road

19 (a) [illegible] (b) Huntington Williams, M.D.

AUG 24 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 18 1942, at 8 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic Alcoholism

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenmeber M.D. Medical Examiner.
Date signed 8-19-42

F 95136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95136 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 437 E Fort Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 437 E. Fort Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys R Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M	W	Married

6 (b) Name of husband or wife Milton Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 1901

8. AGE: Years	Months	Days	If less than one day
41	6	18	hr. min.

9. Birthplace Swansboro N. C.
(Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Elijah Piner
13. Birthplace nc

MOTHER
14. Maiden Name Mary H Martin
15. Birthplace nc

16 (a) Informant Milton Lee Brown
(b) Address 437 E Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/24/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director Wm Marsch
(b) Address AUG 24 1942 H St

19 (a) (Date rec'd by registrar) (b) Huntington Willingmyer M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1942, at 3.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 6 1941, to Aug 21 1942, and that I last saw her alive on Aug 21 1942.

Immediate cause of death Exhaustion — Duration 2 Da.

Due to Carcinoma of

Due to Bladder, Uterus & Rectum. — Duration Indef.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. C. Campbell

Address 1644 Hanover St Date signed 8/25/42

VS 8

F 95137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 137b

F 95137 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Fulton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harrison W. Barnett

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-6901

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs. Ida Barnett
6 (c) If alive, give age 1894 years

7. Birth date of deceased (mo., day, yr.) June 16 - Age 68

8. AGE: Years	Months	Days	If less than one day
68	2	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Tire collector
11. Industry or business Boulevard Theatre

FATHER
12. Name James Barnett
13. Birthplace Maryland

MOTHER
14. Maiden Name Charlotte Army
15. Birthplace Maryland.

16 (a) Informant Hospital records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M. Marech
(b) Address 713 Light St

19 (a) AUG 24 1942 (b) Huntington Williams, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1942 at 8:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Aug 21 1942 and that I last saw h[illegible] alive on Aug 21 1942.

Immediate cause of death	Duration
Rupture of urethra with extravasation of urine	7 days
Due to Bad generalized arteriosclerosis	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

M. D. Signature Paul A. Mongaraco
Address 1213 Light Street Date signed 8/21/42

VS 3

F 95138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95138
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Warren Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Minnie Heiger.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 10 1876

8. AGE: Years	Months	Days	If less than one day
66	7	12	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Music Teacher

11. Industry or business

FATHER
12. Name John Heiger
13. Birthplace Germany

MOTHER
14. Maiden Name Marie C Schafer
15. Birthplace Balto

16 (a) Informant Mrs William Heiger.
(b) Address 1213 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25/1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marech
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) AUG 24 1942 (b) Huntington Wm Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22 1942, at 4 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 6, 1942, to Aug 22 1942, and that I last saw her alive on Aug 22 1942.

Immediate cause of death Carcinomatosis

Duration 1 yr.

Due to Carcinoma of ovary.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of above
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E E Goodman Jr M. D.
Address Franklin Sq Hosp Date signed 8/22/42

F 95139 F 95139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully studied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2015 Masael St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yr
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2015 Masael St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dennis W Sappington

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widowed

6 (b) Name of husband or wife Rachel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13

8. AGE: Years	Months	Days	If less than one day
83	2	8	hr. min.

9. Birthplace Anne Arundel Co Md
(Town, county, and state)

10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Greenbury Sappington
13. Birthplace Md

MOTHER
14. Maiden Name Dont Know
15. Birthplace

16 (a) Informant Orem W Sappington
(b) Address 2015 Masael St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/42 (month) (day) (year)
(c) Cemetery or crematory Mendelssohn Church Cem
Location Camp Meade Rd

18 (a) Funeral director William M Marsek
(b) Address 715 [illegible] St

19 (a) AUG 24 1942 (b) Huntington Williams, Md
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 194 , at 6-45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1942, to Aug 21 1942, and that I last saw h alive on Aug 20 1942.

Immediate cause of death	Duration
Bey portatis pneumonia	13 Days
Due to Arteio Sclerosis	10 yrs
Due to Aortic Insufficiency	8 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R J Glaeser
Address 3708 Hollins Ferry Rd Date signed 8/24/42 M.D.

F 95140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 95140 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 154 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 Hunter St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Bertha Elizabeth Tennessee (Birth F 5448)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife — (8-7-42)

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-6-42

8. AGE: Years	Months	Days	If less than one day
—	—	11	— hr. — min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business —

FATHER
12. Name Lester Harris
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Catherine Tennessee
15. Birthplace Baltimore Md

16 (a) Informant Catherine Tennessee
(b) Address 2315 Hunter St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 24 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 24 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1942, at 10 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1942, to Aug 17 1942, and that I last saw h er alive on Aug 17 1942.

Immediate cause of death	Duration
Debility of The Newborn	
Due to Prematurity (7 mo)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hospital Date signed 8-17-42

VS 3

9356

F 95141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 95141 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3311 Bateman Ave.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 39 yrs.

15-9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town 3311 Bateman Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Maryland
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William S. Scott

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Netty B. Skidmore
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1863

8. AGE: Years	Months	Days	If less than one day
79	7	12	hr. min.

9. Birthplace Indiana
(Town, county, and state)
10. Usual Occupation Clerk, retired
11. Industry or business Pa. RR

FATHER
12. Name Hugh B. Scott
13. Birthplace Ireland

MOTHER
14. Maiden Name ?
15. Birthplace Ireland

16 (a) Informant Mrs. Netty S. Scott
(b) Address 3311 Bateman Ave.

17 (a) Burial (b) Date thereof 8/24/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery ~~Evergreen~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) AUG 24 1942 Huntington Williams, M.R.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH January 21 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941 to January 21 1942
and that I last saw her alive on January 20 1942

Immediate cause of death	Duration
Carcinoma Stomach	3 mo
Due to	
Due to Arteriosclerosis	1 yr
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Storey M.D.
Address 622 W. North Ave. Date signed 8/24/42

F 95142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161N

F 95142 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered, full and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wolfe & Monument Sts.
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 N. Exeter St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Newborn Baby Clayton Burial # 55755

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-22-42

8. AGE: Years	Months	Days	If less than one day
			4 hrs 25 min.

9. Birthplace Baltimore City, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Joseph Clayton
13. Birthplace Tennessee

MOTHER
14. Maiden Name Joyce Odom
15. Birthplace North Carolina

16 (a) Informant Mrs. Joyce Clayton
(b) Address 101 N. Exeter St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd.

18 (a) Funeral director John B. Kutsunis
(b) Address 1940 Eastern Ave.

19 (a) AUG 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22 19 42 at 11:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-22 19 42 to 8-22 19 42 and that I last saw h[illegible] alive on 8-22 19 42.

Immediate cause of death	Duration
Asphyxia Neonatorum	4 hrs. 25 min.
Due to Decantering Asphyxia	10 min.
Anemia, acute	4 hrs. 25 min.
Due to Avulsion of Cord, intrauterine	10 min.
Hemorrhage from cord	10 min.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: refused —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip P. Stephan Jr. M.D.
Address Johns Hopkins Hospital Date signed 8-22-42

VS 8

F 95143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95143 Registered No.

PLEASE WRITE PLAINLY. WITH UNFADING INK. Every item of information should be carefully checked and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2510 Greenmount Ave.
(c) Hospital or institution: Southern Hospital & Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED: a.a co.
(a) State Md. (b) County ~~Baltimore~~
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1100 Governor Ritchie Highway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isabelle Bruchey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Thomas Bruchey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1871

8. AGE: Years	Months	Days	If less than one day
71	2	14	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Samuel Taylor
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Martha Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Wm. E. Lynch
(b) Address 6 Fourth Ave., Brooklyn Park, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave., Baltimore

18 (a) Funeral director John A. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) AUG 24 1942 (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1942 at 6:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 1941 to Aug 21 1942 and that I last saw her alive on Aug 21 1942

Immediate cause of death — Duration

Pneumonia
Due to Carcinomatosis
Breast and
Due to Cancer

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Rubeson M. D.
Address 203 Patapsco Ave. Brooklyn, Md. Date signed

F 95144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95144 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2421 E Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2421 E Lafayette Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pearl Ruby Byrnes

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov 2, 1911

8. AGE: Years	Months	Days	If less than one day
30	9	19	____ hr. ____ min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter F. Byrnes
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Pearl Dodge
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Walter F. Byrnes
(b) Address 2421 E. Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md

18 (a) Funeral director Frederick H. Cole
(b) Address 1200 W Lombard St

19 (a) AUG 24 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1942, at 2:15 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from 8/17 1942 to 8/21 1942 and that I last saw her alive on 8/21 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	16 hrs
Due to	
Due to	
Other Conditions Myocardial Degeneration	2 days

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations: None
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None at ____ M
(c) Where did injury occur? None None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Miller
Address 150 N Bdwy Date signed 8/24/42

JL - 76119 F 95145 BALTIMORE CITY HEALTH DEPARTMENT F 95145

CERTIFICATE OF DEATH

Registered No. 462

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied, as far as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 519 N. Bruce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
68	11	7	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name Jim Gardner
13. Birthplace Maryland

MOTHER
14. Maiden Name Fleata Turner
15. Birthplace Maryland

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 25 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Superior St Huntington W. Va.

19 (a) AUG 24 1942 (Registrar's Office)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1942, at 3 57 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1942, to Aug 21 1942, and that I last saw him alive on Aug 21 1942.

Immediate cause of death	Duration
Pulmonary Embolism	immediate
Due to Peritonitis	8 days
Due to Carcinoma of Sigmoid with perforation	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Aug 17 42
Major findings of operation: Peritonitis Carcinoma of Sigmoid
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B Hebb M. D.
Address Balto City Hosp Date signed Aug 24 42

VS 8

F 95146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316

F 95146 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1314 Hollins St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1314 Hollins St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Barnard.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	M.

6 (b) Name of husband or wife Jessie R. Cochran

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1856

8. AGE: Years	Months	Days	If less than one day
86	3	12	hr. min.

9. Birthplace New York.
(Town, county, and state)

10. Usual Occupation Ir. Salesman

11. Industry or business

FATHER

12. Name Blackburn S. Barnard

13. Birthplace N.Y.

MOTHER

14. Maiden Name Helen M. Stone

15. Birthplace N.Y.

16 (a) Informant Mrs. Emily Spencer

(b) Address Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-42 (month) (day) (year)

(c) Cemetery or crematory Poughkeepsie

Location Poughkeepsie N.Y.

18 (a) Funeral director J. J. McCauley

(b) Address 120 E. Fort Ave

19 (a) AUG 24 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1942 at 6 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7, 1942 to August 22 1942 and that I last saw him alive on August 21 1942.

Immediate cause of death Bronchopneumonia — Duration

Due to Chronic myocarditis, chronic nephritis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Milton Isserman M. D.

Address 1429 W. Lafayette St. Date signed 8/22/42

VS 3

F 95147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 95147 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 S. Decker Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2527 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Pukalski

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife Anna Pukalski

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 1867

8. AGE: Years 75 | Months | Days 23 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Caretaker, a
11. Industry or business Loudon Park Ave.

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Frances Mitchell
(b) Address 620 S. Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem.
Location Dundalk Ave & Dansey

18 (a) Funeral director Stefan J. Fialkowski
(b) Address 1000 S. Hanover St. Huntingdon Ave

19 (a) AUG 24 1942 (Date received) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941, to Aug 22 1942 and that I last saw him alive on Aug 22 42.

Immediate cause of death	Duration
Respiratory Failure	
Due to Arteriosclerotic Heart Disease	1 yr.
Due to Generalized Arteriosclerosis	
Other Conditions Dementia Senilis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr. M. D.
Address 124 E. 33rd St. Date signed 8-24-42

VS 3

F 95148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95148 Registered No. 432

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Balto. City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1 20
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Hartelove

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Sep.

6 (b) Name of husband or wife Florence Hartelove
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1860

8. AGE: Years	Months	Days	If less than one day
82	3	19	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Enoch Hartelove
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Amanda Smith
15. Birthplace Va.

16 (a) Informant Pt.
(b) Address no home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-42 (month) (day) (year)
(c) Cemetery or crematory St. Pauls Sth Reformed Cem
Location 5600 Coordiff Ave

18 (a) Funeral director Stephen J. Pialkowski Inc
(b) Address 1090 Edgewood St

AUG 24

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/21 19 42, at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1941, to 8/21 1942, and that I last saw him alive on 8/21 1942.

Immediate cause of death UREMIA — Duration

Due to Pyelonephritis due to Benign Prostatic Hypertrophy

Due to

Other Conditions Arteriosclerosis and cardiovascular disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
M.P. (Specify type of place)
(e) Means of injury

23. Signature Paul Mattman M. D.

Address Baltimore City Date signed 8/24/42

Hospitals

F 95149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183a

F 95149 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2023 E.Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 E.Lanvale St.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Alice May LeCompte

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Geo. A. LeCompte
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 28, 1879

8. AGE: Years	Months	Days	If less than one day
62	8	24	hr. min.

9. Birthplace Cambridge Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Perry F. Daffin
13. Birthplace Talbott Co Md.

MOTHER
14. Maiden Name Martha L. Bromwell
15. Birthplace Talbott Co, Md.

16 (a) Informant Mrs. F. D. Everding
(b) Address 2023 E.Lanvale St.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N.B roadway.

19 (a) (b) Huntington Williamson, M.D.
(Date rec'd by registrar)

AUG 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1942 at 11 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939 to Aug 21 1942 and that I last saw him alive on Aug 21 1942

Immediate cause of death Cerebral Hemorrhage — Duration 3 days

Due to Cerebral arterio-sclerosis — Duration Several years

Due to Hypertension — Duration Several yrs.

Other Conditions Myocarditis & General arterio-sclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert M. Foster M. D.
Address 2424 St. Paul St Date signed 8-23-42

F 95150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95150 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2416 Baker St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2416 Baker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM J. FEENEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-10-0825

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Edith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 1898

8. AGE: Years	Months	Days	If less than one day
44	1	18	hr. min.

9. Birthplace Baltimore, MD.
(Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business

FATHER
12. Name Patrick Feeney
13. Birthplace Ireland

MOTHER
14. Maiden Name Catria Cuncannon
15. Birthplace Ireland

16 (a) Informant Mrs. Edith Feeney
(b) Address 2416 Baker St

17 (a) Burial (b) Date thereof 8/25/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Baltimore Md.

18 (a) Funeral director Wm J Dickmeyer Sons
(b) Address North 16th Ave.

19 AUG 24 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1942 at 3:50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. R. Wallenmeyer M.D.
Asst. Medical Examiner.
Date signed 8-22-42

VS 6

F 95151

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 95151
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 N Strieker St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 N Strieker St (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Ogle W. Lawson Sr

3 (b) If veteran, name war: —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Eloise Lawson

6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) 12-25-1899

8. AGE: Years	Months	Days	If less than one day
43	7	7	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name George Lawson
13. Birthplace Va

MOTHER
14. Maiden Name De Elle Lawson
15. Birthplace Va

16 (a) Informant Ogle Lawson Sr
(b) Address 1106 N. Strieker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-42 (month) (day) (year)
(c) Cemetery or crematory Sharon Northumberland Virginia
Location

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E Preston St

19 (a) AUG 24 1942 Huntington Williams Baltimore, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21, 1942, at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1942 to Aug 21 1942, and that I last saw h[illegible] alive on Aug 21 1942.

Immediate cause of death: Broncho-Pneumonia — Duration: 4 days

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature Hayward B Lake

Address 1741 E. Eager St. Date signed 8/22/42

VS 3

95152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95152
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 216 E. North ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 216 E. North ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Summerfield Rogerson
3 (b) If veteran, name war —
3 (c) Social Security Account No. — Will Call

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Josephine Rogerson
6 (c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): July 7-1878
8. AGE: Years 64 | Months 1 | Days 15 | If less than one day: hr. min.
9. Birthplace: Manchester, England
(Town, county, and state)
10. Usual Occupation: Artist & Designer
11. Industry or business: Painting

FATHER
12. Name: William J. Rogerson
13. Birthplace: England

MOTHER
14. Maiden Name: Hester Mallatt
15. Birthplace: England

16 (a) Informant: Mrs. Josephine Rogerson
(b) Address: 216 E North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 28 1942 (month) (day) (year)
(c) Cemetery or crematory: Parkwood
Location: Parkville Md

18 (a) Funeral director: Geo. L. Boyer Jr
(b) Address: 512 Holbrook St

AUG 24 1942
(Date filed by Registrar)
(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1942; at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1941 to Aug 22 1942 and that I last saw h[illegible] alive on Aug 22 1942.

	Duration
Immediate cause of death: Carcinoma of Pancreas	1 year
Due to: General atrio sclerosis	4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Helen F. Spellman M.D.
M. D.
Address: 6 East Biddle St Date signed: 8/24/42

VS 3

Physicians: please write the causes of death clearly and legibly. Information as to [illegible] correct age is especially important.

H-20908 F 95153 BALTIMORE CITY HEALTH DEPARTMENT F 95153
CERTIFICATE OF DEATH 1572 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2229 PENNSYLVANIA AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DORRIS JONES (Birth F 40707)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	BLACK	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-13-41

8. AGE: Years	Months	Days	If less than one day
	8	9	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Christopher. Jones
13. Birthplace VA

MOTHER
14. Maiden Name Mary. Williams
15. Birthplace N. C.

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-24-42 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Auburn
18 (a) Funeral director George M. Nelson
(b) Address 1303 Pennsylvania Ave
19 (a) AUG 24 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1942, at 12.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1942 to 8-22 1942, and that I last saw her alive on Aug 22 1942.

Immediate cause of death Cardiac failure.
Due to Pneumonia + a profound anemia.
Due to ? a congenital heart.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. J. Moore M. D.
Address Johns Hopkins Date signed 8-22-42

VS 8

Please write plainly. Physicians: please write correct age is especially important.

F 95154

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 13162 F 95154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 520 Johnsen St. 17
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 520 Johnsen
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Katie Perry

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	colored	Single

6 (b) Name of husband or wife ✓
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 10, 1872

8. AGE: Years	Months	Days	If less than one day
70	—	11	hr. — min.

9. Birthplace Virginia (town, county, and state)
10. Usual Occupation Domestic
11. Industry or business ✓

FATHER
12. Name Richard Perry
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mary Johnson
(b) Address 520 Johnsen St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Md.
18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Pressman St
19 (a) (Date rec'd by registrar) (b) Huntington Williams, MD Registrar

AUG 24 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21 1942, at 14:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-7 1942 to 8-21 1942 and that I last saw h[illegible] alive on 8-21 1942.

Immediate cause of death	Duration
Myocardial Degeneration	✓
Due to	
Due to	
Other Conditions chronic Nephritis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: ✓
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. Franklin Phillips M. D.
Address 1543 Penna Ave Date signed 8-22-42

F 95155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95155 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 Woodyear St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Woodyear St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** WILLIAM AMES

3 (b) If veteran, name war —
3 (c) Social Security Account No. 217-09-6897

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	married

6 (b) Name of husband or wife Annie Ames
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1892

8. AGE: Years	Months	Days	If less than one day
50	5	12	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name George Ames
13. Birthplace Virginia

MOTHER
14. Maiden Name Bobbie Drummond
15. Birthplace Virginia

16 (a) Informant Annie Ames
(b) Address 1115 Woodyear Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-42 (month) (day) (year)
(c) Cemetery or crematory Arlington
Location Md

18 (a) Funeral director Geo. H. Kelsay
(b) Address 1363 Preastman St

19 (a) (Date received by registrar) AUG 24 1942 (b) Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21 1942 at 5:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to —
Due to —
Other Conditions hrs
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: hrs
of autopsy: hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 8-25-42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death correctly as it is especially important.

Dr Markle.

95156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 / 318

Registered No. E 95156

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 825 Union Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 825 Union Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob L. Urbaugh.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife Ella J. Urbaugh
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1866

8. AGE: Years	Months	Days	If less than one day
76	0	21	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Wm Urbaugh.
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Stone.
15. Birthplace Md.

16 (a) Informant Ella J. Urbaugh.
(b) Address 825 Union Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26/42 (month) (day) (year)
(c) Cemetery or crematory Bethel
Location Carroll Co. Md.

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615 N. Charles St. Huntington Williamsport, Md.

19 (a) (Date received by Registrar) (b) Registrar

AUG 24 1942

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the correct age is especially important.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24, 1942, at 3 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 19 1942, to August 23 1942, and that I last saw him alive on August 23 1942.

Immediate cause of death	Duration
Uremia Poisoning	2 weeks
Due to Chronic Nephritis	3 years
Due to Cancer of Prostate	1 year
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature Simon B. F. Markle M. D.
Address 900 W. 34th St. Date signed 8/24/42

F 95157

Dr Brotenhoelle

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 33a

F 95157
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Kenwick Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Kenwick Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles L. Green.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widower.

6 (b) Name of husband or wife Carrie Green
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 7, 1882

8. AGE: Years	Months	Days	If less than one day
60	1	15	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation machinist.
11. Industry or business U. S. Navy Yard.

FATHER
12. Name Oliver Green
13. Birthplace Md.

MOTHER
14. Maiden Name Agnes E. Burley.
15. Birthplace Md.

16 (a) Informant Mrs. John H. Tucker.
(b) Address 3613 Kenwick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet.
Location Frederick Road.

18 (a) Funeral director Theo. Gruel & Donovan
(b) Address 3615-17 Eastern Ave.

19 AUG 24 1942 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22, 1942, at 7 30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 11 1942, to Aug 1921, and that I last saw him alive on Aug 21 1942.

Immediate cause of death Myocardial Insufficiency

Due to Acute Pulmonary Edema

Due to Chronic Nephritis & Cystitis

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations
of autopsy: —

Duration
—
2 days
Months Years
Cystitis
1 wk

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Wm. A. Hunting Jr. M. D.
Address 850 W 36 St Date signed Aug 24 42

VS 1

F 95158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 95158 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2431 Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANNA MICHELSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex FEMALE | 5. Color or race WHITE | 6 (a) Single, married, widowed, or divorced. WIDOWED

6 (b) Name of husband or wife SAMUEL I. MICHELSON

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace NEW YORK CITY (town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name DAVID

13. Birthplace HOLLAND

MOTHER 14. Maiden Name ROSE COHEN ANDRIESSI

15. Birthplace GERMANY

16 (a) Informant EDWIN KURLAND

(b) Address 609 WHITELOCK ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-25-42 (month) (day) (year)

(c) Cemetery or crematory HEBREW FRIENDSHIP Location BALTO. & CONKLIN ST.

18 (a) Funeral director Jack Levin Sons

(b) Address 1439 E. Baltimore St

19 (a) AUG 24 1942 (Date filed by Registrar) Huntington Woods Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/24 1942, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/22/ 1942 to 8/24 1942 and that I last saw h.. alive on 8/24 1942

	Duration
Immediate cause of death Coronary occlusion	
Due to Coronary artery sclerosis	
Due to	
Other Conditions Pulmonary edema, diabetes mellitus. (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morton I. Hamburger M. D.

Address Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95159 / 1942 B F 95159 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 275 Spring Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (~~yrs.~~, mos., ~~or days~~) 3 1/2 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 275 Spring Court (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Lith

3 (a) FULL NAME Rose Steiner

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Morris Steiner

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

FATHER 12. Name Unknown

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Charles Steiner

(b) Address 275 Spring Court

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-24-42 (month) (day) (year)

(c) Cemetery or crematory New York City

Location

18 (a) Funeral director Isaac Lewis Inc.

(b) Address AUG 24 1942 E Baltimore Hunting or Eddmont

19 (a) 8/24/42 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23 1942 4:03 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/11 1942, to 8-23- 1942 and that I last saw h~~er~~ alive on 8/23/ 1942

Immediate cause of death Cardiac Failure

Due to Rheumatic Heart Dis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Friedman M.D.

Address 1319 Light St. Date signed 8/24/42

VS 3

F 95160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

Registered No. F 95160

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 108 N. Fremont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy Mills

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Child

6 (b) Name of husband or wife: Child
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1935

8. AGE: Years	Months	Days	If less than one day
7	3 2	1 4	hr. min.

9. Birthplace: Balto Md
(Town, county, and state)
10. Usual Occupation: Child
11. Industry or business

FATHER
12. Name: Moses Mills
13. Birthplace: N. C.

MOTHER
14. Maiden Name: Betty
15. Birthplace: Balto Md

16 (a) Informant: Betty
(b) Address: 108 N. Fremont Ave

17 (a) Burial (b) Date thereof 8-19-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Mt. Calvary Cem
Location: Balto Md

18 (a) Funeral director: Isaiah L. Brown & Son
(b) Address: 108 W. Montgomery St.

19 (a) AUG 24 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22 1942, at 6 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said partial autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: accident 22/V
(a) Accident, suicide, or homicide
(b) Date of occurrence Aug. 22 1942 at 5 P.M.
(c) Where did injury occur? Battery Ave & York St. Balto Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor While at work? No
(Specify type of place)
(e) Means of injury Drowned

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Aug. 22 1942.

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly

AB-75841 F 95161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146 e

F 95161 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made on this certificate before it is filed. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1606 McCulloh St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Laura Williams Lucas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Raymond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17-1916

8. AGE: Years	Months	Days	If less than one day
26y 5	10	5	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name James Williams

13. Birthplace ?

MOTHER

14. Maiden Name Kate ?

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A A Co Md

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 108 W Montgomery St

19 (a) AUG 24 1942 (b) (Date received by Registrar) Registrar

Handwriting for Williams, M.D

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 1942 at 10 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/4 1942 to 8/22 1942 and that I last saw her alive on 8/22 1942

Immediate cause of death Terminal

Duration 2 days

Due to Pneumonia of pigment

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 8-4-42

Major findings of operation: See above

of autopsy: See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry Horn M. D.

Address Catholic Hosp. Date signed 8-24-42

F 95 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 14

F 95162

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Magnolia Williams

If U. S. Veteran specify WAR

(a) Residence: No. 519 W. Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	NEGRO	SINGLE

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/2/28

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) NONE

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N C

FATHER

13. NAME James Williams

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME Maydon Wilson

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Robert Lee Wilson

(Address) 519 W Lee Street

18. BURIAL, CREMATION, OR REMOVAL Removal

Place Mocksville N C Date 8-28- 1942

19. UNDERTAKER Isaiah L. Brown & Son

(Address) 105 W Montgomery St

20. FILED AUG 24 1942 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 23, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1942 to August 23, 1942

I last saw her alive on August 23, 1942 Death is said to have occurred on the date stated above, at 11:27 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Tuberculosis of Lungs	
2. Tuberculosis - Abdominal	May 1942
3. Abscess of Lumbar Gland	April 1942

Other contributory causes of importance:

Was an operation performed? Yes Date of May 2, 1942

For what disease or injury? Abscess of Lumbar Gland

Name of operation Incision & Drainage

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? N C If so, specify

(Signed) William Wright, M. D.

(Address) Kennan Hospital

Information should be carefully supplied. Also state CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION is very important. See instructions on back of certificate.

ve a

Thanks for Williams, MD

F 95163

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 121

F 95163
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as required by law. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs Hosp.
(c) Hospital or institution Baltimore, Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 Pinewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~Charles E.~~ Leigler E. Russell Leizear

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-05-4959

4. Sex Mal

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Helen E Leizear

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3 - 1897

8. AGE: Years 44 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Baggage transfer

FATHER 12. Name Wm R. Leizear

13. Birthplace Md

MOTHER 14. Maiden Name Mary E. Kennedy

15. Birthplace Va

16 (a) Informant Helen E Leizear

(b) Address 2508 Pinewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-42 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Balto. Md

18 (a) Funeral director Leonard Hunt

(b) Address 1305 Milford Rd.

19 (a) Registered AUG 24 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27, 1942, at 4:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1942 to Aug 27 1942 and that I last saw h alive on Aug 27 1942.

Immediate cause of death Bronchopneumonia

Due to

Due to

Other Conditions Peritonitis Acute appendicitis (Include pregnancy within 3 months of death)

Date of operation Aug 20 1942

Major findings of operation Acute appendicitis with peritonitis

of autopsy:

Duration

PHYSICIAN

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilbur Hupek

Address St Josephs Hospital Date signed 8/28/42

VS 3

F 95164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95164 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 616 W Hamburg St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 616 W. Hamburg St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca A. Sievert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife John Sievert
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Sept 4, 1883

8. AGE: Years	Months	Days	If less than one day
58	11	18	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER 12. Name Joseph W. Stone
13. Birthplace Va

MOTHER 14. Maiden Name Mollie Simms
15. Birthplace Va

16 (a) Informant Mrs. John Sievert
(b) Address 616 W. Hamburg St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Edgewood Md.

18 (a) Funeral director Fred A. Krause & Son
(b) Address 1216 S. Charles St.

19 (a) (Signature of local registrar) (b) Huntington Md.

AUG 24 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22nd 1942 at 9.48 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 7th 1942 to Aug 22 1942 and that I last saw h[illegible] alive on Aug 22 1942

Immediate cause of death	Duration
Carcinoma of Liver.	4 Months
Due to	
Due to	
Other Conditions Nephritis	9 months

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Hates M. D.
Address 517 Scott St Date signed 8/24/42

F 95165

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316 F 95165 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1207 Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baffney Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife John Smith
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25,

8. AGE: Years	Months	Days	If less than one day
31	9	23	hr. min.

9. Birthplace Homes Path, S.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Arthur Burth
13. Birthplace Homes S. C

MOTHER
14. Maiden Name Ola Bigby
15. Birthplace Homes S. C

16 (a) Informant John Smith
(b) Address 1207 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Greenville
Location South Carolina

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) AUG 24 1942 (Date received by Registrar)
Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 — 18 — 1942, at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17-1942, to 8-18-1942, and that I last saw her alive on 8-18-1942.

Immediate cause of death Chronic Nephritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. D. Carr. M. D.
Address 1515 Druid Hill Date signed 8-21-42

Physicians: please write the causes of death clearly and correct age is especially important.

F 95166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95166 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 264 E Garrett Av
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 264 E Garrett Av (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Elizabeth (Eliza) Walther

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph A Walther

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-5-186?

8. AGE: Years 50 | Months 2 | Days 14 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Louis Rauch

13. Birthplace Germany

MOTHER 14. Maiden Name Eleanor Angie Thomas

15. Birthplace Ireland

16 (a) Informant Eleanor Rauch

(b) Address 264 E Garrett Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-42 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto

18 (a) Funeral director Leon J Hunt

(b) Address 2305 Reisterstown Rd

AUG 24 1942 (Local Registrar) H. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 13th. 1942 to Aug. 22nd. 1942. and that I last saw h alive on Aug. 21st 1942.

Immediate cause of death Acute Cholecystitis — Duration 10 days

Due to ----

Due to ----

Other Conditions Myocarditis & Endocarditis (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos W Kingsbury M.D.

Address 401 E. 25th. St. Date signed 8-24-42

VS 2

F 95167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95167 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: University Hospital
(c) Hospital or institution: Balt. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days): 18
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Hartford
(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.: Fallston
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3 (a) FULL NAME: Ralph Houser

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife: Elsa Houser
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1906

8. AGE: Years	Months	Days	If less than one day
36			hr. min.

9. Birthplace: Pennsylvania (Town, county, and state)
10. Usual Occupation: Foreman, Edgewood Arsenal
11. Industry or business:

FATHER
12. Name: John W. Houser
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Clara Kinsey
15. Birthplace: Md.

16 (a) Informant: Mrs Elsie Houser
(b) Address: Fallston Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 27 1942 (month) (day) (year)
(c) Cemetery or crematory: Darlington Md
Location: Harford Co. Md.

18 (a) Funeral director: H. S. Bayley
(b) Address: Darlington Md.

Aug 24 1942 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 24 1942, at 3:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 17 1942 to August 24 1942, and that I last saw him alive on 8/24 1942.

Immediate cause of death	Duration
Infarct of Lung	
Due to Chr. Subacute Endocarditis	
Due to Chronic appendicitis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation: 8/7/42
Major findings of operation: Chr. Subacute Endocarditis
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: John S. Rowe M. D.
Address: Univ. Hospital Date signed: 8/24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95168 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d Registered No. F 95168

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo-24da
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Kennsett St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Janney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Louise
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25 1885

8. AGE: Years	Months	Days	If less than one day
56	9	28	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name Anton Janney
13. Birthplace Italy

MOTHER
14. Maiden Name Mary ?
15. Birthplace Italy

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 - 42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave.

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) (b) Huntington Wis

AUG 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23 1942, at 2 55/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-28 1942 to 8-23 1942 and that I last saw h alive on 8-23 1942.

Immediate cause of death	Duration
Cerebral thrombosis	5 hrs.
Due to Hypertension C. V. Lesion	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. K. Rathbun M. D.
Address Balto City Hosp Date signed 8-28-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95169
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3731 Greenmount
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3731 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward N. Gutman

3 (b) If veteran, name war	3 (c) Social Security Account No. 115-09-0007
4 Color or race: White	5 Sex: Male
6 (a) Single, married, widowed, or divorced: Married	
6 (b) Name of husband or wife: Bessie F	6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) Sept 6-1877

8. AGE: Years	Months	Days	If less than one day
64	11	18	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Abbator

FATHER
12. Name William W Gutman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth E Clubb
15. Birthplace Baltimore Md

16 (a) Informant Bessie F Gutman
(b) Address 3731 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 42 (month) (day) (year)
(c) Cemetery or crematory Loraden Park
Location Frederick Road

18 (a) Funeral director William Cook Inc
(b) Address 847 N Paul Street

19 (a) AUG 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24, 1942 at 1:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 23 1942 to Aug. 24, 1942 and that I last saw him alive on Aug. 24 1942.

Immediate cause of death	Duration
Sub-arachnoid Hemorrhage	12 hrs.
Due to Cerebral arteriosclerosis	?
Due to (Not other side)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenmount Ave Date signed Aug 24,

VS 3

95170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95170

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 294 Spring Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 294 Spring Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Young

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Edward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 18-1866

8. AGE: Years	Months	Days	If less than one day
75	8	2	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Henkel
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Uhlmann
15. Birthplace Germany

16 (a) Informant John H. F. Young
(b) Address 1813 W. Collington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Balto.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St.

19 (a) (Name of city registrar) (b) Huntington Williams, M.D. Registrar

AUG 25 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22. 1942, at 4 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1936, to Aug 22 1942, and that I last saw h alive on Aug 21 1942.

Immediate cause of death: Uremia, obstruction calculus, pyonephrosis, renal abscess — Duration: 7

Due to

Due to

Other Conditions Chr. myocarditis — 5 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alber E. Sikorsky M.D.
Address 2939 N. Charles Date signed 8/23/42

Please write clearly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Omission of any item or incorrect age is especially important.

95171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 154 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
1623 Thames St.
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Corral 72713

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Celestina Sierra

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 30, 1895

8. AGE: Years 46 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace: Spain (Town, county, and state)

10. Usual Occupation: Invalid

11. Industry or business

FATHER 12. Name: Innigo Corral

13. Birthplace: Spain

MOTHER 14. Maiden Name: Victoria Fernandez

15. Birthplace: Spain

16 (a) Informant: Mrs. Celestina Corral

(b) Address: 1623 Thames Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 25. 1942 (month) (day) (year)

(c) Cemetery or crematory: Mt. Carmel Cem.

Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.

(b) Address: North Ave. & Broadway.

19 AUG 25 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22 1942, at 8:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 21 1942 to Aug. 22 1942, and that I last saw him alive on Aug. 22 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 22 yrs.

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Pulmonary Tuberculosis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: A. S. Hartz, M.D.

Address: Balto City Hosp. Date signed: 8/22/42

Please fill in all items and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3014 Pinkerton Rd Dr Ephraim - 400 E 25th St

95172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95172

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2325 Greenmount Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2325 Greenmount Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Margaret A. Hunt.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife Augustus Hunt.

If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) May 29, 1876

8. AGE: Years	Months	Days	If less than one day
66	7	23	hr. min.

9. Birthplace md. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER 12. Name Robert Pengey.

13. Birthplace md.

MOTHER 14. Maiden Name Elizabeth Boreom.

15. Birthplace md.

16 (a) Informant Augustus Hunt.

(b) Address 2325 Greenmount Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 25/42 (month) (day) (year)

(c) Cemetery or crematory Forest Lawn

Location Balto Co. md.

18 (a) Funeral director C. Kenneth V Donovan

(b) Address 3615-17 Edmondson Ave.

19 (a) AUG 25 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22, 1942, at 2:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1942, to Aug 22 1942, and that I last saw h alive on Aug 7 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to Cerebral Sclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature M. Ephraim M. D.

Address 443 E 25th St Date signed 8-24-42

VS 1

F 95173

F 95173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4201 Hillen Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Hillen Road
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John S. League

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-7003

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Margaret Garcia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 11th 1892

8. AGE: Years	Months	Days	If less than one day
49	9	11	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Lab Driver
11. Industry or business Bell Lab

FATHER
12. Name John S. League
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Marillia Reinhardt
15. Birthplace Baltimore Md

16 (a) Informant (Wife) Margaret League
(b) Address 4201 Hillen Road

17 (a) Burial (b) Date thereof Aug 25-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loreland Park
Location Harford Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 2418 E. Baltimore St

19 (a) (Signature and title) (b) Huntington Williams M.D.

AUG 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1942, at 3.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1942, to Aug 22 1942, and that I last saw h[illegible] alive on Aug 21 1942.

Immediate cause of death	Duration
Acute dilatation Heart	1 5 min
Due to Hypocardiac Acute	4 day
Due to Bronchial Asthma	4 d.
Other Conditions Bronchitis	4 d.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T F A Stevens M. D.
Address 2818 Harford Rd Date signed 8 24 42

VS

F 95174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 95174

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1904 Druid Hill Ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Lawrence L. Walker.

3 (b) If veteran, name war

3 (c) Social Security Account No. 230-72-5477

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1920

8. AGE: 21 Years | 7 Months | 28 Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John H Walker.

13. Birthplace Va

MOTHER 14. Maiden Name Nora Tignmore

15. Birthplace Va

16 (a) Informant Mrs Nora Walker

(b) Address 1904 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-25-42 (month) (day) (year)

(c) Cemetery or crematory Fredericksburg

Location Northumberland Co. Va.

18 (a) Funeral director Mrs Francis A. Hemsley

(b) Address 578 W. Biddle St

19 (a) (Date received by registrar) AUG 25 1942 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/23 1942, at 9:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/22 1942 to 8/23 1942 and that I last saw h[illegible] alive on 8/23 1942

Immediate cause of death: Lobar Pneumonia of Entire Right Chest — Duration: 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

M. Signature J. Franklin Phillips M. D.

Address 1673 Pa. Ave. Date signed 8/24/42

VS 3

42812 — 25175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 25175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Porto Rico (b) County
(c) City or town Santurce (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 Paralima Ave. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Porto Rico

3 (a) FULL NAME Felix J. Bertram

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) 7/29/13

8. AGE: Years	Months	Days	If less than one day
29	0	1	hr. min.

9. Birthplace Porto Rico (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Juan Bertram
13. Birthplace Porto Rico

MOTHER
14. Maiden Name Felicita Serena
15. Birthplace Porto Rico

16 (a) Informant Rexonda.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/25/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick Ave. Balto.

18 (a) Funeral director John J. Mikulski & Sons
(b) Address 1900 Eastern Place

AUG 25 1942 (b) Signature of local registrar Hunting for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11 1942 at 9 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1942 to Aug 11 1942, and that I last saw him alive on Aug. 11 1942

	Duration
Immediate cause of death Cerebral edema.	1 hr.
Due to Benign colloid cyst of 3rd ventricle of brain	3 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 8-4-42
Major findings of operations Colloid cyst.
of autopsy: edema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Hopenrock.
Address J.H.H. Date signed 8/13/42

F 95176 Wawrzyniec F. Stempniewski (Stemphnewski)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131A

F 95176 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 223 S. Castle St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 223 S. Castle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wawrzyniec F. Stempniewski (Stemphnewski)

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-8992

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Victoria

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1891

8. AGE: Years	Months	Days	If less than one day
50	10	13	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name Wawrzyniec Stempniewski
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna
15. Birthplace Poland

16 (a) Informant Victoria Stempniewski
(b) Address 223 S. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St Ext.

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23 1942, at 7 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardio vascular renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Had autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Fratamico M.D.
Medical Examiner
Date signed Aug. 23 1942

VS 6

F 95177

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95177
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A.
(c) City or town Severn
(If outside city or town limits, write RURAL and give town)
(d) Street No. X
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ervin Boyer (Ervin Ezra Boyer)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	214-14-0111	male	white	married

6 (b) Name of husband or wife Edna G. Boyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
60	3	14		

9. Birthplace Edna G. Boyer ?
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Government

FATHER
12. Name Leonard M. Boyer
13. Birthplace A. A. Co., Md.

MOTHER
14. Maiden Name Martha A. Garey
15. Birthplace A. A. Co.

16 (a) Informant Mrs. Edna G. Boyer
(b) Address Severn, Md.

17 (a) Burial (b) Date thereof 8/27/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Friendship Cemetery
Location Hanover, [illegible], Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) AUG 25 1942 Huntingtown Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1942, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 6 1942 to August 24 1942, and that I last saw him alive on August 24 1942.

Immediate cause of death Carcinoma of stomach with wide spread metastases — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Wide spread metastatic Carcinoma of abdominal organs
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. F. Raby M. D.
M. D.
Address University Hospital Date signed August 24 1942

VS 3

correct age is especially important. If space is insufficient, please write on reverse side.

F 95178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

16 H a

F 95178 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 S. Bradford St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Mlynoski

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 242-10-1998

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Mary Mlynski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1880

8. AGE: Years	Months	Days	If less than one day
62	5	1	hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business

FATHER
12. Name: Antonj Mlynoski
13. Birthplace: Poland

MOTHER
14. Maiden Name: ?
15. Birthplace: Poland

16 (a) Informant: Mary Mlynski
(b) Address: 511 S. Bradford St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Rosary
Location: Baltimore

18 (a) Funeral director: Fred W. Ozarowski
(b) Address: 1930 Eastern Ave.

19 (a) Date received AUG 25 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22 1942, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & in person thereon and from the evidence obtained by said (Autopsy or Inquiry) inquiry & inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Hanging — Duration

Due to

Due to

Other Conditions: Mental despondency

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: suicide
(b) Date of occurrence Aug. 22 1942 at 7 P M
(c) Where did injury occur? 511 S. Bradford St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury: Hanging

23. Signature: Roland A. Graham M.D. Medical Examiner.
Date signed Aug. 23 1942

VS 6

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95179

F 95179 Pokorny

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2236 E. Oliver St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2236 E. Oliver St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances G. Beste

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Herman C. Beste

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1883

8. AGE: Years 59 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Jarabek
13. Birthplace Austria

MOTHER
14. Maiden Name Mary Krum
15. Birthplace Austria

16 (a) Informant Frances Meisel
(b) Address 2236 E Oliver St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md

18 (a) Funeral director Frank Grack & Son
(b) Address 900 N. Chester St

19 (a) AUG 25 1942 (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/15/42 19 to 8/22/42 19.
and that I last saw her alive on 8/22/42 19.

Immediate cause of death Acute Uraemia — Duration 1 week

Due to Hypertensive Cardio Vascular Renal Disease ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M. D.
Address 2200 E Madison St Date signed 8/24/42

Please write clearly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 95180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1628 Registered No. F 95180

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 Kemble Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 Kemble Road
(If rural give location)
(e) Citizen of foreign country? — No (Yes or No)
If yes, name country —

3 (a) FULL NAME BLANCHARD RANDALL

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widowed

6 (b) Name of husband or wife SUSAN K. BRUNE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/12/56

8. AGE: Years	Months	Days	If less than one day
85	9	12	hr. min.

9. Birthplace Annapolis, Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Grain Merchant

FATHER
12. Name Alex. Randall
13. Birthplace Annapolis, Md

MOTHER
14. Maiden Name Elizabeth P. Blanchard
15. Birthplace Maryland

16 (a) Informant Alex. Randall
(b) Address 5500 Lombardy Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Henry W. Gerkens & Sons
(b) Address Orchard St & McCulloh

19 (a) AUG 25 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24th 1942, at 1000 M

21. I certify that death occurred on the date above stated; that I attended deceased from many years to Aug 23 1942.
and that I last saw him alive on Aug 23 1942.

Immediate cause of death old age

Due to

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward A. Hanrahan M.D.
Address 1201 N. Calvert St Date signed Aug 24/42

VS 8

F 95181

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

166

F 95181
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Franklin Sq. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1428 N. Bruce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Henry (Henson) Henderson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1916

8. AGE: Years	Months	Days	If less than one day: hr.	min.
26	6	13		

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Wm H. Henderson
13. Birthplace Maryland

MOTHER
14. Maiden Name Flora Thomas
15. Birthplace Maryland

16 (a) Informant Katherine Swann
(b) Address 1707 Forman Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Md.

18 (a) Funeral director Leo. H. Kelso
(b) Address 1303 Presstman St.

19 (a) AUG 25 1942 (Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23- 1942 at 6P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Peritonitis	
Due to Gun shot	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 8-22-42 at 4 P M
(c) Where did injury occur? Res - 1400 Fulton Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Bullet

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 8-24-42

VS 6

F 95182

AB-74344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 W

F 95182

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Mo. 21 Da.

(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1304 N Mount St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Simms

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Blanche

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26-1917

8. AGE: Years	Months	Days	If less than one day
25	4	27	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Percy Simms

13. Birthplace Md

MOTHER

14. Maiden Name Regina Brewer

15. Birthplace Md

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location Md

18 (a) Funeral director Wm. H. Kelson

(b) Address 1343 Pennsylvania Ave

19 (a) AUG 25 (b) 42 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22 1942 at 6.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-31 1942 to 8-22 1942 and that I last saw him alive on 8-22 1942

Immediate cause of death

Pulmonary Hemorrhage — Duration 6 Hrs

Due to Empyema — 3 Mo

Due to ? Tbc

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Donald B Kett M. D.

Address Balto City Hosp Date signed 8-24-42

VS 3

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. Be sure that the age is correctly stated. Be sure that the age is especially important.

95183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. E 95183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 502 S. Luzerne Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 502 S. Luzerne Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MARY CATHERINE PENSMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
no	none	female	white	married

6 (b) Name of husband or wife Clarence Edgar Pensmith
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Dec. 8. 1888

8. AGE: Years	Months	Days	If less than one day
53	8	14	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - - -

FATHER
12. Name Maurice Finn
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eleanore Logue
15. Birthplace Baltimore

16 (a) Informant Mr. Clarence E. Pensmith
(b) Address 502 S. Luzerne Ave.

17 (a) Burial (b) Date thereof Aug. 26. 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave. & Broadway

19 (a) [illegible] Huntington Williams, M.D.
(Date received by registrar) Registrar
AUG 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22. 1942 at 10.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1942, to Aug 22 1942
and that I last saw her alive on Aug. 20 1942

Immediate cause of death Cerebral apoplexy — Duration ? days

Due to Chr. Hypertension & Chr. Arterio Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac B. Dennis M. D.
Address 700 E. Fayette Date signed Aug 24 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95184

F 95184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 116 S. Highland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 116 S. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN THOMAS HORST

3 (b) If veteran, name war No

3 (c) Social Security Account No. 212-10-2098

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Anna E. Roese

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug. 7. 1873

8. AGE: Years 69 | Months 0 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Machinists Helper,

11. Industry or business Retired 4 years

FATHER
12. Name John Horst - deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Not known
15. Birthplace Germany

16 (a) Informant Mrs. Anna E. Horst (Wife)
(b) Address 116 S. Highland Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Aug. 26. 1942 (month) (day) (year)
(c) Cemetery or crematory St. Paul's 5th Ref. Ch. Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) [illegible] (Date received by Registrar) **(b)** Huntington Williams, Registrar

AUG 25 1942

VS-5

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24. 1942 at 2.15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 26 1942 to Aug 24 1942.
and that I last saw h[illegible] alive on Aug 21 1942

Immediate cause of death	Duration
Arteriosclerotic Cardiovascular renal disease	9
Due to	
Due to	
Other Conditions Chronic nephritis Carbuncle (Include pregnancy within 3 months of death)	7

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter J. Sokorsky, M.D.
Address 529 Dr. Ober St. Date signed 8/24/42

F 95185 I.S.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

9HN

F 95185 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1day
(e) Length of stay in Baltimore (yrs., mos., or days) 1day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 6509 Kenwood Ave (Raspeburg) (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Kahler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Jennie Kahler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19th. 1881

8. AGE: Years	Months	Days	If less than one day
61	6	4	hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)
10. Usual Occupation Truck Farmer
11. Industry or business

FATHER
12. Name Joseph Kahler
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant FRED Kahler
(b) Address 6601 Kenwood Ave. Raspeburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Baltimore, Maryland.

18 (a) Funeral director Lasahn Funeral Home
(b) Address 7401 Belair Road

19 (a) AUG 25 1942 (Date rec'd by registrar) (b) Registrar

Hunting for Publication

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23-42 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-23 1942 to 8-23 1942, and that I last saw h alive on 19.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geoffrey T. Boles, M. D.
Address Balt. City Hosp. Date signed 8-24-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

F 95186

~~F 95187~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F 95186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6642 Holabird Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6642 Holabird Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ada C Mosses

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife Augustus W Mosses

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 26 1860

8. AGE: Years	Months	Days	If less than one day
81	10	28	hr. min.

9. Birthplace Albermarle Co Va
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Henry C Sheppard
13. Birthplace Va

MOTHER
14. Maiden Name Mary Via
15. Birthplace Va

16 (a) Informant Mrs Virginia Davis
(b) Address 6642 Holabird Ave

17 (a) Burial (b) Date thereof Aug 26 /42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Windsor Mill Balto Md

18 (a) Funeral director Ullrich Funeral Home
(b) Address 1008 Orleans St.

AUG 28 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24/42 19 , at 4 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb a 1942 to Aug 24 1942 and that I last saw her alive on Aug 21 1942

Immediate cause of death	Duration
Carcinoma of Stomach	9 months
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. H. Keier M.D.
Address Dundalk, Md Date signed 8/24/42

VS 3

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Be sure to give correct age in each case. It is especially important. Physicians: please write the causes of death clearly and legibly.

~~E 95188~~ F95187 F95187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

~~F 95188~~

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered. Do not omit any item if you can obtain the correct answer. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3723 Gibbons Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Wettern (Birth F 55259)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 1942

8. AGE: Years	Months	Days	If less than one day
		27	hr. min

9. Birthplace Baltimore Maryland (Town, county/and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Walter Wettern
13. Birthplace

MOTHER
14. Maiden Name Dorothy Tisbett
15. Birthplace Maryland

16 (a) Informant mother
(b) Address 3723 Gibbons Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 42 (month) (day) (year)
(c) Cemetery or crematory Balto Cem
Location Balto Md

18 (a) Funeral director John Wiland
(b) Address 2208 W Baltimore St Huntington Williams, Mgr

AUG 25 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1942, at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 3, 1942 to Aug 24 1942 and that I last saw h in alive on Aug 24, 1942

Cause	Duration
Immediate cause of death: Respiratory Failure	
Due to: Prematurity	
Due to:	
Other Conditions: 1. Diarrhea 2. Preamble Central Birth Trauma (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Baythel Jr. M.D.
Address University Hospital Date signed 8-25-42

VS 3

1 Copy F95188 F [redacted]

F95188 [redacted]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 928

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Edgemere
(If outside city or town limits, write RURAL and give town)
(d) Street No. Brannan Ave.
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country

3 (a) FULL NAME Frances (Krysiak) KRYSIAK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Michael Sr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1888

8. AGE: Years	Months	Days	If less than one day
53	11	17	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Stephen Dreger
13. Birthplace Germany

MOTHER
14. Maiden Name Unk.
15. Birthplace

16 (a) Informant Mrs. Nolan
(b) Address [redacted] Edgemere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location German Hill Rd.

18 (a) Funeral director John J. Connelly
(b) Address 418 Eastern Ave.

AUG 25 1942 (Date received by registrar)

(b) Hunter for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24, 1942, at 12:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/15/ 1942. to Aug 24 1942.
and that I last saw her alive on Aug 24 1942.

Immediate cause of death Valvular heart disease
Mitral stenosis.
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Andreas Zrbek M. D.
Address 1213 Light St. Date signed 8/24/42

VS 3

JL - 76285 F95189 F95189 Registered No. F75189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6711 Railway Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ina Ramsey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anthony Ramsey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 11, 1906

8. AGE: Years 36 | Months 1 | Days 13 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation ? Housewife

11. Industry or business

MOTHER / FATHER

12. Name W. E. Cox

13. Birthplace N. C.

14. Maiden Name ? Claudia Kirk

15. Birthplace ? N. Carolina

16 (a) Informant B. C. Hospital Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26-42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave. Rd.

18 (a) Funeral director Jno. J. Connelly

(b) Address 418 Eastern Ave.

19 (a) AUG 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/25 1942, at 1:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/22 1942 to 8/25 1942 and that I last saw h/m alive on 8/24 1942

Immediate cause of death Septicemia Cause

Due to Erysipelas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Hoffman M. D.

Address Baltimore City Date signed 8/26/42

HOSPITALS

F 95190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1314

F 95190 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1109 Brentwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Brentwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie M. Halloran

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-8612

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1881

8. AGE: Years 61 | Months 2 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Cashier

11. Industry or business Bonwit-Lennon

FATHER
12. Name John Halloran
13. Birthplace Baltimore

MOTHER
14. Maiden Name Julia Killalea
15. Birthplace Baltimore

16 (a) Informant Nellie Halloran
(b) Address 1109 Brentwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26/42 (month) (day) (year)

(c) Cemetery or crematory
Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

19 (a) AUG 25 1942 (Date rec'd by registrar) (b) Thorington Willis, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-22 1942 at 3 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18-1942 to 8-22-1942 and that I last saw her alive on 8-21-1942

Immediate cause of death: Arteriosclerotic cardio renal disease — Duration: Unknown

Due to

Due to

Other Condition: Cerebral hemorrhage — Duration: 4 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo B. Sybert M. D.

Address 730 N Harford Rd Date signed 8-24-42

95191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160.2

Registered No. E 95191

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 Pontiac Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby boy Young (Birth # 55647)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years | Months | Days | If less than one day: hr. 3 min.
9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Thomas Young
13. Birthplace Buchan, Scotland

MOTHER
14. Maiden Name Elizabeth A Shearer
15. Birthplace Baltimore Md

16 (a) Informant Mrs Elizabeth Young
(b) Address 806 Pontiac Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 25 1942

18 (a) Funeral director Commissioner of Health
(b) Address

AUG 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 20 1942 at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 20 1942 to August 20 1942 and that I last saw him alive on August 20 1942

Immediate cause of death: Cerebral Hemorrhage — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zoll M. D.
Address 1213 Light St. Date signed

VS 3

9357

F 95192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1224 N. Washington (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Ed 47 – Leonard Ackley (Birth F-51153)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-9-42

8. AGE: Years	Months	Days	If less than one day
—	2		hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leonard Ackley
13. Birthplace Pa

MOTHER
14. Maiden Name Dorothy Guest
15. Birthplace Howard Co. Md

16 (a) Informant Birth Cert. F 51153
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 25 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) AUG 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/7 1942, at 3.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6 1942 to 8/7 1942 and that I last saw h[illegible] alive on 8/7 1942

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to	
Due to	
Other Conditions Diarrhea	10 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Bronchopneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. Reichsman
Address Sinai Hospital Date signed 8/25/42

VS 8

9358

F 95193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3505 Elmley Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City of Balto
(c) City or town 3505 Elmley Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3505 Elmley Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur J. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-2371

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Matilda E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25-1877

8. AGE: Years 65 | Months 3 | Days 29 | If less than one day hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business Self

FATHER 12. Name George Jones

13. Birthplace Wales

MOTHER 14. Maiden Name Elizabeth Griffits

15. Birthplace Wales

16 (a) Informant Mrs Elsie Smitzell

(b) Address 3505 Elmley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27-42 (month) (day) (year)

(c) Cemetery or crematory Oaklawn Cemetery

Location Eastern Ave Extended

18 (a) Funeral director McKinney Cook Inc

(b) Address 1217 St Paul Street

19 (a) AUG 25 1942 (Date received by registrar) (b) Huntington Williams MD

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1942 at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/23 1942 to 8/24 1942 and that I last saw h alive on 8/23 1942.

Immediate cause of death Pulmonary T.B. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Jordan M. D.

Address 3400 E Baltimore Date signed Aug 25/42

VS 3

F 95194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 95194 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo11da
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2574 Edmondson Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No),
If yes, name country

3 (a) FULL NAME FRANK HISSEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Elizabeth Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28, 1874

8. AGE: Years	Months	Days	If less than one day
68	4	27	hr. / min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Caleb Hissey
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Kate Whitehouse
15. Birthplace Baltimore, Maryland

16 (a) Informant Records-Us Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Balto National Cem
Location Frederick Road, Eyt.

18 (a) Funeral director A. Lee Oden
(b) Address 4644 York Road.

19 (a) [illegible] Washington Boulevard

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24, 1942 at 4:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13, 1942 to Aug. 24, 1942, and that I last saw him alive on Aug. 24, 1942.

Immediate cause of death	Duration
Cardiac disease, degeneration of myocardium	Unknown
Due to Arteriosclerosis, general	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature I. B. H. Anderson M. D.
Address US Marine Hospital Date signed 8/24/42
Baltimore, Maryland.

F 95195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16a F 95195 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2751
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 9 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4002 Eierman Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Baby girl Morgan (Birth 8-24-42)
3 (b) If veteran, name war X
3 (c) Social Security Account No. X

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-24-42

8. AGE: Years	Months	Days	If less than one day
—	—	—	9 hr. 30 min.

9. Birthplace Baltimore MD
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Marvin Morgan
13. Birthplace Brunswick MD

MOTHER
14. Maiden Name Margaret Baer
15. Birthplace Baltimore Md

16 (a) Informant Mother - Margaret Morgan
(b) Address 4002 Eierman Ave

17 (a) Burial (b) Date thereof aug 26-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Balto Cem.
Location Balto. Md

18 (a) Funeral director A. Bailen Slade
(b) Address 4907 York Road

19 (a) AUG 29 1942 (b) [illegible] Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1942 at 3:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942 to Aug 25 1942 and that I last saw him alive on Aug 25 1942.

Immediate cause of death	Duration
Asphyxia Pulmonary atelectasis	9 hrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. Wm. T. Coleman M. D.
Address Mt. Wilson Hosp Date signed 8/28/42

F 95196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95496

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 N. Washington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give name)
(d) Street No. 1717 N. Washington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Grefe Butzler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John W. Butzler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 24th, 1883

8. AGE: Years 59 | Months 1 | Days 28 | If less than one day hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: House-wife

11. Industry or business

FATHER
12. Name: Charles Grefe
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Mary A. Brownell
15. Birthplace: Balto. Md.

16 (a) Informant: Miss Mary Grefe
(b) Address: 1717 N. Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/42 (month) (day) (year)

(c) Cemetery or crematory: London Park
Location: Balto. Md.

18 (a) Funeral director: E. L. Fanning & Son
(b) Address: 1938 E. Lafayette Ave.

19 (a) 8-25-1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 22nd, 1942, at 10:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1938 to Aug 22 1942 and that I last saw her alive on 8/22 1942.

Immediate cause of death: Bronchial pneumonia, terminal — Duration: 8/1942

Due to: Hypertensive cardiovascular renal disease — Duration: 4 years

Due to:

Other Conditions: Diabetes

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Hubert J. Magennis M. D.
Address 1445 N. Gay St. Date signed 8/24/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95492

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County 3
(c) City or town Baltimore Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. 6405 Lehnert Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN PHILIP DORNER

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-9224

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15 1866

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	5	10		

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Oscar J Smith

11. Industry or business Painter

FATHER 12. Name Moritz Dorner

13. Birthplace Germany

MOTHER 14. Maiden Name unknown

15. Birthplace

16 (a) Informant Augusta Collins

(b) Address 6405 Lehnert Woodlawn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27, 1942 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Harry H Welzke

18 (a) Funeral director

(b) Address 4101 Edmondson Ave

19 AUG 25 1942 (b) Huntington Williams M.D. Registrar

(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1942 at 11:30 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions hs	

(Include pregnancy within 3 months of death)

Date of operation hs

Major findings of operation:

of autopsy: hs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wallenwebber M.D. Medical Examiner

Date signed 8-25-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Liz 2500-01

F 95198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 lr F 95198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 S. Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 413 S. Payson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nannie I. Sanders

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Herman J. Sanders

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1886

8. AGE: Years 55 | Months 11 | Days 28 | If less than one day ... hr. ... min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name James A. Murphy
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Pilkerton
15. Birthplace Md.

16 (a) Informant Mr. Herman J. Sanders
(b) Address 413 S. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4300 Old Frederick Rd.

18 (a) Funeral director Harry H. Weitzel
(b) Address 4101 Edmondson Ave.

19 (a) Date received by registrar (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 22/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2-[illegible] 19[illegible], to Aug 22 19[illegible], and that I last saw h[illegible] alive on Aug [illegible] 19[illegible].

Immediate cause of death	Duration
Pulmonary Edema	
Due to Pulmonary Tuberculosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Robinson M. D.
Address 106 E Chase St Date signed 8-25-42

Huntington Williams, M.D.

F 95199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95199 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 141
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City ~~or town~~ Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Marlborough Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Moise H. Schwab (Moise H. Schwab)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1877

8. AGE: Years 65 | Months 11 | Days 4 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Merchandise Broker

11. Industry or business

FATHER 12. Name Henry Schwab

13. Birthplace Germany

MOTHER 14. Maiden Name Henrietta Strauss

15. Birthplace Balto. Md.

16 (a) Informant Mr. Alan Schwab

(b) Address Marlborough Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Ohel Shalom

Location Balto. Md.

18 (a) Funeral director Harid Sonnheim & Son

(b) Address 1702 Eutaw Place

AUG 25 1942 (Date filed by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/24 1942 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/23 1942 to 8/24 1942 and that I last saw h. alive on 8/24 1942.

Immediate cause of death: Coronary Thrombosis Myocardial infarction

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coronary Thrombosis - Infarction

Duration: 6 min.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Saul J. Farber

Address Sinai Hosp. Date signed 8/25 1942

VS 2

F 95100 — BALTIMORE CITY HEALTH DEPARTMENT — F 95100

CERTIFICATE OF DEATH

131a — Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1521 Sheilds Pl.
(c) Hospital or institution: 14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Sheilds Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles H. LeCado

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Clara LeCado

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 91 | Months | Days | If less than one day hr. min.

9. Birthplace Accomac Va (Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Not Know
13. Birthplace Robert LeCada

MOTHER
14. Maiden Name Minnie ?
15. Birthplace

16 (a) Informant Allie LeCado
(b) Address 1521 Sheilds Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/42 (month) (day) (year)
(c) Cemetery or crematory
Location Accomac Va

18 (a) Funeral director Edgar Thomas
(b) Address Accomac Va.

AUG 25 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1942, at 12.00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1942 to Aug 25 1942, and that I last saw h alive on 19

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension Cardiac

Due to Coronary Renal Disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H Bunting M. D.
Address 803 n Fremont Date signed Aug 26

F 95201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1944

F 95201 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2901 Montebello Ter
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2901 Montebello Ter.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest B. Nelson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Matilda M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26, 1875

8. AGE: Years 66 Months 7 Days 29 If less than one day hr. min.

9. Birthplace Cristfield Md
(town, county, and state)

10. Usual Occupation Wholesale Fish Dealer (owner)

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant Matilda M. Nelson

(b) Address 2901 Montebello Ter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-44 (month) (day) (year)

(c) Cemetery or crematory Asbury Cem

Location Cristfield Md

18 (a) Funeral director Edward C. Rupp

(b) Address 2305 Harford Rd

19 (a) AUG 26 1944 Acting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1944, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1944 to Aug 25 1944 and that I last saw him alive on Aug 25 1944

Immediate cause of death Arteriosclerosis Heart Disease — Duration unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Downes M.D.

Address 4808 Harford Rd. Date signed 8/25/44

VS 3

CORRECT ERROR BY CROSSING OUT, INITIALING AND REWRITING

95202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95202 Registered No. 1315

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Dr.'s ... correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5623 Greenhill Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5623 Greenhill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Henry Born

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widow

6 (b) Name of husband or wife: Mary C. Born
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1859

8. AGE: Years	Months	Days	If less than one day
83 8/12	10	0	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. William Kaifer
(b) Address 5623 Greenhill Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair and Moravia Avenue

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

AUG 26 1942 Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/7 1942 to 8/23 1942 and that I last saw h[illegible] alive on 8/21 1942.

Immediate cause of death: Chronic Nephritis
Due to: Senility
Due to:
Other Conditions: old age
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

Duration
10 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. E. Kearney M.D.
Address 4401 Garrison Date signed 8/26/42

Med Exam Case 42128

F 95203 BALTIMORE CITY HEALTH DEPARTMENT F 95203

CERTIFICATE OF DEATH 1786

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 916 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margie Richardson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-5-41

8. AGE: Years	Months	Days	If less than one day
1	16		hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Richardson
13. Birthplace N C

MOTHER
14. Maiden Name Maggie Billamy
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 26 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Baltimore Md

18 (a) Funeral director Rafus E. Williams
(b) Address 1526 N. Eden St

19 (a) AUG 26 1942 (b) Huntington Hollins

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1942 at 3 P.M. 15

21. I certify that death occurred on the date above stated; that I attended deceased from 8-24 1942 to 8-24 1942 and that I last saw her alive on 8/24 1942

Immediate cause of death: Lead Encephalitis with Convulsions — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(d) Means of injury

23. Signature Frank W. Kibbe
Address Johns Hopkins Hosp. Date signed 8/27/42 M.D.

Please write plainly. Physicians please write the causes of death in terms of common use. Be sure correct age is especially important.

F 95204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 95204 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 203 McCurley St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 203 McCurley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Bezold

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Theresa A. Bezold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec 13 186[illegible]

8. AGE: Years	Months	Days	If less than one day
77	8	12	hr. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name: Adam Bezold
13. Birthplace: Germany

MOTHER 14. Maiden Name: Catherine Blum
15. Birthplace: Germany

16 (a) Informant: John A. Bezold Jr
(b) Address: 3016 Poplar Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 28 1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore

18 (a) Funeral director: Lutz & B.M. Walter
(b) Address: 847 W. Fayette St

19 (a) AUG 26 1942 (Registrar's signature) Thurlow for William Roberts M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1942 at 12 Noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 19 1935 to Aug 25 1942, and that I last saw h[illegible] alive on Aug 25 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to Arterio-Sclerosis & Hypertension	7 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elliot W. Johnson M. D.
Address 3432 Druid Park Ave Date signed

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and legibly. correct age is especially important.

VS 3

F 95295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95205
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete as possible. Do not abbreviate. Use full name of person, city, hospital or institution. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (~~years~~, mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town [illegible] Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8002 Belford Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Tull

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Catherine Tull
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1897

8. AGE: Years	Months	Days	If less than one day
50	—	—	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name William F. Tull
13. Birthplace Maryland

MOTHER
14. Maiden Name Katie —
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (b) Date thereof Aug. 27-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director John B. Malloy
(b) Address 2334 Jefferson St.

19 (Date received by Registrar) AUG 26 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1942, at 12.35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 19 1942, to August 24 1942, and that I last saw h[illegible] alive on August 24 1942.

Immediate cause of death
? Frontal Lobe Tumor

Due to

Due to (or a)

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration
3

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams
Address C.H.I. M. D.
Date signed 8/24/42

VS 2

Huntington Williams, M.D.

420161 F 95206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

139 F 95206 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. BETHEL, ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDITH PORTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: FEMALE

5. Color or race: BLACK

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: ELEY PORTER

6 (c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): 12-11-02

8. AGE: Years: 39 | Months: 8 | Days: 14 | If less than one day: hr. min.

9. Birthplace: VA. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: JESSE NORMAN
13. Birthplace: VA

MOTHER
14. Maiden Name: MARGARET-DANDRIDGE
15. Birthplace: VA

16 (a) Informant: RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address

19 (a) AUG 25 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG-25, 1942, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4 1942 to 8-25 1942, and that I last saw HER alive on AUG 25 1942.

Immediate cause of death: Lenton Fever — Duration

Due to: A gram negative bacillus not yet identified.

Due to: (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: Pertinent.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Robert C. Austrian, M.D.
Address: The Johns Hopkins Hosp. Date signed: 8/28/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and legibly. Be correct age is especially important.

VS 3

F 95207

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 12 b

F 95207

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 68 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 818 W. Franklin St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Coates 74733

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: black

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1919

8. AGE: Years 23 | Months 1 | Days 25 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name James Oliver Coates
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Owens
15. Birthplace Md.

16 (a) Informant hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1900 Eastern Ave

19 (a) AUG 25 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24 1942 at 6:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17 1942 to Aug. 24 1942, and that I last saw him alive on Aug. 24 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 5 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pulm. tbc + pulm. infarct

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A.H. Harte M. D.
Address Balto City Hosp Date signed 8/24/42

VS 3

F 95208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95208
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1749 E. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emmett Michel 70-40

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Joan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1904

8. AGE: Years	Months	Days	If less than one day
37	9	10	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Sawman
11. Industry or business

FATHER
12. Name William Michel
13. Birthplace Pa.

MOTHER
14. Maiden Name Carrie Elias
15. Birthplace Pa.

16 (a) Informant Hospital records
(b) Address 4940 Eastern ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug - 27 - 42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Road

18 (a) Funeral director Thos. S. Connelly
(b) Address 418 Eastern Ave Balto
Hunting for Williams, Md

19 (a) Aug 28 1942 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24 1942, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4 1942, to Aug. 24 1942, and that I last saw h im alive on Aug. 24 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 mos?
Due to	
Due to	
Other Conditions tbc. laryngitis	2 mos?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Pulmonary Tbc.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. S. Harte M. D.
Address Balto City Hosp Signed 8/29/42

F 95209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95209 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3500 Spaulding Ave,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3500 Spaulding Ave,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew C. Lawrence.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Rose Lawrence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1881

8. AGE: Years	Months	Days	If less than one day
60	9	3	hr. min.

9. Birthplace Baltimore, Md,
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Andrew J. Lawrence
13. Birthplace Baltimore, Md,

MOTHER
14. Maiden Name Fannie Lipper
15. Birthplace Baltimore, Md,

16 (a) Informant William H. Lawrence
(b) Address Towson, Md.

17 (a) Burial (b) Date thereof 8/27/1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

19 (a) AUG 26 1942 Huntington Williams M.D.
(Date Rec'd by Registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24, 1942, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1942 to Aug 24 1942, and that I last saw him alive on Aug 24 1942.

Immediate cause of death Acute Adynamia

Due to Synacal Paresis - Acute Adynamia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
About 2 days
About 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. W. Lawrence M.D.
Address 1938 Linden Ave Date signed 8/25/42

F 95210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓61

F 95210

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 608 Springfield Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Springfield Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances R. Conley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Conley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 29. 1869

8. AGE: Years	Months	Days	If less than one day
73	4	26	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name John Riley
13. Birthplace Maryland

MOTHER
14. Maiden Name Katherine Snack
15. Birthplace Maryland

16 (a) Informant Mrs. Margaret T. Green
(b) Address 608 Springfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd., Balto.

18 (a) Funeral director John A. Morans
(b) Address 4106 Greenmount Ave.

19 8/26 (Date filed by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942, to Aug. 24 1942, and that I last saw her alive on Aug. 23 1942.

Immediate cause of death	Duration
Myocarditis [illegible]	
	5 years
Due to Diabetes mellitus	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Sound M. D.

Address 2 West Read St. Date signed 8/26/42

VS 8

F 95211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95211 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3829 Beach Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3829 Beach Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SARAH KATHERINE WAGGONER

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-6031

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1872

8. AGE: Years	Months	Days	If less than one day
70	6	6	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Clerk
11. Industry or business Greif & Bro.

FATHER
12. Name Henry E. Waggoner
13. Birthplace Tenn.

MOTHER
14. Maiden Name Mary E. Thomas
15. Birthplace Md.

16 (a) Informant Mrs. Belle Stewart
(b) Address 3829 Beech Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Pikesville, Md.

18 (a) Funeral director John O. Metcalf & Son
(b) Address 1900 Eutaw Place

19 (a) AUG 26 1942 (Date received by registrar) (b) H. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 19 42 at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration
Coronary occlusion
Due to
Due to
Other Conditions Leo

(Include pregnancy within 3 months of death)
Date of operation Nil
Major findings of operation:
of autopsy: Leo

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Williams M.D. Medical Examiner.
Date signed 8-26-42

VS 6

F 95212

AB-75537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52a

F 95212

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully noted and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo-1Da.

(e) Length of stay in Baltimore (yrs., mos., or days) 17 Yrs.

17

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore, Md

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1111 Penn. Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Chief Thundercloud

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: American Indian

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Betty (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug.?-1896

8. AGE: Years: 46 | Months: - | Days: ? | If less than one day: hr. min.

9. Birthplace: Arizona

(Town, county, and state)

10. Usual Occupation: Unemployed

11. Industry or business

FATHER

12. Name: Chief Thundercloud

13. Birthplace: Arizona

MOTHER

14. Maiden Name: Running Deer

15. Birthplace: Arizona

16 (a) Informant: Baltimore City Hospitals

(b) Address: Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-27-42 (month) (day) (year)

(c) Cemetery or crematory: Mt. Calvary.

Location: Balto. Md.

18 (a) Funeral director: A. Hartdt

(b) Address: 9 E. Lanvale St.

19 (a) AUG 26 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23 1942 at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22-42 19..., to 8-23 1942 and that I last saw him alive on 8-23 1942.

Immediate cause of death: Hypertension chronic Nephritis (b) Pulmonary tuberculosis

Due to

Due to

Other Conditions: Tuberculosis

(Include pregnancy within 3 months of death)

Duration: (a) ? (b) (c) (d)

Date of operation

Major findings of operations:

of autopsy: See above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature: J. Murray Hearne M.D. M. D.

Address: Balto. City Hosp. Date signed 8-24-42

VS 8

F 95213

F 95213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1138 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Captain Vladimir Sournin

3 (b) If veteran, name war	3 (c) Social Security Account No.
Spanish American	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1875

8. AGE: Years	Months	Days	If less than one day
67	0	19	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Map Maker
11. Industry or business War Department

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Mr. Gilbert C. Clark
(b) Address 816 - 14th St., N. W., Wash., D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/26/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat'l.
Location Fred'k. Rd., Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) AUG 26 1942 (Date received by registrar) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 21 19 42, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1941 to Aug 1942
and that I last saw him alive on July 18 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Hypertensive Cardio-Vascular disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel R. Robinson M.D.
Address 235 Eutaw Pl. Date signed 8/24/42

VS 3

DANIEL R. ROBINSON

JL - 74526 F 95214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √107

F 95214 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 17D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 809 N. Eden St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Tates (Joseph H. Tates)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-5747

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife Mary (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1880

8. AGE: Years	Months	Days	If less than one day
61	10	12	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation On Relief
11. Industry or business

FATHER
12. Name George Tates
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Cassell
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Lokerth Cougot

18 (a) Funeral director 804 N. Carrollton Ave
(b) Address

19 (a) AUG 26 1942 (Date received by registrar) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-24 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1942 to 8-24 1942.
and that I last saw h~~er~~ alive on 8-24 1942.

Immediate cause of death Bronchopneumonia — Duration 4 days
Due to
Due to
Other Conditions Cerebral arteriosclerosis — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Plaster M. D.
Address Balt. City Hosp. Date signed 8-25-42

95215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 85215

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Driveway and 31st St.,
(c) Hospital or institution:
USMarine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo7da
(e) Length of stay in Baltimore (yrs., mos., or days) 48 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 N. Carey Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN WESLEY LARKINS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 212-14-9457

4. Sex: Male

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Clara E. Woolford

6 (c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): May 14, 1893

8. AGE: Years 49 | Months 8~~th~~ | Days 10 | If less than one day: hr. min.

9. Birthplace: Annapolis, Maryland
(Town, county, and state)

10. Usual Occupation: Porter

11. Industry or business: Office and Apartments

FATHER
12. Name: William Larkins
13. Birthplace: ---

MOTHER
14. Maiden Name: Martha -----
15. Birthplace: Annapolis, Maryland

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24/42 (month) (day) (year)
(c) Cemetery or crematory: U.S.National Cemetery Baltimore, Maryland.
Location

18 (a) Funeral director: John M. Johnson
(b) Address: 1700 Druid Hill Avenue

19 (a) [illegible] (b) Huntington Williams M.D.
(Signature of registrar)

AUG 26 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24, 1942, at 2:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17, 1942, to Aug. 24, 1942, and that I last saw him alive on Aug. 24, 1942.

Immediate cause of death: Broncho-pneumonia — Duration: Terminal

Due to: Cerebral hemorrhage, left, old — 7 days

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: none

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Means of injury

23. Signature: Huntington Williams M. D.

Address: US Marine Hospital, Baltimore, Maryland. Date signed: 8/24/42

95216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

156A Registered No. 95216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2801 Denison St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2801 Denison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie E. Adler

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 12, 1860

8. AGE: Years 81 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Chicago Ill (town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business Own Home

FATHER
12. Name Louis E. Adler
13. Birthplace Germany

MOTHER
14. Maiden Name Babetta Ullman
15. Birthplace Germany

16 (a) Informant Louis N. Adler
(b) Address 2801 Denison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 1942 (month) (day) (year)
(c) Cemetery or crematory Chub Shalom
Location Baltimore Md

18 (a) Funeral director Williams Cook, Inc.
(b) Address 1217 St. Paul St.

19 (a) (Signature of registrar) Huntington Williams M.D. (Address)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1942, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/15 1942, to 8/25 1942, and that I last saw her alive on 8/24 1942.

Immediate cause of death: Acute infectious arthritis — Duration: 5 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. A. Sylvan M. D.
Address 3703 Garrison Blvd Date signed 8/25/42

F 95217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95217 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 Gorsuch Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 Gorsuch ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Spacek

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	213-09-5807	Male	White	married

6 (b) Name of husband or wife Rozalie Spacek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1876

8. AGE: Years	Months	Days	If less than one day
66	1	7	hr. min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Lebow Bros.,

FATHER
12. Name Joseph Spacek
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Agnes Spacek (daughter)
(b) Address 920 Gorsuch Ave.,

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Aug 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk Crematory
Location Frederick Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.,

19 (a) [illegible] Huntington Williams, M.D.
Registrar

AUG 28 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-25-1942 at 11:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition - Inquiry thereon and from the evidence obtained by said Inquisition - Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hanging	
Due to	
Due to	
Other Conditions Mental Incompetency	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 8-25-42 Time 10:45 A.M.
(c) Where did injury occur? 920 Gorsuch Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Suspended by neck between door & [illegible]
23. Signature Howard J. Wallace M.D. Medical Examiner
Date signed 8-25-42

JL - 16060 F 95218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 F 95218 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9- 5- 16
(e) Length of stay in Baltimore (yrs., mos., or days) ~ife

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. ? No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Hicker

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1864

8. AGE: Years	Months	Days	If less than one day
78	5	~~29~~ 24	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation Miner- Fisherman
11. Industry or business

FATHER
12. Name Mack
13. Birthplace Holland

MOTHER
14. Maiden Name Jane Van Dinen
15. Birthplace Holland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 26 42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd

18 (a) Funeral director J. J. Doherty & Sons
(b) Address 1318 Light St. Hunting to Woodlawn, MD

19 (a) Date received AUG 28 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-21 1942, at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27 1942 to 8-21 1942, and that I last saw him alive on 8-21 1942.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Cardiac failure	2 days
Due to	
Due to	
Other Conditions Sen. arteriosclerosis	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. R. Rathbun M. D.
Address Balto City Hosp. Date signed 8-26-42

F 95219

(WINDSOR) 170C

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95219 Registered No. X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age in years. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County BALTO
(c) City or town Baltimore Harford Park
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 3614 Edmondson Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Habicht

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elizabeth Habicht
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24 1889

8. AGE: Years	Months	Days	If less than one day
52	8	1	hr. min.

9. Birthplace Belgium (Town, county and state)
10. Usual Occupation Metal Merchant
11. Industry or business

FATHER
12. Name Carl Habicht
13. Birthplace Lost Known

MOTHER
14. Maiden Name Lost Known
15. Birthplace Lost Known

16 (a) Informant Mrs. Margaret Oellinger
(b) Address 7505 Park Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md

18 (a) Funeral director John H Hyatt
(b) Address 1200 Eutaw St.

19 (a) AUG 26 1942 (Date rec'd by registrar) (b) Hunting for Williams M.E. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-25- 1942 at 6.40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Ruptured Heart	
Due to	
Due to	
Other Conditions Fractured sternum + ribs Laceration of a blood vessel	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 53.10
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-25-42 at 6.10 P M
(c) Where did injury occur? Balto. Co. Overton Rd nr. Hillen Rd
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto While at work? No
(Specify type of place)
(e) Means of injury Auto. struck telegraph pole
23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 8-26-42

VS 6

F 95220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 b

F 95220 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 429 N Luzerne ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. [illegible] (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna D Weissmann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Herman Lowlman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 15, 1868

8. AGE: Years	Months	Days	If less than one day
73	8	13	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name John Limpf
13. Birthplace Germany

MOTHER
14. Maiden Name Lent [illegible] Knorr
15. Birthplace

16 (a) Informant Herman Lowlman
(b) Address 429 N Luzerne ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28 42 (month) (day) (year)
(c) Cemetery or crematory Pak Lawn
Location Balto Co Md

18 (a) Funeral director John [illegible] Williams
(b) Address [illegible]

19 (a) (Date rec'd by Registrar) AUG 26 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 42 19 , at 4 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to Aug 25 1942, and that I last saw him alive on Aug 26 1942

Immediate cause of death	Duration
myocardial degeneration	
Due to	
Due to	
Other Conditions Hepatic cirrhosis (Include pregnancy within 3 months of death)	

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Small M. D.
Address 14 N Eutaw ave Date signed 8-25-42

VS 3

F 95221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 95221 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use Dr. Fol. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1201 S. CHARLES
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 S. CHARLES ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE (KATE) WELSH

3 (b) If veteran, name war

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife RICHARD WELSH.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 21. 1861

8. AGE: Years	Months	Days	If less than one day
81	3	14	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation AT HOME

11. Industry or business

FATHER
12. Name WILLIAM EAGAN.
13. Birthplace IRELAND.

MOTHER
14. Maiden Name CATHERINE MURRAY
15. Birthplace IRELAND

16 (a) Informant RICHARD WELSH.
(b) Address 1201 S. CHARLES ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 29 1942 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location Old Frederick Rd.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 AUG 26 1942 (Date received by registrar) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1942, at 9.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1st 19 to May 25th 19, and that I last saw her alive on May 24th 42.

Immediate cause of death
Cerebral Hemorrhage.
Due to Hypertension
Due to Nephritis
Other Conditions (over)
(Include pregnancy within 3 months of death)

Duration
Many Years
1 hr

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos. J. Waltman M.D.
Address 1700 Eutaw Date signed

VS 3

AdCo. 5-11 2508

F 95222

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95222

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 Eastern St., Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Giles

(a) Residence: No. 112 Eastern St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jefferson Giles

6. DATE OF BIRTH (month, day, year) 1862

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nurse
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Woodlawn Date Aug. 26 1942

19. UNDERTAKER Mrs. Katie R. Wadsam
(Address) AUG 25 922 N. Schroeder St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 22 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1942 to Aug 22 1942

I last saw h[illegible] alive on Aug 21 1942 death is said to have occurred on the date stated above, at 8 A m

The principal cause of death and related causes of importance were as follows:

Cardiovascular Renal disease

Date of onset

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. C. Stewart M. D.

(Address) 628 W. Franklin St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 95223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 95223 Registered No.

38-76243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1416 Carroll St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Henrietta Marshall

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife William (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6-1874

8. AGE: Years	Months	Days	If less than one day
68	2	17	hr. min.

9. Birthplace Md

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Louis Dear (D)

13. Birthplace Md

MOTHER 14. Maiden Name Sarah Elizabeth Kester (D)

15. Birthplace Md

16 (a) Informant

(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 27-42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location

18 (a) Funeral director Mrs Katie R. Williams

(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 1 AUG 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23 1942, at 7:[illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-21 1942 to 8-23 1942 and that I last saw h[illegible] alive on 8-23 1942.

Immediate cause of death	Duration
? Intestinal impaction ?	
Due to Bronchopneumonia ?	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. K. Rathbun M. D.

Address Balto. City Hosp Date signed 8-24-42

F 95224

F 95224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1314

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 855 W. Lexington Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 855 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James A. Ball

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	A. A.	Widower

6 (b) Name of husband or wife Ella Ball
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6 - 1876

8. AGE: Years	Months	Days	If less than one day
66	4	20	hr. min.

9. Birthplace Richmond Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Spencer Ball
13. Birthplace Essex Co, Virginia

MOTHER
14. Maiden Name Ann Gatewood
15. Birthplace Essex Co, Virginia

16 (a) Informant Eddie Ball - (brother)
(b) Address 1102 N. 33rd St

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Aug. 26, 42 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Date rec'd by registrar) Hunting for evidence Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/24 1942, at 4:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1/21 1942 to 8/24 1942 and that I last saw h[illegible] alive on 8/23 1942

Immediate cause of death	Duration
Hypertension Cerebral Renal Dis	Indef.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carson C. Johnson M. D.
Address 1502 Penna Date signed 8/26/42

F 95225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 9522 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 504 N. Bruce St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 5 1 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 N. Bruce St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Chester Gantt

3 (b) If veteran, name war —

3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widower

6 (b) Name of husband or wife Bessie Gantt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 16, 1891

8. AGE: Years	Months	Days	If less than one day
51	7	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Alexander Gantt
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Sophia Hawkins
15. Birthplace Calvert Co.

16 (a) Informant Sophia Gantt
(b) Address 309 Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 1 N Schroeder St

19 (a) AUG 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 21, 1942, to Aug. 22 1942, and that I last saw him alive on Aug 21 1942.

Immediate cause of death Coronary Occlusion — Duration 1 day

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature J. Douglas Stoppard M. D.
Address 1631 W Franklin Date signed 8/26/42

VS 3

F 95226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 95226 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1117 Myrtle Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Sheppard

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
M	C	Married

6 (b) Name of husband or wife Elizabeth Sheppard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1890

8. AGE: Years	Months	Days	If less than one day
52	1	9	hr. min.

9. Birthplace Northampton, Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James Sheppard
13. Birthplace Northampton, Va.

MOTHER
14. Maiden Name Eaton Knox
15. Birthplace Northampton, Va.

16 (a) Informant Joseph Sheppard
(b) Address 1314 Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Miss Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) AUG 28 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23 1942 at 10:05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to death on the day stated above. (Autopsy or Inquiry)

Immediate cause of death: Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 8/24/42.

F 95227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95227

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo-16D

(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. ? No address (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Krugel

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-1809

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4, 1899

8. AGE: Years	Months	Days	If less than one day
43	4	22	hr. min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name George Krugel

13. Birthplace Germany

MOTHER

14. Maiden Name Margeret White

15. Birthplace Germany

16 (a) Informant B. C. Hospital Records.

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location East End North Ave

18 (a) Funeral director William Cook Inc

(b) Address 1210 E. Saint Paul St.

19 (Date rec'd by registrar) AUG 26 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-25 1942, at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8 1942, to 8-25 1942, and that I last saw h alive on 8-25 1942.

Immediate cause of death	Duration
Cardiac failure	7
Due to Hypertensive C.V. Disease	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Co abse

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature N. K. Kathren M. D.

Address Balto. City Hosp Date signed 8-26-42

VS 8

F 95228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 95228

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2848 W. Garrison Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Belle Weber

If U. S. Veteran specify WAR

(a) Residence: No. 2848 W. Garrison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Weber

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benel Knusseth

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Homewood Cem. Date 8/27/42

19. UNDERTAKER Jack Levin Inc

(Address) 1432 E. Baltimore St

20. FILED AUG 26 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1942 to August 26, 1942

I last saw her alive on August 26, 1942 Death is said to have occurred on the date stated above, at 5A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach with metastases to liver	Jan 1942

Other contributory causes of importance:

Was an operation performed? yes Date of June 1942

For what disease or injury? gall bladder trouble

Name of operation exploratory

What test confirmed diagnosis? operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton E Layman M. D.

(Address) 504 Park Heights Ave

information should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact spelling of OCCUPATION is very important. See instructions on back of certificate.

VA 3

F 95229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95229 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere Ave
(c) Hospital or institution: Hebrew Home for the Aged + Infirm
(d) Length of stay in ~~hospital~~ or inst. (yrs., ~~mos., or days~~) 6
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belvidere + Greenspring (If rural give location)
(e) If foreign born, how long in U. S. A.) 60 years

3 (a) **FULL NAME** Barney Dechefsky

3 (b) If veteran, name war ✓ | (c) Social Security Account No. ✓

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Hannah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years 84 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia (town, county, and state)

10. Usual Occupation Retired Jeweler
11. Industry or business Jewelry Business

FATHER
12. Name Burach
13. Birthplace Russia

MOTHER
14. Maiden Name Mindel
15. Birthplace Russia

16 (a) Informant Sigmund Feinblatt
(b) Address Belvidere + Greenspring

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location New Shandyphia Corp. Jack Levin Inc

18 (a) Funeral director
(b) Address AUG 28 1942 Baltimore Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1942 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1936, to Aug 25 1942, and that I last saw h~~im~~ alive on Aug 25 1942.

	Duration
Immediate cause of death Arteriosclerosis	
Myocardiac	
Cer. Card vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edmund Levin M. D.
Address Lemmade Date signed 8/25/42

VS 3

F 95230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194a

F 95230 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 Bank Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anthony Oenesunk

3 (b) If veteran, name war No | 3 (c) Social Security Account No. 213-07-1513

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug. 9-1894

8. AGE: Years	Months	Days	If less than one day
48	0	14	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation machinist
11. Industry or business Bethlehem Steel Corp

FATHER
12. Name Gregory Oenesunk
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mary Oenesunk-
(b) Address 1737 Bank Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary (Cem
Location Baltimore County

18 (a) Funeral director John M Welby
(b) Address 401 S. Chester Street

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23- 1942 at 3 55 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Walden M.D. Medical Examiner.
Date signed 8-24-42

VS 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95231 CERTIFICATE OF DEATH ✓ 107 F 95231

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 W. Franklin St. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edward Mitchell 17-1 If U. S. Veteran specify WAR

(a) Residence: No. 627 W. Franklin St., 17 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Carrie Mitchell

6. DATE OF BIRTH (month, day, year) 3-17-1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 8/15 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Wilmington Delaware

FATHER

13. NAME Rev. S. B. Mitchell

14. BIRTHPLACE (city or town) (State or country) Delaware

MOTHER

15. MAIDEN NAME Josephine Holmes

16. BIRTHPLACE (city or town) (State or country) Delaware

17. INFORMANT Carrie Mitchell

(Address) 627 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date Aug 30 1942

19. UNDERTAKER Mrs Ida Bailey

(Address) 1421 Jefferson Ext

20. FILED AUG 27 1942 19 Huntington Williams Mgr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26 1942

22. I HEREBY CERTIFY, That I attended deceased from 8/15 1942 to 8/26 1942

I last saw h sicken on 8/26 1942 Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Bronchio Pneumonia	8/15
Other contributory causes of importance: Pleurisy	8/15

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. R. Blake M. D.

(Address) 1327 W. Central

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PLACE OF DEATH must be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 8

95232

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

F 95232
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 S. Sharp Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(b) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Sharp Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Joyce Elizabeth Thomas
3 (b) If veteran, name war
3 (c) Social Security Account No. Ref. F 56890

4. Sex Female | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day 5 hrs. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name Lester Jerome Stennett
13. Birthplace Atlantic City, N. J.

MOTHER
14. Maiden Name Nadine Gloria Thomas
15. Birthplace Baltimore, Md.

16. (a) Informant Nadine Gloria Thomas
(b) Address 704 S. Sharp Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 26 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) AUG 26 1942 (Date received by registrar) Livingston Williams, M.D. Registrar

9361

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10:00 P.M. Aug. 23 1942, to 12:00 M Aug. 23 1942, and that I last saw him alive on Aug 23 1942.

Immediate cause of death: Respiratory failure — Duration
Due to: Atelectasis
Due to: Premature Birth
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address [illegible] Date signed 8/24/42

VS 3

F 95233

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95233 Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5025 Midwood Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EUGENE RAYMOND POLACEK (POLLOCK)

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. 213-01-0072

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary J. Kress
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50	5	4	hr. min.

9. Birthplace Prague, Bohemia
(Town, county, and state)
10. Usual Occupation Clerical-Crown Cork and Seal
11. Industry or business

FATHER
12. Name Adolph Polacek
13. Birthplace Prague - Bohemia

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Bal'o National Cemetery
Location Frederick Road, Ext.

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Road

19 (a) [illegible] Huntington Williams M.D.
AUG 27 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25, 1942 at 2:30 p.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15, 1942 to Aug. 25, 1942, and that I last saw him alive on Aug. 25, 1942.

Immediate cause of death	Duration
CEREBRAL HEMORRHAGE	10 days
Due to	
Due to	
Other Conditions Cardiac hypertrophy: and dilatation; pulmonary hypostasis	Unk.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: NONE
of autopsy: AS ABOVE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland.
Date signed 8/26/42 M.D.

JL -57507 F 95234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be completed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos. 18
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 235 Forest St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1883

8. AGE: Years	Months	Days	If less than one day
59	6	9	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Noah
13. Birthplace Va.

MOTHER
14. Maiden Name Ellen Jones
15. Birthplace Va.

16 (a) Informant B. C. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28, 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co Md

18 (a) Funeral director Isaiah L. Brown Son
(b) Address 1942 Monument St

19 AUG 27 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-25 1942, at 7 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9 1941, to 8-25 1942, and that I last saw h~~im~~ alive on 8-25 1942.

Immediate cause of death	Duration
Bronchogenic Carcinoma	
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: On chart

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathkey M. D.
Address Balto. City Hosp Date signed 8-26-42

VS 8

95235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95235

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Saxis
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SANKEY MARSHALL

3 (b) If veteran, name war: None
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Triffie Lewis
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) 1884
8. AGE: Years 58 | Months -- | Days -- | If less than one day: hr. min.
9. Birthplace Accomac County, Virginia (Town, county, and state)
10. Usual Occupation Deckhand
11. Industry or business

FATHER
12. Name Louis Marshall
13. Birthplace Virginia

MOTHER
14. Maiden Name Triffie
15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.
17 (a) Removal to Saxis, Va. (Burial, cremation, or removal) (b) Date thereof Aug. 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Saxis, Va. Cemetery
Location
18 (a) Funeral director J. D. Johnson, Inc.
(b) Address Parksley, Va.
AUG 27 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26, 1942, at 9:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18, 1942, to Aug. 26, 1942, and that I last saw him alive on Aug. 26, 1942.

Immediate cause of death	Duration
Bronchopneumonia; abscess formation, left lung	Terminal 2 weeks
Due to Constriction of bronchus and atelectasis of left lung	4 mo.
Due to Carcinoma of left main bronchus with metastasis to liver and abdominal lymph-nodes	4 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Aug. 19, 1942
Major findings of operation: Bronchoscopy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 8/27/42

95236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95236

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle Run (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 6 - Sunnyside Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CLARA, JANE. LEWIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-20-1390

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5th 1925

8. AGE: Years	Months	Days	If less than one day
17	6	19	hr. min.

9. Birthplace Baltimore Co. Maryland (Town, county, and state)

10. Usual Occupation Sales girl

11. Industry or business

FATHER 12. Name Grant Lewis

13. Birthplace Simpson W. Virginia

MOTHER 14. Maiden Name Gladys C. Safreed

15. Birthplace Parkersburg W. Virginia

16 (a) Informant Grant Lewis

(b) Address Sunnyside Lane Stemmers Run

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/42 (month) (day) (year)

(c) Cemetery or crematory United Brethern

Location Parkton Maryland

18 (a) Funeral director Lansaghan Funeral Home

(b) Address 7107 Belair Road

AUG 27 1942 Huntington Williams M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1942 at 9 31 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fat embolism — Duration

Due to Fracture of pelvis and both femur & tibula

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following: 5 31 00

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Aug 18, 1942 at 11 P.M

(c) Where did injury occur? Middle Run Rd & Sand Bed. Co. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? public While at work?

(Specify type of place)

(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Weglenmeier M.D. Medical Examiner.

Date signed 8-26-42

VS 6

F 95237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95237

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 W. Saratoga St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 W. Saratoga (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vera Fritt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Isaac Fritt
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Apr 10 1869

8. AGE: Years 73 | Months 4 | Days 15 | If less than one day: hr. min.

9. Birthplace Kiev - Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Berel Chudinsky
13. Birthplace Russia

MOTHER
14. Maiden Name Bettie Kerner
15. Birthplace Russia

16 (a) Informant Isaac Fritt
(b) Address 400 W Saratoga

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location Balt. Md.

18 (a) Funeral director Harris Lowenstein Son
(b) Address 1902 Eutaw Place

19 (a) [illegible] Huntington Williams M.D.

Date received AUG 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1942, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1 1940 to Aug 25 1942, and that I last saw h[illegible] alive on 8/25 1942.

Immediate cause of death: Cerebral Hemorrhage — 3 days
Due to: Hypertension — Duration
Due to: Chronic nephritis — Duration
Due to: Diabetes Mellitus — Duration
Other Conditions: Arteriosclerosis — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Swansburg M. D.
Address [illegible] Date signed 8/[illegible]/42

F 95238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

944a Registered No. F 95238

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1118 Ridgely St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Ridgely St (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William F. Shiloh

3 (b) If veteran, name war None | 3 (c) Social Security Account No. 211-07-9386

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of ~~husband or wife~~ wife Mildred B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 18 1898

8. AGE: Years	Months	Days	If less than one day
43	11	8	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Waiter
11. Industry or business Night Club.

FATHER
12. Name Emerson Shiloh
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Leonard
15. Birthplace Baltimore Md.

16 (a) Informant Margaret Shiloh
(b) Address 1118 Ridgely St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave.

18 (a) Funeral director Ambrose Inc.
(b) Address 414 N. Franklintown Rd.

19 (a) AUG 27 1942 (b) Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from August 24 1942 to August 26 1942 and that I last saw h[illegible] alive on August 26 1942.

Immediate cause of death
Coronary thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul Letumpelt
Address 2301 Annapolis Date signed 8/26/42

F 95239

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95239 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Baltimore City
(c) Hospital or institution: Md. University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Main Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK OLDHAM MILLER

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War # 1	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	White	MARRIED

6 (b) Name of ~~husband or~~ wife Bertie P. Miller
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Aug-9-1878

8. AGE: Years	Months	Days	If less than one day
64	0	16	hr. min.

9. Birthplace Plymouth Ohio (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Geo. W. Miller
13. Birthplace Mt. Vernon, Ohio

MOTHER
14. Maiden Name Harriet T. Oldham
15. Birthplace Springfield Ohio

16 (a) Informant Mrs. Frank O. Miller
(b) Address Ellicott City, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem
Location Balto. Co. Md.

18 (a) Funeral director EASTON SONS
(b) Address Ellicott City, Md

19 (a) (Date received by registrar) AUG 31 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1942, at 1157 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1942, to Aug 25 1942, and that I last saw him alive on Aug 25 1942.

	Duration
Immediate cause of death: Cardiac Failure	2 weeks
Due to: Coronary Thrombosis	3 weeks
Due to: Arteriosclerotic Cardiovascular Disease	years
Other Conditions: Pulmonary Embolism	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature J. G. Bird M. D.
Address University Hosp Date signed 8-27-42

F 95240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95240

Registered No. 93d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2317 E. Chase St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Granruth 76270

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1884

8. AGE: Years	Months	Days	If less than one day
58	7	4	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER

12. Name Zachary Berenger

13. Birthplace Md.

MOTHER

14. Maiden Name Virginia Crawford

15. Birthplace Va.

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/28/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location E. North Ave.

18 (a) Funeral director Clarence F. Hoffmann

(b) Address 1639 N. Broadway.

19 (a) AUG 27 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24 1942, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 22 1942, to Aug. 24 1942, and that I last saw her alive on Aug. 24 1942.

Immediate cause of death	Duration
Hypertensive cardio-vascular disease	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A.S. Harte M. D.

Address Balto City Hosp. Date signed 8/24/42

VS 8

42121 6 F 95241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 N Registered No. F 95241

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town TROY (If outside city or town limits, write RURAL and give town)
(d) Street No 109 W. SIMPSON ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Augusta Kincaid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	White	Widowed

6 (b) Name of husband or wife CHARLES N. KINCAID
6 (c) If alive, give age 9 years

7. Birth date of deceased (mo., day, yr.) 10-6-68

8. AGE: Years	Months	Days	If less than one day
73	10	21	hr. min.

9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name HENRY-ALLEN
13. Birthplace MASS.

MOTHER
14. Maiden Name PAMELA COLEMAN
15. Birthplace Ohio

16 (a) Informant RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30 1942 (month) (day) (year)
(c) Cemetery or crematory Riverside Cemetery
Location Troy Ohio

18 (a) Funeral director John D. Mitchell Funeral
(b) Address 190 Catawba Place

19 (a) AUG 27 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27 1942, at 1245 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-25 1942, to 8-27 1942 and that I last saw HER alive on 8- 1942.

Immediate cause of death	Duration
Brain stem edema	
Due to Cerebellar Hemorrhage	
Due to Cerebellar Hyperosis, Section of Brain Stem	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation 8-26-42
Major findings of operation: Cerebellar Hemorrhage
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving J. Sherman M. D.
Address Johns Hopkins Hosp Date signed 8-27-42

VS 3

F 95242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

F 95242 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 W Hoffman St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Matthew Carey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1874

8. AGE: Years 67 | Months 11 | Days 20 | If less than one day ... hr. ... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Plasterer

11. Industry or business

FATHER
12. Name James Carey
13. Birthplace Va

MOTHER
14. Maiden Name Caroline Batupe
15. Birthplace Va

16 (a) Informant Wm. T. Carey (Brother)
(b) Address 1530 Leslie St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md

18 (a) Funeral director Charles S. Cooper
(b) Address 574 N. Calhoun St

19 (a) (Date received by registrar) AUG 27 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1942, at 10.10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-23-1942, to 8-25-1942, and that I last saw him alive on 8-25-1942.

Immediate cause of death: Cardiac failure
Hypertension
Due to Chr. Renal Vascular renal disease.
Due to Uremia
Other Conditions

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R L Jackson M. D.
Address 600 N Arlington Ave Date signed 8-25-42

F 95243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1274 F 95243 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 N Hoffman St (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Charles Bass

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-14-2063

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eugene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 41 | Months | Days | If less than one day: hr. min.

9. Birthplace: Lutherville, Balto. Co. Md. (town, county and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Grant Bass
13. Birthplace: Freezeburg N. C.

MOTHER
14. Maiden Name: Georgianna Works
15. Birthplace: Longgreen Md.

16 (a) Informant: Ruth Tyler
(b) Address: 1050 N. Gay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-42 (month) (day) (year)
(c) Cemetery or crematory: Pleasant Rest Cem
Location: Towson Md.

18 (a) Funeral director: Byron & Mamie Wright
(b) Address: 721 Augusta St.

19 (a) Huntington W. Va. (Registrar)
(Date received) AUG 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1942, at 1040 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-4-1942, to 8-23-1942, and that I last saw him alive on 8-23-1942.

Immediate cause of death: Intestinal Obstruction — Duration

Due to: Delayed Shock

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: R. L. Jackson M. D.
Address: 600 N Arlington Ave Date signed 8-25-42

F 95244

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 85

Registered No. F 95244

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Where the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 408 S. High St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 S. High St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EUGENE J. DENTE

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1896

8. AGE: Years 45 | Months 10 | Days 12 | If less than one day hr. min.

9. Birthplace md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Frank Dente

13. Birthplace Italy

MOTHER 14. Maiden Name Catherine Bacigalupo

15. Birthplace Italy

16 (a) Informant Albert Dente

(b) Address 408 S. High St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd

18 (a) Funeral director Chenowith & Donovan

(b) Address 3405 Reisterstown Rd

19 (a) AUG 27 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1942 at 8 03 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to h— death on the day stated above.

Immediate cause of death	Duration
Status epilepticus	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ho

of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. J. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 8-24-42

VS 6

F 95245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95245 Registered No. 9440

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1304 N. Belvedere ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 N. Belvedere Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-0577

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married.

6 (b) Name of husband or wife Bessie P. Smith
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1885

8. AGE: Years	Months	Days	If less than one day
56	11	17	hr. min.

9. Birthplace md.
(Town, county, and state)

10. Usual Occupation Clerk, Balto City.
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace md

MOTHER
14. Maiden Name Priscilla Carr.
15. Birthplace md

16 (a) Informant Bessie P. Smith.
(b) Address 1304 N. Belvedere Ave.

17 (a) Burial (b) Date thereof Aug 27/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Marys
Location Hampden.

18 (a) Funeral director C. Emmanuel P. Donovan
(b) Address 3615-17 Eastern Ave

19 (a) AUG 27 1942
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24- 1942, at 8 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mullen M.D.
Medical Examiner.
Date signed 8-25-42

F 95246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95246 Registered No. 701442

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2273 Park Hill ave
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country England

3 (a) FULL NAME James Blair.

3 (b) If veteran, name war	3 (c) Social Security Account No.
World war.	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Caroline E. Blair
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb 10, 1883

8. AGE: Years	Months	Days	If less than one day
59	6	15	hr. min.

9. Birthplace England. (Town, county, and state)
10. Usual Occupation maintenance man
11. Industry or business Good Will Industry.

FATHER
12. Name James Blair
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Blair.
15. Birthplace England.

16 (a) Informant Caroline E. Blair
(b) Address 2273 Park Hill Ave

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Aug 29/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn.
Location

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) AUG 24 1942 (Date rec'd by registrar) (b) Washington Boulevard, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25, 1942 at 11 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25, 1942 to Aug 25, 1942 and that I last saw h alive on Aug 25, 1942.

Immediate cause of death Carcinoma of bowel with generalized metastasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Arthur Rosskam M. D.
Address St. Agnes Hosp. Date signed 8/25/42

VS 8

F 95247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95247 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ da

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County A.A. Co.

(c) City or town Severna Pk

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William J. Hoover

3 (b) If veteran, name war: World War

3 (c) Social Security Account No. 216-05-6865

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Emma Hoover

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-29-1896

8. AGE: Years 45 | Months 4 | Days 28 | If less than one day hr. min.

9. Birthplace Mechanicsburg (Town, county, and state) Pa.

10. Usual Occupation Teacher

11. Industry or business

FATHER 12. Name George M. Hoover

13. Birthplace Mechanicsburg Pa

MOTHER 14. Maiden Name Kate Mahl

15. Birthplace Pa.

16 (a) Informant Mrs. Hoover

(b) Address Severna Pk Md

17 (a) (Burial, cremation, or removal) (b) Date thereof 8-30-42 (month) (day) (year)

(c) Cemetery or crematory Greenwood.

Location Pa.

18 (a) Funeral director J. Fem McCarthy

(b) Address 130 E. Fort

19 (a) AUG 27 1942 (Date rec'd by registrar) (b) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1942, at 12:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-24 1942 to 8-27 1942 and that I last saw him alive on 8-27-42 19

Immediate cause of death Pulmonary hemorrhage — Duration

Due to Bilateral pulmonary tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. L. Byerly Jr. M. D.

Address University Hospital Date signed 8-27-42

VS 3

F 95248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

F 95248 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 hrs
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2911 Rockrose ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME [redacted] Sigmund Shaar

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-14-5970

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sattie Nanninger

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Hatter
11. Industry or business Repair

FATHER
12. Name Nathan Shaar
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Sattie Shaar
(b) Address 2911 Rockrose ave
17. Burial (Burial, cremation, or removal) (b) Date thereof 8-27-42 (month) (day) (year)
(c) Cemetery Woodmens Circle
Location Mt Carmel
18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Baltimore St
19 (a) [illegible] (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-26- 1942, at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Ruptured liver	
Due to	
Due to	
Other Conditions Syph + arterio-sclerosis multiple fractures, lacerations	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Syph

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 15/16
(b) Date of occurrence 8-25-42 at 8.45 P M
(c) Where did injury occur? Automotive - Park Heights & Ulman Aves
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by automobile
23. Signature Howard J. Sweeden M.D.
Medical Examiner.
Date signed 8-26-42

AUG 27 1942

VS 6

F 95249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95249

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 Taplow Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City or County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Taplow Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie M. Carnahan

3 (b) If veteran, name war

3 (c) Social Security Account No.

Sex	Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Joseph M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 - 1873

8. AGE: Years	Months	Days	If less than one day: hr.	min.
69	3	22		

9. Birthplace Brooklyn New York
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name George Felbinger
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant J. George Winter
(b) Address 213 Taplow Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Dieffenbach Cook Dove
(b) Address 1217 Eutaw Street

19 (a) Filed AUG 27 1942 (b) Huntington W. Va.
(Registrar) (Deputy Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 26 1942, at 1205P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1942 to Aug 26 1942, and that I last saw h[illegible] alive on Aug. 26 1942.

Immediate cause of death: Thrombophlebitis of the left iliac and femoral veins — Duration: 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis J. Kroll M. D.
Address 100 E. 23rd St. Date signed 8/27/42

VS 8

F 95250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 95250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 hrs. 50 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1902 Walbrook Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Watchman (Birth F-65950)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-23-42
8. AGE: Years | Months | Days | If less than one day: 23 hr. 50 min.
9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Tool maker
11. Industry or business Am. Hammered Piston Co.
FATHER 12. Name Frederick Lewis Watchman
13. Birthplace Baltimore, Md
MOTHER 14. Maiden Name Bertha Virginia Bradley
15. Birthplace Baltimore, Md.
16 (a) Informant Mrs. Bertha Watchman
(b) Address 1902 Walbrook Ave
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Crematory
Location Md. Gen. Hospt.
18 (a) Funeral director
(b) Address
19 (a) AUG 27 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24 1942, at 1:20 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 23 1942 to Aug. 24 1942, and that I last saw him alive on Aug. 24 1942.
Immediate cause of death Prematurity
Due to Congenital Atelectasis? Rt. lung, Partial Atelectasis? left lung.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Congenital Atelectasis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature R. J. Coffman M. D.
Address Md. General Hosp. Date signed 8/24/42

VS 3

JL-75602 F 95251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1370 F 95251 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave 17-2
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 14yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 639 Dolphin St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Michael

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 218-10-9246

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Peggy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/8/1885

8. AGE: Years	Months	Days	If less than one day
57	1	17	hr. min.

9. Birthplace S. C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Len Michael
13. Birthplace S. C.

MOTHER
14. Maiden Name Nancy Williams
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. County Md
18 (a) Funeral director Charles H. Cooper
(b) Address 514 N. Calhoun St.
19 (a) [illegible] (b) Huntington Williamsport

AUG 28 1942

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/25 1942 at 7 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25 1942 to 8-25 1942 and that I last saw h[illegible] alive on 8/25 1942.

Immediate cause of death: Broncho pneumonia — Duration: 3 days
Due to: Post operative
Due to: Benign Prostatic Hypertrophy ?
Other Conditions

(Include pregnancy within three months of death)
Date of operation 8/17/42
Major findings of operation: Benign Prostatic Hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify kind of place)
(e) Means of injury
23. Signature Donald B Kelly
Address Baltimore City Hosp Date signed Aug 25-42

F 95252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95252 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belona Ave. 8-3
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yrs 2mos.
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 No. Linwood Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Minnie Delaney

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife ? Delaney

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 85 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ? "

MOTHER
14. Maiden Name ? Walbrecker
15. Birthplace Unknown

16 (a) Informant Edgewood Home
(b) Address Belona Ave

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Aug. 24 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location Frederick Rd.

18 (a) Funeral director J. J. Kleinman & Son
(b) Address 32 S. Broadway

19 (a) ____ (Date received by Registrar) AUG 28 1942 **(b)** Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 26 1942, at 5-25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1942, to Aug. 26 1942, and that I last saw her alive on Aug. 26 1942.

Immediate cause of death Pulmonary Edema — Duration 3 hrs.

Due to Chronic Myocarditis — Duration 2 yrs.

Due to ____

Other Conditions None

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature W. E. Cole M.D.
Address 6014 York Road **Date signed** 8-26-42

F 95253

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95253 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 604 Aldershot Road
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days 10-24-87 to 8-26-42
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 aldershot Road. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Martin Mary Bernard Cloney

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-10-8184

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	? Single

6 (b) Name of husband or wife: Single
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-24-87

8. AGE: Years	Months	Days	If less than one day
54 48	10	2	hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation Interior - Decorator
11. Industry or business

FATHER
12. Name John T. Cloney
13. Birthplace Madison - Indiana

MOTHER
14. Maiden Name Catherine Danaker
15. Birthplace Troy - New York

16 (a) Informant Mary E. Cloney
(b) Address 604 Aldershot Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director George A. Farley
(b) Address 1800 W. Fayette St.

AUG 28 1942 (Date rec'd by registrar) Courtesy for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1942, at 6 55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from August 16 1942, to Aug. 26 1942, and that I last saw him alive on Aug 26 1942.

Immediate cause of death	Duration
Volvulus	11 days
Due to	
Due to	
Other Conditions	15 hours
Pulmonary Embolism (Include pregnancy within 3 months of death)	
Date of operation Aug 16-42	
Major findings of operations Volvulus	
of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kreig M.D.
Address Bon Secours Hosp signed Aug 26-42

VS 8

F 95254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 95254

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3613 Gough St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) +

(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3613 Gough St, (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Magdalene Madgeline J. Zeiters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Rufus B Zeiters

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1897

8. AGE: Years	Months	Days	If less than one day
45	—	19	— hr. — min.

9. Birthplace Richmond Virginia (Town, county, and state)

10. Usual Occupation Housework at

11. Industry or business Home

FATHER 12. Name John McGee

13. Birthplace Virginia

MOTHER 14. Maiden Name Agnes Joyce

15. Birthplace Virginia

16 (a) Informant Mrs Rufus B Zeiters

(b) Address 3613 Gough St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-42 (month) (day) (year)

(c) Cemetery or crematory Lauder Park Assn

Location Catonsville Md Frederick Rd

18 (a) Funeral director Stephen J. Fialkowski Jr

(b) Address 1000 E Lexington Ave Huntington Williams, M.D.

19 (a) (b) Registrar

Date received AUG 28

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 1942, at 2:9 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942, to Aug 27 1942, and that I last saw her alive on Aug. 26 1942.

Immediate cause of death	Duration
Cerebral thrombosis	4 wks.
Due to Hypertension	2 yrs.
Due to Chron. Arthritis	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frank D. Fiala M.D.

Address 332 S. Carey Date signed 8/27/42 M. D.

95255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95255
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Warner Street
(If rural, give location)
(e) Citizen of foreign country? Nom (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Johnson (Birth F 54603)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1942

8. AGE: Years	Months	Days	If less than one day
		30	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Aaron Johnson
13. Birthplace

MOTHER
14. Maiden Name Myrtle Murray
15. Birthplace Maryland

16 (a) Informant mother
(b) Address 820 Warner Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Locat JOHN HOPKINS MEDICAL SCHOOL AUG 27 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) AUG 28 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23 1942, at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5, 1942 to Aug 23 1942, and that I last saw him alive on Aug 23, 1942.

Immediate cause of death	Respiratory Failure	Duration
Due to	Prematurity	
Due to		
Other Conditions	Diarrhea	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Barthold Jr. M.D.
Address University Hospital Date signed 8/27/42

VS 3

9364

95256

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11 90 N

Registered No. F 95256

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address South Greene St. 15

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1600 N. Appleton St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Marian Eileen Goodman (Birth F-53736)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-14-42

8. AGE: Years	Months	Days	If less than one day
	1	6 wks	13 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Jerome Goodman

13. Birthplace Baltimore

MOTHER 14. Maiden Name Anna Katz

15. Birthplace Baltimore

16 (a) Informant Hospital Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 28 42 (month) (day) (year)

(c) Cemetery or crematory Greater Balto. Lodge

Location Bowleys Lane

18 (a) Funeral director Falls Funeral Inc.

(b) Address 1439 E Baltimore St

AUG 28 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27, 1942, at 7:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 8, 1942 to Aug. 27, 1942, and that I last saw h[illegible] alive on Aug. 27, 1942.

Immediate cause of death	Duration
Congenital Disorder of Newborn	4 weeks
Due to	
Due to	
Other Conditions Microcephaly	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Wm. Carl Thurlow M. D.

Address Main Hosp. Date signed 8-28-42

F 95257

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 761

F 95257
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6022 Eastern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 46 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6022 Eastern Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Viola May Holland

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife George Holmes Holland
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1874

8. AGE: Years	Months	Days	If less than one day
68	6	27	10 hr. min.

9. Birthplace Harford Co Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Wesley Pyle
13. Birthplace Harford Co Md.

MOTHER
14. Maiden Name Ann Amanda McComas
15. Birthplace Harford Co Md.

16 (a) Informant George D. Holland
(b) Address 6022 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/47 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Methodist
Location Fountain Green Md

18 (a) Funeral director Howard N. Bishop Inc.
(b) Address 4714 Belair Road

19 (a) AUG 28 1947 Huntington Hillegass M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1947, at 10A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1936, to Aug 26 1947, and that I last saw h[illegible] alive on Aug 26 1947.

Immediate cause of death	Duration
Diabetic Gangrene left Leg	2 wks
Cerebral Hemorrhage	1935
Due to Diabetes Mellitus	46 yrs
Due to Generalized Arteriosclerosis	46 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Howard Burns M. D.
Address 69 Dunedalk Ave Date signed Aug 27 1947

VS 8

F 95258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95258 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 459 S. Anglesea St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 459 S. Anglesea St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH WDZIECZNY

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 1916

8. AGE: Years 26 | Months 1 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Hair Dresser

11. Industry or business

FATHER
12. Name Stephen Wdzieczny
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Kleszczewski
15. Birthplace Baltimore

16 (a) Informant Mary Wdzieczny
(b) Address 459 S. Anglesea St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Ht. Of Mary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) AUG 28 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1938 to Aug 25 1942 and that I last saw h[illegible] alive on May 7 1942

Immediate cause of death
BILATERAL PULMONARY TUBERCULOSIS

Duration SINCE Dec. 1937

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 209 S. [illegible] St Date signed 8/28/42

VS 3

F 95259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 F 95259 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 E. 28th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 E. 28th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Knickman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Married

6 (b) Name of husband or wife Edward H. Knickman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	11	4		

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business Own Home

FATHER 12. Name John Schmaltz

13. Birthplace Unknown

MOTHER 14. Maiden Name Margaret Michael

15. Birthplace Germany

16 (a) Informant Edw. H. Knickman

(b) Address 1814 E. 28th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof aug 29/42 (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson Ave. & Longwood St.

18 (a) Funeral director Harry A. Kirkpatrick

(b) Address 4101 E Edmondson Ave

19 (a) AUG 28 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1942, at 4.08 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 2 1942 to Aug 26 1942 and that I last saw her alive on Aug 26 1942.

Immediate cause of death: Cardiac Asthma — Duration 1 da

Due to Hypertension — 5 yrs

Due to Arteriosclerosis Cardiac Hemiplegia — 5 yrs

Other Conditions — 1 da

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Elston Howard M.D.

Address 806 N Fulton Ave Date signed Aug 27/42 M D

VS 3

F 95260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95260 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1214 W. Fayette St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1214 W. Fayette St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES W. FITZHUGH

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	216-03-2366

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Ethel B. Fitzhugh

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1874

8. AGE: Years	Months	Days	If less than one day
67	11	14	hr. min.

9. Birthplace Miss. (Town, county, and state)

10. Usual Occupation Checker

11. Industry or business Davidson Transfer Co.

FATHER

12. Name Charles W. Fitzhugh

13. Birthplace Miss.

MOTHER

14. Maiden Name Abbie L. Neal

15. Birthplace Mass.

16 (a) Informant Mrs. Ethel B. Fitzhugh

(b) Address 1214 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/29/42 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address North & Pa. Aves., Balto., Md.

19 (a) [illegible] (b) Hunting for Williams, M.T.

AUG 28 1942

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27, 19 42 at 11:00 A M

21. I certify that death occurred on the date above stated, that I attended deceased from [illegible] 19[illegible] to [illegible] 19 42 and that I last saw h[illegible] alive on [illegible] 19 42.

Immediate cause of death

Due to Je Cardiac Dilatation

Due to Chr. myocarditis

Due to

Other Conditions

Duration
1 day
?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?

(e) Means of injury

23. Signature [illegible] Glassman M. D.

Address 75 [illegible] Date signed Aug 28 42

F 95261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 95261

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Daughter Morris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-27-42

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name

13. Birthplace

MOTHER
14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL AUG 27 1942

18 (a) Funeral director

(b) Address

AUG 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1942 at 10P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1942 to Aug 25 1942, and that I last saw her alive on Aug 25 1942.

Immediate cause of death: Prematurity - 6 mos — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature

Address Mercy Hospital Date signed 8-26-42 M. D.

VS 8

9570

42134 [redacted] BALTIMORE CITY HEALTH DEPARTMENT 181 [redacted] Registered No. F 95262

F 95262

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1518 E. BIDDLE ST (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DORIS. MAE. LEWIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	BLACK	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-16-40

8. AGE: Years	Months	Days	If less than one day hr.	min.
2	2	10		

9. Birthplace MD (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name JAMES·LEWIS
13. Birthplace VA.

MOTHER
14. Maiden Name LOUISE DANDRIDGE
15. Birthplace VA.

16 (a) Informant RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof August 29/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem.
Location A.A. County Md.

18 (a) Funeral director Mrs Robert A. Elliott & Dorf
(b) Address 1129 N. Eutaw St Baltimore Md

19 (a) AUG 28 1942 (Date received by Registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-26 1942 at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-23- 1942 to 8-26 1942 and that I last saw HER alive on 8-26 1942.

Immediate cause of death respiratory failure — Duration

Due to encephalitis

Due to lead poisoning

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 8-24-42 (decompression)
Major findings of operation: —

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-23-42 at — M
(c) Where did injury occur? 1518 E. Biddle St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury Symptoms 3 days + fatal.

23. Signature Joseph W. Kibler
Address Johns Hopkins Hospital Date signed 8/27/42 M. D.
Frederick J. Taliaferro M.D

F 95263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95263

Registered No. 421283

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 - Ausquith St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Addie Scott

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	BLACK	MARRIED

6 (b) Name of husband or wife ARTHUR SCOTT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-28-1891

8. AGE: Years	Months	Days	If less than one day
51	5	28	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business RESTAURANT

FATHER
12. Name CLEM Woodyear
13. Birthplace md.

MOTHER
14. Maiden Name AGNES BROWN
15. Birthplace md.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) AUG 28 1942 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-26 - 1942, at 1055 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26- 1942, to 8-26 1942, and that I last saw her alive on Aug. 26 1942.

Immediate cause of death ?? Coronary Occlusion (date)
Due to Clinical picture
Due to Death not adequately explained
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation 8/26/42
Major findings of operation: Thickened gall bladder. Ovarian Cyst. Negative findings elsewhere

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wallace S. Brooke
Address Johns Hopkins Hosp. Date signed 8/27/42
Donald J. Maldeis, M.D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95264

CERTIFICATE OF DEATH

F 95264

130 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Corral

If U. S. Veteran specify WAR

(a) Residence: No. 810 S. Broadway St., Ward. (Fifth F 5 2 3)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of - - -

6. DATE OF BIRTH (month, day, year) August 14, 1942

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Sebastine Joseph Corral

14. BIRTHPLACE (city or town) (State or country) Senter, Spain

MOTHER

15. MAIDEN NAME Maria Carmen Sierra

16. BIRTHPLACE (city or town) (State or country) Senter, Spain

17. INFORMANT Mr. Sebastian Corral

(Address) 810 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Most Holy Redeemer Cem. Aug. 28. 1942

Place Date

19. UNDERTAKER HENRY SANDER & SONS. INC. by F. Bank

(Address) North Ave. & Broadway.

20. FILED AUG 28 19[illegible] By Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 27, 1942

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1942 to August 27, 1942

I last saw h[illegible] alive on August 24, 1942 Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Glomerulo-nephritis	
Toxaemia	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Micro Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hector J. McCafferty M. D.

(Address) Bon Secours Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Re. 1140

F 95265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F-95265

Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: St. Joseph's Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County - - -

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 229 S. East Ave. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME JOSEPH DRUDE THURLOW

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	213-10-1427

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Emma Meurer

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug. 11. 1891

8. AGE: Years	Months	Days	If less than one day
51	0	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Motorman

11. Industry or business Baltimore Transit Co.

FATHER

12. Name Chester Thurlow - deceased

13. Birthplace Newberry Port, Mass.

MOTHER

14. Maiden Name Sophia Bowman - deceased

15. Birthplace Baltimore

16 (a) Informant Mrs. Emma Thurlow (Wife)

(b) Address 229 S. East Ave.

17 (a) Burail (Burial, cremation, or removal) (b) Date thereof Aug. 31. 1942 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cemetery.

Location Baltimore Co. Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.

(b) Address North Ave. & Broadway.

AUG 28 1942

(b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27th 1942 at 5.40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 23 1942 to Aug. 27 1942. and that I last saw him alive on Aug. 24 1942

Immediate cause of death Lobar Pneumonia — Duration 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William H. Fenting M. D.

Address St. Joseph's Hosp. Date signed 8-27-42

F 95266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95266
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and correct answer given. Be sure to give correct age in years, months, days. Do not abbreviate. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkens Ave
(c) Hospital or institution St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 21 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Dayton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Brown.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Irene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1, 1892

8. AGE: Years: 50 | Months: 7 | Days: 25 | If less than one day: hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Henry D Brown
13. Birthplace md.

MOTHER
14. Maiden Name Maude Johnson
15. Birthplace Md.

16 (a) Informant Irene Brown
(b) Address Dayton Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-42 (month) (day) (year)
(c) Cemetery or crematory St Marks.
Location Highland Md.

18 (a) Funeral director H. C. Higinbotham
(b) Address Ellicott City Md.

19 (a) Name of clergyman (b) Washington Williams Baltimore

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/26 1942 at 3.25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942 to Aug 26 1942, and that I last saw h/m alive on Aug 26 1942

Immediate cause of death Acute Tuberculor pneumonia

Due to

Due to

Other Conditions Anemia, Hbc

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Arthur Rosberg M.D.
Address St. Agnes Hosp Date signed 8/26/42

F 95267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42d

F 95267 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Maryland General Hospital
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 HOMESTEAD ST. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs Elizabeth V. Morris (Elizabeth V. Morris)

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE
4. Sex: F
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: CHARLES W.R.MORRIS
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): JAN.1 1898
8. AGE: Years 44 | Months 7 | Days 26 | If less than one day: ____ hr. ____ min.
9. Birthplace: BALTIMORE MD (Town, county, and state)
10. Usual Occupation: HOUSE WIFE
11. Industry or business: AT HOME

FATHER
12. Name: WARREN CULBERTSON
13. Birthplace: BALTO.CO.

MOTHER
14. Maiden Name: OLIVIA BERTON
15. Birthplace: BALTO.CO.

16 (a) Informant: CHARLES W.R.MORRIS (HUS.)
(b) Address: 1322 HOMESTEAD ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG.31/42 (month) (day) (year)
(c) Cemetery or crematory: PARKWOOD
Location: TAYLOR AVE.

18 (a) Funeral director: Lilly & Zielenski
(b) Address: 403 S. BOLEE ST. Washington Williams, M.D.

19 (a) AUG 28 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1942 at 7:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1942 to Aug 27 1942. SR that I last saw h or alive on aug. 27 1942.

Immediate cause of death: Cardiac failure — Duration: ____

Due to: Chronic Endocarditis — Duration: ____

Due to: ____ — Duration: ____

Other Conditions: ____ — Duration: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury: ____

23. Signature: R.J. Coffman M. D.
Address: Md. General Hosp. Date signed: 8/27/42

VS 3

F 95268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95268 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2518 Wilkens Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2518 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL Mc CORMICK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1866

8. AGE: Years 76 | Months 0 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Retired Post Office Watchman

11. Industry or business

FATHER
12. Name William McCormick
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Weekens
15. Birthplace Ireland

16 (a) Informant William McCormick
(b) Address 2518 Wilkens Avenue

17 (a) Byrial (Burial, cremation, or removal) (b) Date thereof Aug. 29/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Harford Rd.

18 (a) Funeral director Lilly & Zollickoffer
(b) Address 403 S. Wolfe St. Washington Boulevard

19 (a) AUG 28 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1942 at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Hypertensive Cardiovascular	
Due to disease	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 8-27-42

VS 6

PRINCIPAL WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95269

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 25269

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Blvd.
(c) Hospital or institution:
Ventura Convalescent Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4515 Garrison Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CORA I. CHENOWETH

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Alfred R. Chenoweth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1854

8. AGE: Years	Months	Days	If less than one day
88	2	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name David A. Martin
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary Jane Drury
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Howard W. Martin, brother
(b) Address 3804 Sequoia Ave.

17 (a) Burial (b) Date thereof 8/29/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) (b) Huntingtown, Md.
(Date rec'd by registrar)
AUG 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1941, to August 27 1942
and that I last saw h alive on 19

Immediate cause of death — Duration

Senility

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Lerner M. D.
Address 101 N. Real St Date signed 8/29/42

#A2

F 95270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193C

F 95270 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette and Jakes Sts.
(c) Hospital or institution: Turmanic Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4500 Federal Road.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hilda Bara Flutie.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Edward E. Flutie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 20 1916

8. AGE: Years	Months	Days	If less than one day
25	10	8	hr. min.

9. Birthplace Shippensburg Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name —
13. Birthplace Jacobs

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant unknown
(b) Address "

17 (a) Removal (b) Date thereof Aug 28 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Shippensburg Pa
Location Shippensburg Pa.

18 (a) Funeral director Henry M. Jenkins Sons
(b) Address McCulloh & Orchard Sts

19 (a) (Date received by registrar) (b) Huntington Williamsport, Md.

AUG 28 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1942, at 3:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 22 1942, to Aug 28 1942, and that I last saw her alive on Aug. 28 1942.

Immediate cause of death
Cardiac failure
Due to Rheumatic Cardio vascular disease.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
6 days.
years.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert L. Stout M. D.
Address Turmanic Hospital Date signed 8/28/42

F 95271

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95271 Registered No. 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 21-
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name of county)
(d) Street No. ~~913 McKenny St~~ (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Baby Boy Holden (Birth F-57218)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 8-25-42
8. AGE: Years — Months — Days — If less than one day 28 hr. 53 min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John Reginald Holden
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Dorothy Mae Vanaken
15. Birthplace Baltimore

16 (a) Informant Dorothy V. Holden
(b) Address 913 McKenny St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md
18 (a) Funeral director Geo A Lanhardt
(b) Address 625 N Fremont
19 (a) AUG 28 1942 (Date received by Registrar) Huntington Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1942 at 4 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1942 to Aug 26 1942 and that I last saw him alive on Aug 25 1942

Immediate cause of death Atelectasis
Due to Prematurity
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address University Hosp Date signed

VS 3

95272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95222.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 431 S. Payson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 431 S. Payson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Dowell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Arthur A. Dowell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6 - 1883

8. AGE: Years	Months	Days	If less than one day
59	—	20	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Tolchester, Maryland

MOTHER
14. Maiden Name Betty Speddon
15. Birthplace Unknown

16 (a) Informant Mr. Arthur C. Dowell
(b) Address 431 S. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park Cemetery
Location Baltimore, Maryland

18 (a) Funeral director George L. Schabel
(b) Address 2411 Frederick Avenue

19 (a) AUG 28 1942 (b) Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1942, at 8:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1942 to Aug 26 1942, and that I last saw h[im] alive on Aug 24 1942.

Immediate cause of death Bronchial Pneumonia
Myocarditis

Duration

Due to

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marshall Hatch M. D.
Address 1215 Madison Ave. Date signed Aug 27/42

95273 Bal 6370 (copy)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 95273

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 204 N. Hilleder (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME INFANT WOODTON (Birth F. 55549)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female male

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-15-1942

8. AGE: Years | Months | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Woodton
13. Birthplace Va

MOTHER
14. Maiden Name Mamie Tisdale
15. Birthplace Va

16 (a) Informant Birth Cert #F55549
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 28 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 AUG 28 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 17 1942 at 6 40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Asphyxia — Duration
Due to Prematurity
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 8-18-42

V8 6

9573

95274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 95274

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 70 [illegible]
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Fells St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John A. Latimer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL AUG 28 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) AUG 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 3 1942, at 8:22 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Acute Cardiac Failure	
Due to Chronic Myocarditis	
Due to Chronic Alcoholism	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. De Valle M.D. Medical Examiner.
Date signed 8/4/42

VS 6

correct age is especially important. Physicians: please write plainly. Use no abbreviations or ditto marks.

F 95275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95275 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6820 Martin Ave., Dundalk
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Weber

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Frank Weber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24 Age 59

8. AGE: Years	Months	Days	If less than one day
59	8	12	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Nicholas Wilgoss
13. Birthplace Austria

MOTHER
14. Maiden Name Rosalie Puzyporski
15. Birthplace Austria

16 (a) Informant Ronalda.
(b) Address 6820 Martin ave Dundalk

17 (a) Burial (b) Date thereof 8/28/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Baltimore County

18 (a) Funeral director John M Welsh
(b) Address 401 S. Chester Street

19 (a) (Date received by registrar) AUG 28 1942 Huntingdon Pennsylvania

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1942, at 9 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 19 1942 to Aug 26 1942, and that I last saw her alive on Aug 26 1942.

Immediate cause of death	Duration
Pulmonary edema	6 hrs.
Due to Acute cardiac dilatation	12 hrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 8/19/42
Major findings of operation: Removal of carcinoma of sigmoid
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zapp M. D.
Address 1213 Light St. Date signed 8/26/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

80a

F 95276
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave,
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 Luzurne Ave,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Kilgour Walstrum.

3 (b) If veteran, name war ***
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband *** John Walstrum
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19. 1920

8. AGE: Years	Months	Days	If less than one day
21	11	8	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name William Kilgour
13. Birthplace Va,

MOTHER
14. Maiden Name Fannie Leinkuhler
15. Birthplace Baltimore, Md,

16 (a) Informant Mrs Fannie Kilgour
(b) Address 210 N. Luzurne Ave,

17 (a) Burial (b) Date thereof 8/31/1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Baltimore

18 (a) Funeral director John A. Wolan
(b) Address 3000 E. Baltimore St. Huntington Maryland

19 (a) (b)
Date rec'd by registrar Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1942, at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942, to Aug 27 1942 and that I last saw h[illegible] alive on Aug 27 1942.

Immediate cause of death Brain abscess Right Temporal Lobe, rupturing into mastoid sinus.

Duration

Due to Cause Undetermined

Due to

Other Conditions Congenital Ht disease; Healed apical Tuberculosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy As stated

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury?

23. Signature Alexander E. Brockley, M.D.
Address Sinai Hospital Date signed 8/29/42

correct age is especially important. Physicians: please write the causes of death plainly and legibly.

F 95277

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95277 Registered No. 956

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 N Fenadough
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Bolton Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 N Fenadough St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Tenney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Blanche Tenney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1891

8. AGE: Years	Months	Days	If less than one day
57 51		7	hr. min.

9. Birthplace Bridgetown Va.
(town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Chem. Co.

FATHER
12. Name Handy Tenney
13. Birthplace Caroline Co. Va.

MOTHER
14. Maiden Name Georgianna Neal
15. Birthplace Bridgetown Va.

16 (a) Informant Blanche Tenney
(b) Address 7 N Fenadough St

17 (a) Burial (b) Date thereof 8-29-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Bridgetown Va.
Location Va

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) AUG 29 1942 (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/24/42 6:20 PM

21. I certify that death occurred on the date above stated, that I attended deceased from 8/18/42 8/24/42, and that I last saw h alive on 8/24/42

Immediate cause of death	Duration
Coronary thrombosis	
Due to Organic heart	
Due to Disease	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Sam Slaton M.D.
Address 6 E Fayette St Date signed 8/24/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 95278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 170 C

F 95278 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 W. Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUDREY Elizabeth CLARK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1928

8. AGE: Years	Months	Days	If less than one day
13	10	19	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Arthur Clash
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Evelyn Davis
15. Birthplace Baltimore Md.

16 (a) Informant Mr. Arthur Clash
(b) Address 902 W Lexington St

17 (a) Burial (b) Date thereof 8-29-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) (b)
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 24 1942 at 10 55 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation ho
Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug 24, 1942 at 6 40 P M
(c) Where did injury occur? Baltimore City (City or town) Md (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? No
(e) Means of injury struck by auto while riding bicycle

23. Signature H. L. Wolfenmeyer M.D.
Medical Examiner.
Date signed 8-25-42

VS 6

F 95279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95279 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 136 S. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN O GAN

3 (b) If veteran, name war

3 (c) Social Security Account No. 284-03-2819

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Widower

6 (b) Name of husband or wife Unknown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business Lord Balto Hotel

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Mukowen.
15. Birthplace Russia

16 (a) Informant William. Kossiaoff
(b) Address 136. S. Eden St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 1942 (month) (day) (year)
(c) Cemetery or crematory Russian Orthodox
Location Arundel County

18 (a) Funeral director Rendell & Lippel
(b) Address 312. S. Highland Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1942, at 7 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 8-26-42

VS 6

95280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 95280

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belloma Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2508 N. Charles St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William M. Rogers

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Landy Pauline
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 4 1865

8. AGE: Years	Months	Days	If less than one day
77	2	23	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Dry Goods Merchant
11. Industry or business Own

FATHER
12. Name Charles H. Rogers
13. Birthplace Ohio

MOTHER
14. Maiden Name Catherine A. Giles
15. Birthplace Mass.

16 (a) Informant Miss Georgena G. Rogers
(b) Address 2508 N. Charles St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md

18 (a) Funeral director Williams, Cook Co
(b) Address 627 St. Paul St

19 (d) AUG 29 1942 (Date rec'd by registrar) Huntington for Williams, M.P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/27/ 1942 at 9:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942 to 8/27/ 1942 and that I last saw him alive on 8/20/ 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Cerebral arteriosclerosis & hypertension	15 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. B. Steele
Address 2435 Md Ave Date signed 8/30/42

VS 8

95281

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 95281

Registered No.

PRINT IN WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2215 Belair Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2215 Belair Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret M. Clark

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife John V.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1863

8. AGE: Years 79 | Months 4 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Michael McGonigle
13. Birthplace Ireland

MOTHER
14. Maiden Name Matilda McCullough
15. Birthplace Ireland

16 (a) Informant Catherine Pennington
(b) Address Jessups, Maryland

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Aug. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Maryland

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul Street

AUG 29 1942 (Date rec'd by Registrar) (Signature) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1942 to Aug 28 1942
and that I last saw h[illegible] alive on [illegible] 2 1942.

Immediate cause of death Cortical Embolism
Cerebral Arteriosclerosis
Chronic Interstitial Nephritis

Duration 3 yrs
2 days

Due to

Due to

Other Conditions Cardiac Dilatation
Senile Prostatic Pneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Rosenberg M. D.
Address 2025 Charles St. Date signed 8/28/42

95282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95282 Registered No. 1469

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3613 Erdman Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Erdman Avenue
(If no No, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elwood L. League

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Della League
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 2, 1869

8. AGE: Years: 73 | Months: 4 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual Occupation: Yard Supervisor
11. Industry or business: League Lumber Company

FATHER
12. Name: Albert League
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary P. Clark
15. Birthplace: Maryland

16 (a) Informant: Albert H. League
(b) Address: 721 S. Caroline Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory: Moreland Memorial Park
Location: Parkville, Maryland

18 (a) Funeral director: William Cook, Inc.
(b) Address: 1217 St. Paul Street

19 (a) AUG 29 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 28 1942, at 5 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to Aug 28 1942 and that I last saw h[illegible] alive on Aug 27 1942.

Immediate cause of death: Bronchopneumonia
Duration: 3 days
Due to: Hypostatic Pulmonary Congestion
Duration: 1 day
Due to:
Duration: ?
Other Conditions: Ca - Pancreas Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: Lloyd T. Hughes M. D.
Address: 2623 E. Monument St. Date signed: 8/28/42

VS 8

95283 95348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 95283

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2Days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 853 Woodward St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Robey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Ernest (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1885.

8. AGE: Years	Months	Days	If less than one day
56	8	2	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name Peter Keimig

13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Berlin

15. Birthplace Germany

16 (a) Informant B. C. Hospital Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29-42 (month) (day) (year)

(c) Cemetery or crematory Westwood Cem. Location Edmondson Ave

18 (a) Funeral director Joseph Karmikos Inc.

(b) Address 602 W. Lafayette Blvd

19 (a) [illegible] (b) Huntington Williams, M.D.

AUG 29 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27 1942, at 8:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1942 to 8-27 1942, and that I last saw her alive on 8-27 1942.

	Duration
Immediate cause of death: Cardiac failure	1 day
Due to Hypertension C.V. Lesion	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. W. Kathren M. D.

Address Balto. City Hosp. Date signed 8-27-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95284

CERTIFICATE OF DEATH

F 95284

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 600 N. Chapel St.) (Ward) 54

Length of residence in city or town where death occurred — yrs. 2 mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

2. FULL NAME Daniel Miller Easter

If U. S. Veteran specify WAR

(a) Residence: No. 207 N. Maple ave St. Greensburg Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unknown

6. DATE OF BIRTH (month, day, year) 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James W. Easter

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margarete Miller

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. Robt K. Easter

(Address) 2705 N Whitney ave

18. BURIAL, CREMATION, OR REMOVAL Interment

Place Burial Date Aug 29 1942

19. UNDERTAKER Henry W. Jenkins Sons

(Address) N. Eutaw & Richmond

20. FILED AUG 29 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) August 29, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 7 1942 to August 29, 1942 that last saw him alive on August 24, 1942. Death is said to have occurred on the date stated above, at 5 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Surgical neck Femur Rt.	8-7-42
Cardiac insufficiency	8-27-42
Generalized Arteriosclerosis	?
Senile Dementia.	?

Other contributory causes of importance:

Was an operation performed? Yes Date of 8-25-42

For what disease or injury? Fracture Neck Rt Femur

Name of operation Application Roger Anderson Splint

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Acc Date of injury 8-24, 1942

Where did injury occur? Living Room (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home (over)

Manner of injury Fell on floor

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, _____

(Signed) Earl Pass M. D.

(Address) 4001 Wilkens Ave.

H. L. Wollenweber, M.D. Per S. T.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V9 2

F 95285

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95285
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2048 E Federal St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 81 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2048 E. Federal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gustav Schultz

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband Elizabeth Schultz
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Dec 26-1860

8. AGE: Years 81 | Months 8 | Days 0 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Black Smith
11. Industry or business Retired

FATHER 12. Name Karl Schultz
13. Birthplace Germany

MOTHER 14. Maiden Name Dora Kuntz
15. Birthplace Germany

16 (a) Informant Elizabeth Schultz
(b) Address 2048 E Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Merrick Funeral Home
(b) Address 2027 E Monument St

19 (a) AUG 29 [illegible] Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26 1942, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1942 to Aug 26 1942 and that I last saw him alive on Aug 26 1942

Immediate cause of death
Due to Cerebral Thrombosis
Due to Myocardial degeneration

Duration
1 1/2 Years

Due to

Other Conditions Carcinoma Prostate

10 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert A. Eisenberg M. D.
Address 2025 E Monument St. Date signed 8/27/42

F 95286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95286 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4623 Karon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4623 Karon (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julia Elisa Bacon

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27-1941

8. AGE: Years	Months	Days	If less than one day
1	10	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Sutton Bacon
13. Birthplace Baltimore

MOTHER
14. Maiden Name Julia Cornacchione
15. Birthplace Balto

16 (a) Informant Milton Bacon
(b) Address 4623 Karon ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31- (month) (day) (year)
(c) Cemetery or crematory London Park
Location Rural

18 (a) Funeral director Wilson Funeral Home
(b) Address 200 E Preston

19 (a) AUG 20 [redacted] (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1942, at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942 to Aug 27 1942 and that I last saw her alive on Aug 25 1942.

Immediate cause of death Lymphatic Leukemia — Duration 3 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L Tenley M. D.
Address 35 E Greenmount Date signed 8/26/42

VS 3

F 95287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95287 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1458 Montpelier Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Schmelz (HARRY. CARL. SCHMELZ)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 19th 1931

8. AGE: Years	Months	Days	If less than one day
11	7	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation At School
11. Industry or business

FATHER
12. Name Stanley C. Schmelz
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Minnie M. Schertle
15. Birthplace Baltimore, Maryland

16 (a) Informant Mrs Stanley C. Schmelz
(b) Address 1458 Montpelier St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Maryland

18 (a) Funeral director Leasum Funeral Home
(b) Address 7401 Belair Road

19 (a) AUG 29 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27-1942, at 9-25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Result of autopsy: Death failed to appear obvious

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ? - C
(b) Date of occurrence 8-27-42 at 9:20 P.M
(c) Where did injury occur? Kirk Ave. & Montpelier St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Ran in front of a car

Signature Howard J. Whelan M.D. Medical Examiner.
Date signed 8-26-42

VS 6

F 95288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95288 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2875 Mayfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John W. Rochmer

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Minnie S. Rochmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27. 1859

8. AGE: Years	Months	Days	If less than one day
82	10	1	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Express Man
11. Industry or business American Railway Ex. Co.

FATHER
12. Name Conrad Rochmer
13. Birthplace Germany

MOTHER
14. Maiden Name Lydia Stangler
15. Birthplace Germany

16 (a) Informant John E. Rochmer
(b) Address 4221 Shamrock Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31. 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director Mrs. Mrs. John W. Teufel & Son
(b) Address 601 W. Fayette St

19 (a) [illegible] (b) Huntington Williams, M.D.

AUG 29 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1942, at 1 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1942 to Aug 28 1942 and that I last saw him alive on Aug 28 1942

Immediate cause of death: Dehydration.
Due to: Carcinoma of the bladder.
Due to:
Other Conditions: Senility

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Meade M.D.
Address Univ. Hosp. Balto. Date signed 8/29/42

F 95289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95289

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Green St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Hr
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clea Chapman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1941

8. AGE: Years	Months	Days	If less than one day
1	7	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Joseph Chapman
13. Birthplace Georgia

MOTHER
14. Maiden Name Lil Gardner
15. Birthplace Georgia

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 29/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A. A. County Md.

18 (a) Funeral director Mrs Robert A Elliott Dft
(b) Address 1124 N. Carolina St.

19 (a) AUG 29 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28, 1942, at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1942 to Aug 28 1942, and that I last saw he alive on Aug 28, 1942.

Immediate cause of death	Duration
(a) Acute Lead Encephalopathy	4 days
Due to (b) Chronic Lead Poisoning	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Earl Sheeler, M. D.
Address University Hosp. Date signed 8-29-42

VS-8

F 95290

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95290
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 145 S Collins ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 145 S. Collins ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Ruth F 49827

3 (a) FULL NAME Rebecca D. Lansinger

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 23/1942

8. AGE: Years	Months	Days	If less than one day
—	3.	5	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Everett Lansinger
13. Birthplace Emmetsburg Md

MOTHER
14. Maiden Name Catherine Mauer
15. Birthplace Baltimore

16 (a) Informant Everett Lansinger
(b) Address 145 S Collins Ave

17 (a) Burial (b) Date thereof 7/29/42
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park
Location Greendale ave
18 (a) Funeral director Thos R Emmert
(b) Address 4[illegible] Baltimore Gilmor

19 (a) AUG 29 1942 (b)
(Date rec'd by registrar) Registrar
Hearing for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/28 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/19 1942 to 8/28 1942 and that I last saw her alive on 8/26 1942

Immediate cause of death	Duration
Acute cardiac dilation	2 hrs
Due to whooping cough	14 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C Wales
Address 4 N. Fallon Date signed 8/29/42

F 95291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95291

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 93RD AND CALVERT STS

(c) Hospital or institution: UNION MEMORIAL HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County

(c) City or town BALTIMORE CITY

(If outside city or town limits, write RURAL and give town)

(d) Street No. Alhambra Apartments

(If rural give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country

3 (a) FULL NAME MERVYN MOSES SIMON (MERVIN M. SIMON.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife NONE

6 (c) If alive, give age [illegible] years

7. Birth date of deceased (mo., day, yr.) MARCH 24, 1900

8. AGE: Years	Months	Days	If less than one day hr.	min.
42	5	3		

9. Birthplace PENNSYLVANIA (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business NONE

FATHER 12. Name Leon Simon

13. Birthplace Harrisburg, Pa.

MOTHER 14. Maiden Name Helen Wolf

15. Birthplace Harrisburg, Pa.

16 (a) Informant Mrs. Helen Simon

(b) Address Alhambra Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/30/42 (month) (day) (year)

(c) Cemetery [illegible] Balto. Hebrew

Location Balto. Md.

18 (a) Funeral director Harris Sonneborn & Son

(b) Address 29 E. Fayette Place

19 (a) AUG 29 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams M.R.

MEDICAL CERTIFICATION

20. DATE OF DEATH AUGUST 27 1942 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from AUGUST 27 1942 to AUG 27 1942 and that I last saw him alive on AUGUST 27, 1942

Immediate cause of death CARDIAC FAILURE — Duration

Due to BRONCHO PNEUMONIA

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James Douglas Lockard M. D.

Address Union Memorial Hosp. Date signed 8/27/42

VS 3

4-2-1218

BALTIMORE CITY HEALTH DEPARTMENT

F 95292 CERTIFICATE OF DEATH 5HN

F 95292 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 646 VINE ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KATHERINE . McKAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: FEMALE

5. Color or race: BLACK

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: SAMUEL McKAY

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 3-16-09

8. AGE: Years 33 | Months 5 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace FLA. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER 12. Name HAYWARD. BROCKINGTON

13. Birthplace FLA.

MOTHER 14. Maiden Name Sophia GENNIS.

15. Birthplace FLA

16 (a) Informant RECORDS

(b) Address

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof 8 31 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director A. Halstead

(b) Address 918 Druid Hill Ave

19 (a) AUG 29 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug - 27 - 1942, at 730 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-25 1942, to 8-27 1942, and that I last saw HER alive on Aug 27 1942

Immediate cause of death Acute cerebral edema with cerebellar pressure cone. — Duration 3 hrs.

Due to ~~Transfusion reaction~~ Glioma of brain

Due to

Other Conditions Transfusion reaction anemia

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Carcinoma of colon Glioma of brain

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. T. Klingenstein for

Address Johns Hopkins Hosp. Date signed 8/28/42 M.D.

95293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95293

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE 3
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2022 MADISON AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ERNA Bundy MURRAY

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	BLACK	married

6 (b) Name of husband or wife Raymond R.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1914

8. AGE: Years	Months	Days	If less than one day
28	7	25	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Benjamin Bundy
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Lillie Brown
15. Birthplace Baltimore, Md.

16 (a) Informant Raymond R. Murray
(b) Address 2022 Druid Hill Ave

17 (a) Burial (b) Date thereof Aug. 31, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. A. Hall
(b) Address 1631 Druid Hill Ave

19 (a) AUG 28 1942 (b) Huntington Willis, Registrar
(Date rec'd by registrar)

VE 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27 1942 at 10:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-26 1942 to 8/27 1942 and that I last saw h[illegible] alive on 8/27 1942.

Immediate cause of death Diabetic Coma with pneumonia, bronchial

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Chestnut AUSTRIAN M. D.
Address The Johns Hopkins Hosp Date signed 8/27/42

95294 F 95294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 944a

Registered No. 14

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1936 Druid Hill Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Gertrude E. Bruce

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	married

6 (b) Name of husband or wife John H. Bruce
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1897

8. AGE: Years	Months	Days	If less than one day
45	3	16	hr. min.

9. Birthplace Newark, New Jersey (Town, county, and state)
10. Usual Occupation domestic worker
11. Industry or business

FATHER
12. Name Henry Lewis
13. Birthplace Newark, N. J.

MOTHER
14. Maiden Name Mary Carter
15. Birthplace Madison, Va

16 (a) Informant John H. Bruce
(b) Address 1936 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1942 (Month) (day) (year)
(c) Cemetery or crematory Mt. Thomas
Location Randallstown, Md.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1936 Druid Hill Ave.

19 (a) Huntington Williams, Mgr. (Date rec'd by registrar) AUG 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1942, at 6 44 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2 1942, to Aug 25 1942, and that I last saw h[illegible] alive on Aug 25 1942.

Immediate cause of death	Duration
pulmonary edema	24 hrs.
Due to acute cardiac decompensation	4 days
Due to coronary thrombosis	2 3 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 515 Park Ave Date signed 8, 29, 42

VS 8

F 95295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 95295
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2531 Fait Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susan W. Eberwein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Charles E. Eberwein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept.-30-1872

8. AGE: Years	Months	Days	If less than one day
69	10	27	hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Kaleb Patterson
13. Birthplace Not known

MOTHER
14. Maiden Name Mary Lefler
15. Birthplace Not known

16 (a) Informant Charles E. Eberwein
(b) Address 2531 Fait Ave.

17 (a) Burial (b) Date thereof Aug.-31-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location East North Ave.

18 (a) Funeral director Henry Utech's Sons Co.
(b) Address 1301 E. Eager St.

19 (a) AUG 29 1942 Huntington Williams, M.D.
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 19 42 at 10 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw her alive on Aug 27 19 42

Immediate cause of death	Duration
Auricular fibrillation	
Due to Coronary Occlusion	
Due to Arteriosclerotic C.V. Disease	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As stated

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alexander E. Lordahl
Address Sinai Hospital Date signed 8/28/42

F 95296

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95296
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 W. Baltimore Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Kauffman

3 (b) If veteran, name war: World War #1

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Helen Kauffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 1890

8. AGE: Years	Months	Days	If less than one day
52	4	4	hr. min.

9. Birthplace Elizabethtown Pa
(Town, county, and state)

10. Usual Occupation Filter attendant

11. Industry or business Montebello Lake

FATHER
12. Name Jeremiah Kauffman
13. Birthplace Sporting Hill Pa.

MOTHER
14. Maiden Name Mary Elabeth D. Miller
15. Birthplace Manheim Pa.

16 (a) Informant Mrs. George Miller
(b) Address 1307 W. Baltimore Street

17. (a) Burial (b) Date thereof Aug 31 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore

18 (a) Funeral director Mamie Cook Syfer
(b) Address 1600 W. North Ave.

19 (a) AUG 29 1942 Awaiting for Witness, M.D.
(Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27-1942, at 1.30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy had that said deceased came to his death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 28-1
(b) Date of occurrence 8-27-42 at 11.30 A.M.
(c) Where did injury occur? Hillsdale & Pentwood Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Collision auto & auto-Truck

23. Signature Howard J. Thuleen M.D.
Medical Examiner.
Date signed 8-28-42

95297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 95297
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2634 Hampden Ave
(c) Hospital or institution: 2634 Hampden Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2634 Hampden Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles F. Horr

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Estelle

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 5-1874

8. AGE: Years 68 | Months 0 | Days 23 | If less than one day: hr. min.

9. Birthplace: Balto Md
(Town, county, and state)

10. Usual Occupation: Clerk

11. Industry or business: Department of Welfare

FATHER
12. Name: John Horr
13. Birthplace: Md

MOTHER
14. Maiden Name: Margaret ?
15. Birthplace: Germany

16 (a) Informant: Chas H. Horr
(b) Address: 1763 East North Ave

17 (a) Cremation (b) Date thereof: Aug 31-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Greenmount Cemetery
Location: Oliver & Greenmount

18 (a) Funeral director: Wagner Cook
Address: 217 St Paul Place

19 (a) AUG 29 1942 (b) Huntington for Nathaniel, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 28 1942 at 9:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 1941 to Aug 28 1942
and that I last saw h[illegible] alive on Aug 28 1942

	Duration
Immediate cause of death: Carcinoma in	
Due to: nasopharynx	6 months
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Jack J. Sunger M. D.
Address: 506 E. North Ave Date signed: 8-29-42

VS 2

F 95298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95298

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 [illegible]

2. USUAL RESIDENCE OF DECEASED
(a) State Maryland (b) City Balto.
(c) City or town Baltimore W
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Roslawn Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Richard O'Neil Smith (Richard F 52963)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 20, 1942
8. AGE: Years 0 | Months 1 | Days 9 | If less than one day hr. min.
9. Birthplace Baltimore Maryland.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Howard C. C. Smith
13. Birthplace Maryland.

MOTHER
14. Maiden Name Aneadah Bowz
15. Birthplace Maryland

16 (a) Informant Father
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 14 42 (month) (day) (year)
(c) Cemetery or crematory Oakland
Location Catonsville Md. Rte 40

18 (a) Funeral director McLean Cook Inc
(b) Address 217 St Paul Street

19 AUG 29 19[illegible] (Date rec'd by Reg.) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1942, at 6 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 11 1942 to Aug. 29 1942, and that I last saw h[illegible] alive on Aug. 28 42.

Immediate cause of death: Respiratory Failure — Duration: [illegible]
Due to Empyema (Hemo. staph aureus) — Duration: 2 wks.
Due to Broncho-pneumonia — Duration: 3 wks.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Mary L. Hayleck
Address Union Memorial Hosp. Date signed 8/29/42 M D.

95299

F 95299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 126

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Church Home + Infirmary
(c) Hospital or institution:
Broadway Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto. Cty.
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2420 Oliver St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country None.

3 (a) FULL NAME George Jacob Wagner

3 (b) If veteran, name war	3 (c) Social Security Account No.
No.	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married.

6 (b) Name of husband or wife Mary Wagner.
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) April 17, 1877

8. AGE: Years	Months	Days	If less than one day
67	11	29	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Retired collector.
11. Industry or business

FATHER
12. Name John Wagner
13. Birthplace Germany.

MOTHER
14. Maiden Name Katherine Mumpa.
15. Birthplace Germany.

16 (a) Informant George Jacob Wagner.
(b) Address 2420 Oliver St (Son-in-law)
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.
18 (a) Funeral director John C. Miller Inc.
(b) Address 2435 E. Oliver St.
19 AUG 29 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1942, at 2 a.m. PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 13, 1942, to Aug. 26 1942, and that I last saw h[illegible] alive on Aug 24, 1942.

Immediate cause of death Hepatic insufficiency — Duration 4 wks

Due to Biliary obstruction + jaundiced biliary fistula — 4 wks

Due to Common duct stone

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 7-22-42
Major findings of operation: Common duct stone.
of autopsy: Cholangeitis - cystic duct

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home Infirmary Date signed 8-26-42

VS 3

F 95300

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95300 Registered No. 13a

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1121 Gilmor St
(b) Street address Balto md
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) mo
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Gilmor (If rural give location)
(e) Citizen of foreign country? (Name No) If yes, name country

3 (a) FULL NAME Henretta D Fraction

3 (b) If veteran, name war no | 3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Negro	Married

6 (b) Name of husband or wife Frank Fraction
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
47	—	—	hr. min.

9. Birthplace West River md (Town, county, and state) Amer.
10. Usual Occupation Domestic
11. Industry or business Laundress

FATHER
12. Name Jerry Eades
13. Birthplace West River

MOTHER
14. Maiden Name Eliza Coleman
15. Birthplace West River

16 (a) Informant Frank Fraction
(b) Address 1121 Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem West River
Location A. A. Co. md

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount St

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

AUG 29 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 – 1942 at 2.10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1942 to Aug 25 1942 and that I last saw h alive on 8-22-1942

Immediate cause of death Hemiplegia — Duration 1 da
Due to Pernicous Anemia
Due to Metastasis
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm Roy Rm M. D.
Address 1135 Gilmor Date signed 8/29/42

F 95301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 10

F 95301

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Street

(c) Hospital or institution: South Baltimore Gen. Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days.

(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1107 Russell St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Tillman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Age 82

8. AGE: Years 82 | Months | Days | If less than one day: hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name James Tillman

13. Birthplace North Carolina

MOTHER

14. Maiden Name Makaley Rogers

15. Birthplace Virginia

16 (a) Informant Records

(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof August 30 1942 (month) (day) (year)

(c) Cemetery or crematory Rockingham N. C

Location Richmond County

18 (a) Funeral director Joseph A. Bixby

(b) Address 1017 North Mount Street

19 (a) (Date received by Registrar) AUG 29 1942 Huntington Williams, M.D. Registrar

Huntington Will.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1942 at 2.35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1942 to Aug 27 1942 and that I last saw h[illegible] alive on Aug 27 1942.

Immediate cause of death	Duration
Uremia	5 days
Due to Acute Nephritis	5 days.
Due to	new
Other Conditions Arteriosclerosis of Lung. Auricular fibrillation (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. Andrew Zeph M. D.

Address 1213 Light St. Date signed 8/27/42

VS 8

F 95302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43d

Registered No. F 95302

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 409 E. North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 409 E. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Marie Drury

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Geo. W.

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Nov. 4 1894

8. AGE: Years	Months	Days	If less than one day
47 48	7 9	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Oliver K. Drury
13. Birthplace Baltimore

MOTHER
14. Maiden Name Alice Nick
15. Birthplace Baltimore

16 (a) Informant Frank Pollock
(b) Address 1308 N. Chester St

17 (a) Burial (b) Date thereof Aug 31-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore

18 (a) Funeral director Albert W Berry
(b) Address 440 E north Ave

19 AUG 29 1942 (b) Huntington Williams Md.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-28- 1942, at 7:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 8-28-42

VS 6

95303

HEALTH DEPARTMENT—CITY OF BALTIMORE

95303

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1238 E. Madison St., 92d Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Sarah Burton

If U. S. Veteran specify WAR _____

(a) Residence: No. 1238 E. Mad. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harry Burton

6. DATE OF BIRTH (month, day, year) March 25 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	66	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

FATHER

13. NAME Wood Jackson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Betty Bagley

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Gertrude Simms
(Address) 1238 E Madison St.

18. BURIAL, CREMATION OR REMOVAL
Place Mt Calvary Cem. Date Aug 30th 1942

19. UNDERTAKER Bryant Mamie A. Wright
(Address) 701 Biddle St

20. FILED AUG 29 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 8-26-1942

22. I HEREBY CERTIFY, That I attended deceased from 8-7-1942 to 8-26-1942

I last saw h alive on 8-26-1942. Death is said to have occurred on the date stated above, at 7:40 P.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cardio Carditis and Nephritis	2 yrs
Other contributory causes of importance: Sudden High Blood pressure	

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Jas. R. Blake M. D.

(Address) 1337 E. Oriental

95304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 95304

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2035 N. Washington St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County - - -

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2035 N. Washington St.

(If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME CLARA JANE ROBERTS

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married-separated

6 (b) Name of husband or wife George Roberts

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Apr. 30. 1863

8. AGE: Years	Months	Days	If less than one day
79	3	26	..... hr. ..... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Fitter - Hutzler Bros.

11. Industry or business Retired about 5 years

FATHER

12. Name Capt. John Alexander Thompson

13. Birthplace Maryland

MOTHER

14. Maiden Name Martha Jane Smith

15. Birthplace Baltimore

16 (a) Informant Miss Mary V. Randall (Niece)

(b) Address 4006 Ridgewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 29. 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.

(b) Address North Ave. & Broadway.

19 (a) AUG 29 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 26. 1942 at 11.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942 to Aug 26 1942 and that I last saw h[illegible] alive on Aug 26 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerotic Heart Disease	2 days
Due to	unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature George Dawson

Address 4808 Harford Rd. Date signed 8/29/42

VS 8

95305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. F 95305

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (years, mos., or days) 4
(e) Length of stay in Baltimore (years, mos., or days) 4

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Hovak

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Ada A. Hovak
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) February 6, 1869

8. AGE: Years	Months	Days	If less than one day
73	6	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John M. Hovak
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Miller
15. Birthplace Maryland

16 (a) Informant Mrs Ida Reese
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31/42 (month) (day) (year)
(c) Cemetery or crematory Wesley
Location Carroll County
18 (a) Funeral director Edw Shipton
(b) Address Hampstead Md
19 AUG 29 1942 (Date rec'd by registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1942 at 7:00 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 8/26 1942 to 8/29 1942, and that I last saw him alive on 8/24 1942

Immediate cause of death	Duration
Cardiac Failure	3
Due to Arteriosclerotic H. D.	5
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address Church Home & Infirmary Date signed 8/29/42 M. D.

VS 3

Correct ICD is especially important. Physicians: please write the causes of death clearly and legibly.

95306 F 95306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 171

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 943 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Theodore Vulgaris

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1940

8. AGE: Years	Months	Days	If less than one day
2	5	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Vulgaris
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Helen Rose
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. John Vulgaris
(b) Address 943 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (Signature of local registrar) Huntington Williams M.D. Registrar

AUG 29 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28, 1942, at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 25 1942, to 8/28 1942 and that I last saw h alive on 8/28 19 42.

Immediate cause of death fecal peritonitis — Duration 1 week.
Due to Ruptured gangrenous appendix!
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zetlo M. D.
Address 1213 Light St. Date signed 8/28/42

95307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120a Registered No. F 95307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Fawn St. (If rural, give location) N. Carey St
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES FUNTLEROY

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-4035

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	Col	Married

6 (b) Name of husband or wife Evelyn

6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Mar 23, 1904

8. AGE: Years	Months	Days	If less than one day
38	5	4	hr. min.

9. Birthplace Richmond Co., Va (Town, county and state)
10. Usual Occupation Chauffeur
11. Industry or business Regal Laundry

FATHER
12. Name Wm. Funtleroy
13. Birthplace Richmond Co. Va.

MOTHER
14. Maiden Name Mabel Bicky
15. Birthplace Va.

16 (a) Informant Evelyn Funtleroy
(b) Address 614 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 30 1940 (month) (day) (year)
(c) Cemetery or crematory Richmond Co Va
Location Virginia

18 (a) Funeral director Jno Brooks
(b) Address 1460 N Carey St

19 (a) AUG 29 1940 (Date received by registrar) Hortizon Hilliard Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1940 at 3 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Gastroenteritis, acute, Cause	
Due to undetermined	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wollenweber M.D. Medical Examiner.
Date signed 8-29-40

F 95308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belvidere ave
(c) Hospital or institution:
Aged Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1/2
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 12

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 629 N. Fremont ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Aaron Sweetzall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Leah

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 83 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Re

11. Industry or business Canter

FATHER
12. Name Chaskel
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca
15. Birthplace Russia

16 (a) Informant Mrs Ruth Hill
(b) Address 629 N. Fremont ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-42 (month) (day) (year)
(c) Cemetery Chas Eroseth Israel
Location Rosedale

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E. Balto St

AUG 30 1942 (b) Huntington Williams M.D.
(Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Aug-29-1942 and that I last saw him alive on Aug-28-1942

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to Coronary Thrombosis

Due to Hypertension

Other Conditions & General arterio sclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Herman Sidell M.D.
Address 2404 Eutaw Pl Date signed 8-29-42

VS 3

41952
F 95309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

109 F 95309 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Alexandria (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 S. Royal St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie Grimes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Gilbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-31-04

8. AGE: Years	Months	Days	If less than one day
37	0	0	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Wallace
13. Birthplace Md.

MOTHER
14. Maiden Name Ruby Krofft
15. Birthplace Va

16 (a) Informant Recorda
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/29/42 (month) (day) (year)
(c) Cemetery or crematory Bethel Cemetery
Location Alexandria Va

18 (a) Funeral director J. D. Ewell
(b) Address 630 Washington Alexandria Va

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1942 at 9 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942 to Aug 29 1942 and that I last saw her alive on Aug 29 1942

Immediate cause of death	Duration
(a) Respiratory failure	
Due to (b) Unresolved bilateral pneumonia	
Due to (c) Disseminated lupus erythematosus (contd)	

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Asher Gordon M. D.
Address Johns Hopkins Hosp. Date signed 8-29-42

VS 8

F 95310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95310

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5304 Tippett Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5304 Tippett Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Fredericka Armacost

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William R Armacost
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18 1877

8. AGE: Years	Months	Days	If less than one day: hr.	min
65	1	10		

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name -------- Gukert
13. Birthplace Unknown

MOTHER
14. Maiden Name -------- Funk
15. Birthplace Unknown

16 (a) Informant Melchoir J. Armacost
(b) Address 4025 Fairfax Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry H. Armacost
(b) Address 4204 Ridgewood Ave

AUG 30 1942
(Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH AUG 28 1942 19 at 7.55 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from AUG 20 1942 to AUG 27 1942
and that I last saw h ER alive on AUG 27 1942

Immediate cause of death Blocked intestine — Duration 7 days

Due to

Due to

Other Conditions Carcinoma Pylorus
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

(3)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence None hr. M
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? None (Specify type of place) While at work? None
(e) Means of injury None

23. Signature Otto H. Baker M. D.
Address 928 E. North Ave Date signed AUG 29 1942

VS 8

F 95311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 95311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 Abott Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ~life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 Abbott Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian M. Grillian

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Wid

6 (b) Name of husband or wife Edward J. Grillian
6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr. Oct 1, 1871

8. AGE: Years	Months	Days	If less than one day
70	10	16	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business Home

FATHER
12. Name William T. Foster
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Campbell
15. Birthplace Baltimore, Md.

16 (a) Informant Charles J. Foster
(b) Address 1228 Abbott Court

17 (a) Burial (b) Date thereof 8-31-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Frederick G. Cole
(b) Address 208 W. Lombard St.

19 AUG 30 1942 Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28, 19 42, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 19 40 to Aug 28 19 42
and that I last saw h alive on Aug 28 19 42.

Immediate cause of death Uterus cancer Duration 2 yrs.
and vascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 22 N Wilkens Ave Date signed Aug 30 1942

VS 3

95312 — HEALTH DEPARTMENT—CITY OF BALTIMORE — 95312

CERTIFICATE OF DEATH

183a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 N. Carey St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emily Wallace

If U.S. Veteran specify WAR .....

(a) Residence: No. 406 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Wallace

6. DATE OF BIRTH (month, day, year) Mar 23 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

FATHER

13. NAME John Patterson

14. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

MOTHER

15. MAIDEN NAME Amelia Campbell

16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

17. INFORMANT Lillian Jarrett

(Address) Lafayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zions Date Aug 30, 1942

19. UNDERTAKER Mrs Kate R. Williams

(Address) 322 N Schroeder St.

AUG 30 1942

20. ... Huntington Williams M.D.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1942 to Aug 26, 1942

I last saw her alive on Aug 26, 1942 Death is said to have occurred on the date stated above, 10-0 p. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy 19 days

Date of onset

Other contributory causes of importance: Hypertension Nephritis

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Urine ++ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Denis Craiden M. D.

(Address) 1 W ... Dr.

Spec.—8-16-29—L. F. S.—100 Blks.

95313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 95313

1830

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1715 Harlem ave ST. WARD)

2—FULL NAME Nancy Catherine Wilson

(a) RESIDENCE NO. 1715 Harlem ST. 16 WARD
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.
(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	W

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Somerfield Wilson

6 DATE OF BIRTH (month, day, and year) April 17 1865

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	4	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Prince Georges Co Md.

PARENTS

10 NAME OF FATHER Phillip Stocker

11 BIRTHPLACE OF FATHER (city or town) Md.
(State or country)

12 MAIDEN NAME OF MOTHER Mary Gray Sem

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

14 Informant (Mrs) Eliza Brooks
(Address) 1715 Harlem ave

15 Filed AUG 30 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Aug 26-1942

17 I HEREBY CERTIFY, That I attended deceased from Aug 24, 1942, to Aug 26, 1942

that I last saw h. alive on Aug 26, 1942

and that death occurred, on the date stated above, at 3 30 P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Age - Arterio Sclerosis

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? No Date of

Was there an autopsy? ✓ No

What test confirmed diagnosis? Physical

(Signed) Thos. H. Wright M. D.

8/29, 1942 (Address) 1209 Pleasant

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL Aug 30, 1942

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 Schroeder Ave

important. See instructions on back of certificates.

F 95314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Dr. & 31st St.
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Northeast
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John S. Benjamin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife May Benjamin
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) March 28, 1883

8. AGE: Years	Months	Days	If less than one day
59	6	21	hr. min.

9. Birthplace Hopewell, N. J. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business U. S. P. H. S.

FATHER
12. Name Frank. P. Benjamin
13. Birthplace Merryfell, Miss.

MOTHER
14. Maiden Name Rachael Snork
15. Birthplace Hopewell, N. J.

16 (a) Informant U. S. M. Hosp Records
(b) Address Balto, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 42 (month) (day) (year)
(c) Cemetery or crematory Methodist
Location North East

18 (a) Funeral director Joseph P. Evans
(b) Address North East Md.

19 (a) Aug 30 1942 (b) Huntington Williams M.D. (Signature of physician)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1942 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to Aug 29 1942 and that I last saw him alive on Aug 29 1942

	Duration
Immediate cause of death Cachexia and Inanition	3 mons.
Due to generalized metastes liver, spleen, therar mesentery	6 mons.
Due to Carcinoma, adeno, of stomach (resected 7-19-42)	2 yrs.
Other Conditions Ascites	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations: Carcinoma of Stomach 7-19-42
of autopsy: as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Willys M. Monroe M. D.
Address U. S. Marine Hosp Date signed 7/30/42

VS 3

F 95315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95315

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3025 Wylie Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3025 Wylie Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank A. McIntire,

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	214-01-7561

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary McIntire,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1878

8. AGE: Years	Months	Days	If less than one day
63	11	26	hr. min.

9. Birthplace Baltimore City,
(Town, county, and state)
10. Usual Occupation Plumber
11. Industry or business

FATHER
12. Name John A. McIntire,
13. Birthplace Baltimore City,

MOTHER
14. Maiden Name Fillmore,
15. Birthplace Penna.

16 (a) Informant Miss Elizebeth McIntire,
(b) Address 3025 Wylie Ave.,

17 (a) Burial (b) Date thereof 8/31/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. City.

18 (a) Funeral director C. Kerson Lemmon
(b) Address 4611 Park Heights Ave.,

19 (Date received) AUG 30 1942 (Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27, 1942. 19 at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Aug 27 1942 and that I last saw h[illegible] alive on Augo7 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage (Cerebral Embolism)	12 Hrs.
Due to: Chronic Myocarditis + Coronary Thrombosis	6 Years
Due to: ✓	
Other Conditions: ✓	

(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operation: ✓
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury ✓

23. Signature Harry C Hauck M.D.
Address 1924 W. North Ave Date signed Aug 28 '42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95316 / 108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St. 9-5
(c) Hospital or institution St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 38 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Gorsuch Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Noratel. (Birth F 53483)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-11-42

8. AGE: Years	Months	Days	If less than one day
	1	38	hr. min.

9. Birthplace Baltimore City, (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Raymond Noratel
13. Birthplace Baltimore,

MOTHER
14. Maiden Name Margaret McCabe,
15. Birthplace Baltimore,

16 (a) Informant Mrs. Margaret Noratel,
(b) Address 931 Gorsuch Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Memorial,
Location Balto. County,

18 (a) Funeral director La Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 (a) Date received AUG 31 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28 1942 at 8:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1942 to Aug 28 1942 and that I last saw h[illegible] alive on 8-28 1942

Immediate cause of death Pneumonia — Duration 2 da.

Due to Prematurity

Due to

Other Conditions Infected hematoma of back. (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: (None)

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilhelmina J. Supik, M.D.
Address 1400 N. Caroline St. Date signed 8/31/42

correct age is especially important. If uncertain, please write the words "about" before the age.

VS 3

F 95317

BALTIMORE CITY HEALTH DEPARTMENT 1942

CERTIFICATE OF DEATH

F 95317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1144 Sargeant St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1144 Sargeant St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Addie M. Briggs

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Oliver C. F. Briggs
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 6, 1858

8. AGE: Years	Months	Days	If less than one day
83	10	22	hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Warren Grimes
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Margaret Browning
15. Birthplace Frederick, Md.

16 (a) Informant Mr Roland Briggs
(b) Address 1144 Sargeant St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location End East North Ave.

18 (a) Funeral director John J. Conway & Son
(b) 1000 Hollins St
(Date rec'd by registrar) Huntington Williams Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28th 1942, at 6 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1941, to June 28 1942, and that I last saw her alive on June 28 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 6 days
Due to Arterio Sclerosis — 2 years
Due to Hypertension Chronic Nephritis — 2 years
Other Conditions: Vascular Disease

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Nolan M.D. M. D.
Address 6 E. Lexington St. Date signed 8-29-42

VS 3

FRAUD WARNING: Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

95318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95318 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please see that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address US Marine Hospital,
(c) Hospital or institution: Wyman Park Drive and 31st St., Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Phoebus (If outside city or town limits, write RURAL and give town)
(d) Street No. 43 N. Mallory Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HOBART W. SWISHER

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Div.

6 (b) Name of husband or wife Maisie A. Rietzell
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) June 27, 1898

8. AGE: Years	Months	Days	If less than one day
44	2	1	hr. min.

9. Birthplace Colliersstown, Virginia (Town, county, and state)
10. Usual Occupation COOK-LANGLEY FIELD
11. Industry or business

FATHER
12. Name Thomas Ashby Swisher
13. Birthplace Rockbridge Co., Va.

MOTHER
14. Maiden Name Elizabeth Allen,
15. Birthplace Rockbridge Co.,Va.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial & Removal (Burial, cremation, or removal) Date thereof Aug. 31, 42 (month) (day) (year)
(c) Cemetery or crematory Arlington National
Location Arlington, Va.

18 (a) Funeral director A. Lee Odor
(b) Address 4644 York Road.

19 AUG 30 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28, 1942, at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 28, 1942 to Aug. 28, 1942, and that I last saw him alive on Aug. 28, 1942.

Immediate cause of death	Duration
Acute myocardial failure	momentary
Due to Coronary sclerosis	Unk.
Due to	
Other Conditions Hypertensive cardio-vascular disease; Angina pectoris	Unk.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Willys M. Monroe M. D.
Address U.S. Marine Hosp. Date signed 8.30.42

Howard J. Medeiros M.D.

95319
420947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95319
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or [illegible] give town)
(d) Street No. 75 S. [illegible] Road.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-2-24

8. AGE: Years	Months	Days	If less than one day
18	1	25	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Rider Walker
13. Birthplace S.C.

MOTHER
14. Maiden Name Adelaide Waters
15. Birthplace S.C.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore Md.

18 (a) Funeral director Charles S. Cooper
(b) Address 514 N. Calhoun St

19 (Signature) AUG 31 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1942 to August 27 1942 and that I last saw h[illegible] alive on August 27 1942

Immediate cause of death TBC PERITONITIS — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 8-24-42

Major findings of operation: TBC PERITONITIS

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature George W. Corner, Jr. M. D.
Address Johns Hopkins Hospital Date signed 8-27

VS 8

F 95320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Washington
(c) City or town Hancock
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Chester Edward Creek

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Jessie Creek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1889

8. AGE: Years 52 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace Hancock, Washington Co., Md.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Charles W. Creek
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Mellott
15. Birthplace Pa.

16 (a) Informant Mrs. Elizabeth E. Hess
(b) Address 2736 Parkwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Hancock
Location Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Ave.

19 (a) AUG 31 1942 (Date rec'd by Registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/30 1942, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/13 1942 to 8/30 1942 and that I last saw him alive on 8/30 1942.

Immediate cause of death	Duration
Pulmonary embolism	
Due to Thrombophlebitis?	
Due to	
Other Conditions Multiple pulmonary infarct Spontaneous pneumothorax	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. K. Thompson M. D.
Address University Hosp. Date signed 8/30/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered or the certificate will be returned for correction. Be sure your answer is correct and legible. Do not use abbreviations except where directed. Physicians: please write the causes of death clearly and legibly. Be sure age is especially important.

95321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1864 F 95321 Registered No.

PLEASE FILL IN ALL ITEMS. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 S. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH PORTER

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-2157

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19, 1916

8. AGE: Years: 25 | Months: 0 | Days: 11 | If less than one day: hr. min.

9. Birthplace Rock Hall, Kent Co Md (Town, county, and state)

10. Usual Occupation Digger

11. Industry or business Shipyard

FATHER
12. Name Larry Porter
13. Birthplace Kent Co Md.

MOTHER
14. Maiden Name Ruth Naylor
15. Birthplace Kent Co. Md.

16 (a) Informant Mrs Larry Porter
(b) Address Rock Hall Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1942 (month) (day) (year)
(c) Cemetery or crematory Westley Chapel
Location Rock Hall

18 (a) Funeral director Wm. H. Hoog
(b) Address Church Hill Md.

19 AUG 31 1942 Huntingtown Williams MD
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1942 at 8:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of chest — Duration

Due to

Due to

Other Conditions ho

(Include pregnancy within 3 months of death)

Date of operation tio

Major findings of operation:

of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 2-6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-30-42 at 7 P. M
(c) Where did injury occur? Bethlehem Steel (City or town) (County) Sparrows Point (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury Crushed between two masts

23. Signature T. J. Wolfanmeyer M.D. Asst Medical Examiner

Date signed 8-30-42

VS 6

95322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Sykesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Henrietta Linkous

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Thomas P Linkous

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 6, 1900

8. AGE: Years 42 Months 8 Days 24 If less than one day hr. min.

9. Birthplace Pennsylvania (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Mr. Addison Baldwin

13. Birthplace Maryland

MOTHER 14. Maiden Name Henrietta Baldwin

15. Birthplace Pennsylvania

16 (a) Informant E R Boone

(b) Address Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 1942 (month) (day) (year)

(c) Cemetery or crematory Westfield

Location Whitford Md

18 (a) Funeral director H Haney Mills

(b) Address Glen Burnie Md

19 (d) AUG 31 1942 (Date rec'd by registrar) (e) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1942 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 22 to Aug 30 1942 and that I last saw her alive on Aug 30 1942

Immediate cause of death Respiratory & Circulatory Failure — Duration 18 hrs

Due to Peritonitis — 5 days

Due to

Other Conditions (over)

(Include pregnancy within 3 months of death)

Date of operation 8/24/42

Major findings of operation: Chronic ulcerative ulcerated cervix

of autopsy Gen. peritonitis - intestinal obstruction

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. Leslie

Address Union Memorial Hosp Date signed 8/30/42 M. D.

PLEASE WRITE ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95323

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 95323
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2020 Maryland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2020 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert N. Shanklin.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-01-3883

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elizabeth M. Shanklin
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) March 19, 1905

8. AGE: Years	Months	Days	If less than one day
37	5	10	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Gottlieb Stone Quarry

FATHER
12. Name Wm. J. Shanklin
13. Birthplace Md.

MOTHER
14. Maiden Name Alice V. Burgess
15. Birthplace Md.

16 (a) Informant Elizabeth M. Shanklin
(b) Address 2020 Maryland Ave

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof July 1/42 (month) (day) (year)
(c) Cemetery or crematory Perry Hall
Location Md.

18 (a) Funeral director Chenowith & Donovan
(b) Address 3615-17 Eastern Ave.

19 (a) [redacted] (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29th. 1942, at 10:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 10th 1942 to July 29 1942 and that I last saw h[illegible] alive on July 29 1942

Immediate cause of death Coronary Occlusion
Due to Valvular Heart disease
Due to Cardiohypertrophy.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place)
While at work?
(e) Means of injury

23. Signature H. O. French M. D.
Address 16 W Fayette St. Date signed

Huntington Williams M.D.

95324

F 95324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 5524

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John & Lafayette Sts.
(c) Hospital or institution: Woman's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2812 Lake Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Mrs. Clara Pfeifer Wohler

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-613

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles J. F. Wohler
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) October 4, 1899

8. AGE: Years	Months	Days	If less than one day
42	10	28	..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Pfeifer
13. Birthplace Germany

MOTHER
14. Maiden Name Josephine Reinke Pfeifer
15. Birthplace Germany.

16 (a) Informant Charles J. F. Wohler
(b) Address 2812 Lake Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-31-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balt Md

18 (a) Funeral director Mrs Chas A. G. Rhode
(b) Address 2327 Edmondson Ave

19 (a) AUG 31 1942 (Date rec'd by registrar) Huntington Wilkinson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1942, at 6:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942, to August 28 1942, and that I last saw her alive on August 28 1942.

	Duration
Immediate cause of death Diffuse, generalized peritonitis.	1-10 days 3
Due to Metastatic carcinoma, primary source, unknown.	9
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Diffuse, gen. peritonitis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Frank W. Sutterlin M. D.
Address Woman's Hospital Date signed 8-28-42

JL - 75765

F 95325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95325

Registered No. 107

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 4940 Eastern Ave.

(b) Street address

(c) Hospital or institution: Baltimore City Hospitals.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo.4D

(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 732 W. Franklin St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME George Haskins

3 (b) If veteran, name war

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	W

6 (b) Name of husband or wife Annie (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 7, 1868

8. AGE: Years	Months	Days	If less than one day
74	5	20	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER 12. Name Willard Haskins

13. Birthplace Maryland

MOTHER 14. Maiden Name Fannie ?

15. Birthplace Maryland

16 (a) Informant B.C.H. Records

(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 31 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem

Location Balto. County Md.

18 (a) Funeral director Wallace A Jackson

(b) Address 916 Pennsylvania ave

19 (a) AUG 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27 1942 at 1:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1942 to 8-27 1942 and that I last saw him alive on 8-27 1942

Immediate cause of death Bronchopneumonia — Duration 1 wk.

Due to Benign prostatic hypertrophy & Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Huntington Williams M. D.

Address [illegible] Date signed 8-29-42

VS 8

F 95326

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95326 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore
(b) Street address 352 Hilford Rd
(c) Hospital or institution: Ashburton Home
Institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2115 Longwood St (If rural give location)
(e) Citizen of foreign country? Or (Yes or No)
If yes, name country x

3 (a) FULL NAME Frances E Hand

3 (b) If veteran, name war	3 (c) Social Security Account No.
x	x

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Harry P. Hand
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25 - 1861

8. AGE: Years	Months	Days	If less than one day
81	7	4	hr. — min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Trained Nurse
11. Industry or business —

FATHER
12. Name George W Clark
13. Birthplace Delaware

MOTHER
14. Maiden Name Emeline N. Sherman
15. Birthplace New Jersey

16 (a) Informant Beatrice E Grimes
(b) Address 2115 Longwood St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location

18 (a) Funeral director Walter Brooks Beadenpen
(b) Address 1922 W Baltimore

19 (a) (Date received by Registrar) AUG 31 1942
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1942, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942 to Aug 29 1942 and that I last saw h[illegible] alive on Aug 29 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	about 10 days
End paralysis	
Due to Advanced arteriosclerosis	?
Due to Hypertension	?
Other Conditions Arterio-sclerosis (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter L Burkley M. D.
Address 722 Garrison Blvd Date signed Aug 31/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95327

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95327 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 N. Mount St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 627 N. Mount St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Margrett E. Hicks

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Negro | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife William Hicks
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years 62 Yrs | Months — | Days — | If less than one day — hr. — min.

9. Birthplace Louisburg N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business —

FATHER
12. Name Henry Egerton
13. Birthplace Louisburg N. C.

MOTHER
14. Maiden Name Nancy Williams
15. Birthplace Ga.

16 (a) Informant Mattie Hicks Gantt
(b) Address 627 - N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount St.

19 (a) AUG 31 1942 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/29 1942 at 69. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/19 1942 to 8/29 1942 and that I last saw h[illegible] alive on 8/25 1942

Immediate cause of death Carcinoma Rectum — Duration 7

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature C. M. Pitts M.D.
Address 1526 W. Lanvale St. Date signed 8/31/42

Please write plainly, with unfading ink. Physicians: please write the causes of death clearly and legibly. Information required by law; correct age is especially important.

95328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a Registered No. F 95328

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MA (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 McCulloh St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Carr (Birth certificate F 5426)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/18/42

8. AGE: Years	Months	Days	If less than one day
		9	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER
12. Name Hubert Carr
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden Name Annie Bruce
15. Birthplace South Boston, Va.

16 (a) Informant Annie Carr
(b) Address 1328 McCulloh St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 29 1942
18 (a) Funeral director Commissioner of Health
(b) Address

AUG 29 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1942, at 2 35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1942 to Aug 27 1942 and that I last saw him alive on Aug 27 1942.

Immediate cause of death	Duration
Acute Gastro-Enteritis	6 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. H. Bonfoey M. D.
Address Rowland Bldg Date signed 8-27-42

correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

9375

95329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95329 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 874 Washington Blvd.
(c) Hospital or institution Doctors Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 758 Carroll St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Helen Waterworth (Birth 5-5-47)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/19/42

8. AGE: Years Months 5 Days 8 If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wilson Waterworth
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Helen Mae Sullivan
15. Birthplace Baltimore, Md.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL AUG 29 1942

18 (a) Funeral director Commissioner of Health
(b) Address
AUG 29 1942 (Signature) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/28 1942, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/19/1942 to 8/28 1942 and that I last saw h alive on 8/2/42 1942

Immediate cause of death Atelectasis Neonatorum — Duration 5 days

Due to Birth

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Gross M. D.
Address 876 Washington Blvd Date signed 8-29-42

correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

9367

F 95330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95330 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 122 W Fort Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 122 W Fort Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Warren S Dixon Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-6479

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ruth L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31 1906

8. AGE: Years	Months	Days	If less than one day
35	8	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Cooperage Virginia Barrel Co

11. Industry or business

FATHER
12. Name Warren S Dixon Sr
13. Birthplace Md

MOTHER
14. Maiden Name Clara E Willis
15. Birthplace Md

16 (a) Informant Mrs Ruth L Dixon
(b) Address 122 W Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 31 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson & Longwood Ave

18 (a) Funeral director William H Meade
(b) Address 245 Light St

19 (a) AUG 31 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1942, at 12:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 25 1941 to Aug. 28 1942; and that I last saw him alive on Aug. 27 1942.

Immediate cause of death	Duration
Exhaustion	1 Day
Due to Cerebral Hemorrhage	
Due to Mitral Regurgitation (Endef)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Pennington M. D.
Address 1644 Hanover St Date signed 8-29-42

VS 8

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

418992

F 95331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 61

F 95331 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1318 Orleans St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lucy Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-72

8. AGE: Years 69 | Months 7 | Days 28 | If less than one day hr. min.

9. Birthplace Md. (Town, County, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER 12. Name William Jones

13. Birthplace Md

MOTHER 14. Maiden Name Eliza. Barnes

15. Birthplace Md.

16 (a) Informant Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Brooklyn. Md

18 (a) Funeral director Mrs Ida Bailey

(b) Address 1421 Jefferson St Baltimore, Md

19 (a) AUG 31 1942 Hunting for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1942 at 7:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 13 1942 to Aug 29 1942 and that I last saw her alive on Aug 29 1942

Immediate cause of death Nephrosclerosis with Uremia — Duration

Due to

Due to

Other Conditions Generalized arteriosclerosis, Chronic Adenopathies with Cholelithiasis, Diabetes mellitus, Submaxillary abscess

(Include pregnancy within 3 months of death)

Date of operation 7/15/42, 8/21/42

Major findings of operation: Carbuncles

of autopsy: Chronic Adenopathies & Cholelithiasis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert C. Austrian

Address The Johns Hopkins Hosp Date signed 8/29/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 95332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9HWF 95332 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2401 Foster Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Foster Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FELIKS GLADKOWSKI

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Alexandra
6 (c) If alive, give age 50 years
7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Shoemaker
11. Industry or business Self

FATHER 12. Name Joseph Gladkowsky
13. Birthplace Poland

MOTHER 14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Alexandra Gladkowski
(b) Address 2401 Foster Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 1 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Welch
(b) Address 401 S. Chester St

19 (a) (Date rec'd by Registrar) AUG 31 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1942 at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said I, (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
Of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Wollenweber M.D. Medical Examiner.
Date signed 8-29-42

Huntington Williams M.D.

VS 6

F 95333

F 95333 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 William St.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 William St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Jefferson Preller

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Hazel Dilpish
6 (c) If alive, give age 49 years
7. Birth date of deceased (mo., day, yr.) 2/25/1890
8. AGE: Years 52 Months 6 Days 4 If less than one day hr. min.
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk in Criminal
11. Industry or business Court of Balto City

FATHER
12. Name Jno M. Preller
13. Birthplace Germany.

MOTHER
14. Maiden Name Cath Mattes
15. Birthplace Baltimore

16 (a) Informant Mrs H. Preller
(b) Address 1213 William

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/42. (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Md

18 (a) Funeral director J. J. Fahey Sons
(b) Address 218 Light St.

19 (a) (Signature of Registrar) Huntington Williams M.D. Registrar
(Date rec'd by registrar) AUG 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1942 at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1942 to Aug 30 1942, and that I last saw h alive on Aug 29 1942.

Immediate cause of death: Coronary Thrombosis.
Due to
Due to
Other Conditions: arterio-sclerosis.
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John G. Jahenach M. D.
Address 1337 S. Charles St Date signed 8/30/42

42975 F 95334 BALTIMORE CITY HEALTH DEPARTMENT F 95334
CERTIFICATE OF DEATH
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 THOMAS AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CATHERINE - CHRONISTER

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife JOHN CHRONISTER
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 7-21-86

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	1	9		

9. Birthplace PA. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ? ?

MOTHER
14. Maiden Name Unknown
15. Birthplace ? ?

16 (a) Informant RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2-1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Geo. F. Boyer Jr
(b) Address 1512 Hollins St

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar
(Date filed by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30 1942, at 7 05 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 29 1942 to Aug 30 1942 and that I last saw h-er alive on Aug 30 1942.

Immediate cause of death	Duration
Hematemesis	7 days
Due to Esophageal varices	?
Due to Cirrhosis of liver	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation Aug. 29, 1942

Major findings of operation: Cirrhosis of liver. Blood in entestines.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Longmire Jr, M. D.
Address Johns Hopkins Date signed 8/31/42

F 95335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 161 F 95335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Provident Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1610 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Williams (Birth # 55347)

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1 1940

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Franklyn Williams
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Lucille Talbott
15. Birthplace Balto. Md

16 (a) Informant Lucille Williams
(b) Address 1510 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 31, 1942 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Lew. H. Stallard
(b) Address 1631 Druid Hill Ave

19 (a) AUG 31 1942 (b) Registered by (registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 28 1942, at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1942 to Aug 28 1942 and that I last saw him alive on Aug 28 1942

Immediate cause of death Interna Hemorrhage — Duration 12 days

Due to

Due to Unknown

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address 1631 Druid Hill Ave Date signed 8-31-42

VS 8

F 95336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ qHa

F 95336 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 510 E. Barney St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 H
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 E. Barney St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Otto Wilhelm

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-8514

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rose Wilepotin
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Jan 19, 1905

8. AGE: Years	Months	Days	If less than one day
37	7	10	hr. — min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Lateaman
11. Industry or business Felsey Bro. Shoe

FATHER
12. Name Unknown
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Unknown
15. Birthplace Balto. Md

16 (a) Informant Mrs. Rose Wilhelm
(b) Address 510 E. Barney St.

17 (a) Burial (b) Date thereof 9-1-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Annapolis Blvd. Brightwood

18 (a) Funeral director Stephen J. Fiskhorn Jr.
(b) Address 1000 Brightwood Ave
Baltimore, Md.

19 (a) AUG 31 1942 (b)
(Date received by Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1942 at 4 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1942 to Aug. 29 1942 and that I last saw h[illegible] alive on Aug. 26 1942

Immediate cause of death: Coronary occlusion — 10 Min.
Due to Cardiosclerosis — 3 mos
Due to Hypertension — 3 mos
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide.
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 1000 Brightwood Ave Date signed 8-29-42

VS 3

F 95337

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH ✓61

F 95337 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5208 Gwynn Oak Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5208 Gwynn Oak Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE ELIZABETH DORSEY

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife: Charles E. Dorsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/2/1869

8. AGE: Years	Months	Days	If less than one day
72	11	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name William Givvines
13. Birthplace Md.

MOTHER
14. Maiden Name Vessie Andrews
15. Birthplace Md.

16 (a) Informant Mrs. Hobart Riddle
(b) Address 5208 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) AUG 31 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1/42 to 8/29/42
and that I last saw her alive on 8/29/42

Immediate cause of death Cerebral Hemorrhage
(1st 8/1 - 2nd 8/18 - 3rd 8/30)
Due to Arterio-sclerosis

Due to

Other Conditions Diabetes mel. Nephritis - Myocarditis
(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation:

of autopsy: none

Duration 29 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. V. Harper M.D.
Address 5201 Gwynn Oak Ave. signed 8/31/42

correct age is especially important. Physicians: please write the causes of death entirely

VS 3

F 95338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95338

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2587 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2587 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH ALER CLARK

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1857

8. AGE: Years	Months	Days	If less than one day
84	10	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name John Wheeler Clark
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Mary Aler
15. Birthplace Howard Co., Md.

16 (a) Informant Mr. Perley W. Clark
(b) Address C-1, Windsor Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/ /42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Filed AUG 31 1942 (Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1, 1934 to Aug 30 1942, and that I last saw h[illegible] alive on Aug 29 1942.

Immediate cause of death	Duration
Intestinal obstruction	
Due to Metastatic carcinoma of left breast	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation June 1941
Major findings of operation: adeno carcinoma left breast
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rosen, M. D.
Address 206 S. [illegible] W Date signed 9-3/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95339

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 N. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Francis M. Cole (Fannie Martin Cole)

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife William M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1862

8. AGE: Years	Months	Days	If less than one day
80	2	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name ~~Unknown~~ Sarah Waugh
15. Birthplace --

16 (a) Informant Miss Mary Cole
(b) Address 501 N. Milton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

(c) 1 1942 (Date rec'd by Registrar) (d) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1942, at 8:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942, to Aug 29 1942, and that I last saw h[illegible] alive on Aug 29 1942.

Immediate cause of death: Intestinal obstruction — Duration 7 days
Due to Large pelvic mass
Due to Malignancy or mass of adhesions
Other Conditions (Op'd.)
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Isaacson M. D.
Address Church Home & Infirmary Date signed 8-30-42

AUG 31 1942

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95340 F 55562 BALTIMORE CITY HEALTH DEPARTMENT 1478 F 95340

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Payson Sts.
(c) Hospital or institution:
Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 133 Oakdale Ave. Catonsville
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude M. Emrich

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-0890

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Mr. Charles Emrich
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 16, 1917

8. AGE: Years	Months	Days	If less than one day
25	3	13	20 hr. ____ min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William M. Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine J. Mahle
15. Birthplace Balto., Md.

16 (a) Informant Charles Emrich, husband
(b) Address 133 Oakdale Ave., Catonsville

17 (a) Burial (b) Date thereof 9/2/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address 1040 Cathedral St., Baltimore, Md. ~~to Williamsport, Md.~~

AUG 31 1942
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1942, at 8 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18 1942 to Aug 30 1942, and that I last saw h alive on Aug 30 1942.

Immediate cause of death	Duration
Staphylococcus Septicemia	8 days
Due to Staphylococcus Peritonitis	
Due to Post partum infection	
Other Conditions Terminal pulmonary edema (Include pregnancy within 3 months of death)	8 hrs

Date of operation 8/21/42
Major findings of operations: Caesarian Section
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Wm. J. Mroz M. D.
Address Bon Secours Hosp. Date signed 8/30/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95341 Registered No. 464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1812 N. Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1812 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES ARNOLD

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1864

8. AGE: Years	Months	Days	If less than one day
78	3	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Arnold
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara --
15. Birthplace Germany

16 (a) Informant Mr. George Arnold
(b) Address 1812 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Edmondson Ave., Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) Date received by Registrar AUG 31 1942 (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27 1942 to Aug 29 1942, and that I last saw him alive on Aug 28 1942.

Immediate cause of death: General Carcinosis (Metastasis) + Peritonitis — Duration: 5 days
Due to: Carcinoma Sigmoid (Rectal) — Duration: 1 yr.
Due to: Intestinal Obstruction
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature W. C. Houck M.D.
Address 904 Mont. Ave. Date signed Aug 31 '42

F 95342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 95342

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 Regester Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 75 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 Round Hill Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LLOYD DORSEY, SR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Mary A. Dorsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 10, 1856

8. AGE: Years	Months	Days	If less than one day
86	5	19	hr. min.

9. Birthplace St. Louis, Mo.
(Town, county, and state)
10. Usual Occupation Grain Inspector-retired 9 yrs
11. Industry or business Balto. Chamber of Commerce

FATHER
12. Name Dr. Alexander W. Dorsey
13. Birthplace Urbanna, Md.

MOTHER
14. Maiden Name Mary R. Webster
15. Birthplace Carroll Co. Md.

16 (a) Informant Mr. Frank Dorsey
(b) Address 1215 Round Hill Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/1/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

AUG 31 1942 (Date rec'd by Registrar)

(b) Kenneth Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29, 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1, 1942 to Aug 29 1942, and that I last saw him alive on Aug 29 1942.

Immediate cause of death Bronchopneumonia — Duration

Due to Fracture of R femur (neck of femur) — July 31 (1 mo)

Due to

Other Conditions Senility.

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 7-2
(b) Date of occurrence 7/31/42 at Noon M
(c) Where did injury occur? 1215 Round Hill Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell to floor

23. Signature Lloyd E. Saylor M. D.
Address 3902 Greenspring Ave. Date signed Aug 31,

Howard L. Madeira, M.D. per DMW.

VS 3

F 95343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1316 F 95343

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 N. Streeper St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Svehla

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-8915

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary E. Svehla
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/23/91

8. AGE: Years	Months	Days	If less than one day
51	0	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Butcher
11. Industry or business Goetzs

FATHER
12. Name Vincent Svehla
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant wife
(b) Address 907 N. Streeper Street.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 (a) AUG 31 1942 (Date Rec'd by registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1942, at 10:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 24 1942, to Aug. 30 1942 and that I last saw h[illegible] alive on Aug. 30 1942.

Immediate cause of death	Duration
Uremia	
Due to Chronic Nephritis	
Due to	
Other Conditions Extensive cellulitis of left hand	

(Include pregnancy within 3 months of death)
Date of operation Aug. 25 1942
Major findings of operation: Extensive infection of left hand
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Manganaro M. D.
Address 1213 Light Street Date signed 8-31-42

VS 3

correct age is especially important. Physicians: please write the cause of death plainly.

95344

421135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95344

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Anne Arundel

(c) City or town Pasadena (If outside city or town limits, write RURAL and give town)

(d) Street No. Water Oak Pt. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Cranston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			3½ hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name William CRANSTON

13. Birthplace ?

MOTHER

14. Maiden Name DELLA ?

15. Birthplace ?

16 (a) Informant

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL AUG 31 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 AUG 31 1942 Huntington Williams, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23 1942 at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23 1942 to Aug 23 1942 and that I last saw her alive on Aug. 23 1942.

Immediate cause of death	Duration
Cardiac [illegible] failure	
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frank W. Kibbe M. D.

Address Johns Hopkins Hosp. Date signed 8/24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 3

9382

F 95345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95345

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1148 N. Stricker Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John William Machel (Bath. F 55587)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 19, 1942

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William Machel
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Bryant
15. Birthplace Maryland

16 (a) Informant records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL AUG 31 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 AUG 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 19 42, at 7:12 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 19 19 42, to August 22 19 42, and that I last saw him alive on August 22 19 42.

Immediate cause of death ~~Cerebral hemorrhage~~ Hemorrhagic Disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Williams M. D.
Address Johns Hopkins Hospital Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

9383

F 95346

F 95346

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1866

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1315 Brestman St
(c) Hospital or institution: Provident Hospital of Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 Brestman St
(If rural give location)
(e) If foreign born, how long in U. S. A.? 58 years

3 (a) FULL NAME Judge Jerome Reynolds

3 (b) If veteran, name war — 3 (c) Social Security Account No. 213-14-4961

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	colored	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1884

8. AGE: Years	Months	Days	If less than one day
57 68	10	29	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Richard Reynolds
13. Birthplace Northumberland Co Va.

MOTHER
14. Maiden Name Elizabeth Carter
15. Birthplace Northumberland Co. Va.

16 (a) Informant Elizabeth Reynolds
(b) Address 1316 Brestman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/42 (month) (day) (year)
(c) Cemetery or crematory Va.
Location Northumberland Co

18 (a) Funeral director Leg. B. Nelson
(b) Address 130 Presstman St.

19 (a) AUG 31 1942 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1942 to Aug 28 1942. and that I last saw him alive on Aug 26 1942.

Immediate cause of death Interstitial nephritis — Duration 2 years

Due to Fracture of leg in Feb. 1942.

Due to cystitis

Other Conditions Cardiac Nephritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N-1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 4, 1942
(c) Where did injury occur? 1315 Brestman St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No.
(e) Means of injury Fell down steps

23. Signature Lorenzo B. Taliaferro M. D.
Address 426 N. Greene St Date signed 8-29-42

Hunting for Wilmer M.D.
Howard L. Malden, M.D. per Dora.

VS 3

95347
4/9501

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

114d F 95347 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 1/2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County WICOMICO Co.
(c) City or town JESTERVILLE (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME CLARENCE GEORGE CONWAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	BLACK	MARRIED

6 (b) Name of husband or wife PAULINE
6 (c) If alive, give age 9 years

7. Birth date of deceased (mo., day, yr.) 5-21-17

8. AGE: Years	Months	Days	If less than one day
25	3	9	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation Oysterman
11. Industry or business Dredging oysters

FATHER
12. Name EBENEZER - CONWAY
13. Birthplace MD

MOTHER
14. Maiden Name ADA - JONES
15. Birthplace MD

16 (a) Informant RECORDS
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 2 1942 (month) (day) (year)
(c) Cemetery or crematory Jesterville Md
Location Jesterville Col. Church

18 (a) Funeral director Mrs Ella Messick Lowe
(b) Address Quantico Md

AUG 31 1942 (Date received by Registrar) (b) Huntington Williamsport Md

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-30 1942, at 4:41 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22-1942, to 8-30-1942 and that I last saw him alive on 8-30-1942.

Immediate cause of death Multiple lung abscess, right — Duration

Due to Post pneumonic 40 days

Due to

Other Conditions Spinal cold, kidney, & spleen abscess

(Include pregnancy within 3 months of death)

Date of operation 8-23-42

Major findings of operation: Lung abscess Right lower lobe

of autopsy: Confirmatory

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. C. Clay
Address Johns Hopkins Hosp Date signed 8-31-42

F 95348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95348 Registered No.

F 95348

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1832 Linden Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1832 Linden Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George C. Baur

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ida Bromley
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 19, 1882

8. AGE: Years	Months	Days	If less than one day
60	1	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Grocer --- retired
11. Industry or business

FATHER
12. Name John Baur
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara ?
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Ida J. Baur
(b) Address 1832 Linden Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/42 (month) (day) (year)
(c) Cemetery ~~Cemetery~~ Loudon Park
Location 3801 Frederick Ave., Balto.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

AUG 31 1942 (Date rec'd by registrar)

19 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1942, at 4. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942 to Aug 29 1942 and that I last saw him alive on 19

Immediate cause of death	Duration
Cardiac Arthma	24a
Due to Cardiogenic Bladder Infection.	2yrs.
Due to Arteriosclerosis and Emphysema.	6mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. M. Fowler M.D.
Address 806 N. Fulton Ave. Date signed

VS 8

F 95349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95349 89B Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 33 das

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 347 Rosebank Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Margaret Jennings
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Mar. 30, 1869

8. AGE: Years	Months	Days	If less than one day
73	5	1	hr. min.

9. Birthplace Baltimore County, Md.
(Town, county, and state)
10. Usual Occupation Real estate broker
11. Industry or business

FATHER
12. Name John P. Clark
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Buckley
15. Birthplace Md.

16 (a) Informant Mrs. Margaret J. Clark
(b) Address 347 Rosebank Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/31/42 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Texas, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) AUG 31 1942 (Date rec'd by registrar) (b) Registered by Wm.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1942, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 29 1942, to Aug 31 1942, and that I last saw him alive on Aug 31 1942

Immediate cause of death

Obstructive Jaundice
Due to Lymphosarcoma of Pelvis
Due to

Other Conditions Mastoiditis with radical Mastoidectomy
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. I. Beverly Jr. M. D.
Address University Hospital Signed 8-31-42

Correct age is especially important. Physicians, please write the causes of death clearly and legibly.

F 95350

AB-76388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170 F 95350 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3514 Elm Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carroll Clem Young

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-7397

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. ~~Single~~ Married

6 (b) Name of husband or wife Nora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 13-1883

8. AGE: Years 59 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Ga.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Frederick Rudolph Young
13. Birthplace Ga.

MOTHER
14. Maiden Name Clara Clemm
15. Birthplace Ga.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Md.

18 (a) Funeral director Joyce & Bugee
(b) Address 3631 Falls Road

AUG 31 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-29 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-28 1942 to 8-29 1942, and that I last saw him alive on 8-29 1942.

Immediate cause of death Coronary occlusion

Duration 7

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Confirm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balt. City Hosp Date signed 8-30-42

VS 3

95351

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

F 95351

Reg. Dist. No. .....

PLACE OF DEATH:

City Baltimore

or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 years

Hospital, institution, or street address where death occurred: 128 W. Lanvale

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Baltimore

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 128 W. Lanvale

(If rural, give LOCATION)

2.(a) If veteran, name war .....

1. (a) FULL NAME Lucy Hager

3. (b) Social Security Number .....

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W	widowed

(b) Name of husband or wife Thomas P. Hager

6.(c) If alive, give age ..... years

Birth date of deceased (mo., day, yr.) Jan 19 1861

AGE: Years	Months	Days	If less than one day: hrs.	min.
81	7	12		

Birthplace Cumberland Allegheny Md.
(Town, county, and state)

Usual occupation Housewife

Industry or business own home

12. Name Unknown

13. Birthplace Germany

14. Maiden name Unknown

15. Birthplace Germany

Informant Mrs John Hetson

Address 128 W Lanvale Baltimore Md.

Burial (Burial, cremation, or removal. Which?) Date thereof Sept 3 1942 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

Funeral director Scott J Minnick & Son

Address Hagerstown Md

SEP 1 - 1942 Huntington Williams, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1942, at 9 00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8/31 1942 to 8/31 1942 and that I last saw h. alive on 8/31 1942

Immediate cause of death	DURATION
Arteriosclerotic Heart Disease	2 yrs.
Due to	
Due to	
Other conditions Senility.	

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE William H. Kaumeyer M. D. or

Address 906 E. 37th St. Date signed 9/1/42

95352
AB-75578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

Registered No. F 95352

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month-6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 N. Washington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry E. Rothenberg 218-07-2263

3 (b) If veteran, name war NV

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14-1879

8. AGE: Years	Months	Days	If less than one day
63	5	16	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name John Rothenberg
13. Birthplace Md.

MOTHER
14. Maiden Name Martha Kessler
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9/2/42 (month) (day) (year)
(c) Cemetery or crematory Rahmond
Location Baltimore Md

18 (a) Funeral director Mellor & Dove
(b) Address 1217 E. Pratt St

19 (a) SEP 1 - 1942 (b) Huntington Williams N.Y.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-30 1942, at 4 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1942 to 8-30 1942, and that I last saw him alive on 8-30 1942.

Immediate cause of death Cardiac failure — Duration ?

Due to Hypertension & Arteriosclerosis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. A. Crutchfield M. D.
Address Balto. City Hosp. Date signed 8-31-42

Correct age is especially important. If approximate, write "about" before the number. If under one year, write months.

95353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. E 95353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2528 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 Guilford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Margaret Polk.

3 (b) If veteran, name war — W

3 (c) Social Security Account No. — None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Benjamin D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4-1885

8. AGE: Years	Months	Days	If less than one day
57	7	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Steinhamp
13. Birthplace Baltimore

MOTHER
14. Maiden Name Eleana Kaiser
15. Birthplace Baltimore

16 (a) Informant Mary L. Polk.
(b) Address 2528 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1, 42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Edmondson Ave

18 (a) Funeral director Wm. Cook Inc
(b) Address 207 St Paul Street

19 (a) SEP 1 1942 (b) [illegible] Registrar
(Date received by Registrar) Washington Hill, MD.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29. 1942, at 11 59 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1. 1939, to Aug. 29, 1942, and that I last saw her alive on Aug. 27, 1942.

Immediate cause of death: Chronic Myocarditis. — Duration: 3 years
Myocardial Failure — "
Due to — "
Due to — "
Other Conditions — "

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank M. Ogden. M. D.
Address 2701 N. Calvert St. Date signed Aug. 30, 42

95354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 46 L

F 95354 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2219 E Preston St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nena Blanche Garner

3 (b) If veteran, name war — W
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife Griffin T.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 1885

8. AGE: Years	Months	Days	If less than one day
57	12	17	hr. min.

9. Birthplace West Maryland Co. Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles R Edwards
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia A. Douglas
15. Birthplace Va.

16 (a) Informant Griffin T. Garner
(b) Address 2219 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1 42 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Balto.

18 (a) Funeral director Wm Cook Jr.
(b) Address 1217 St Paul St.

19 (a) SEP 1 – 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1942 at 1 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3, 1942 to Aug 29 1942 and that I last saw her alive on Aug 29 1942.

Immediate cause of death Pulmonary edema

Due to Carcinoma of Sigmoid

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Dec, 1940

Major findings of operation: Carcinoma of sigmoid

of autopsy:

Duration
1 hr.
2 yrs.?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lloyd E. Gaylor M. D.
Address 3902 Clermont Ave Date signed Aug 30

VS 3

F 95355 Leola Florence Jones F 95355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9440

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Fullerton. (If outside city or town limits, write RURAL and give town)
(d) Street No. West Joppa Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Leola Florence Jones.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Thomas C. Jones

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1881

8. AGE: Years	Months	Days	If less than one day
61	4.	21	hr. min.

9. Birthplace Michigan (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Edwin Haynes.

13. Birthplace

MOTHER 14. Maiden Name Caroline. Grigg

15. Birthplace

16 (a) Informant Jim Clifton Jones.
(b) Address Fullerton. Baltimore Co. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-42 (month) (day) (year)

(c) Cemetery or crematory Moreland
Location

18 (a) Funeral director Leonard J. Rush
(b) Address 5304 Harford Rd

19 (a) SEP 1 - 1942 (Rec'd by registrar) Huntington Williamsburg

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1942, at 3:05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 13 1942 to Aug 30 1942 and that I last saw h[illegible] alive on Aug 29 1942.

Immediate cause of death Coronary Occlusion Duration 16 days

Due to Arteriosclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John L. C[illegible] M. D.
Address Union Memorial Hosp Date signed 9-30-42

VS 8

95356

MARYLAND STATE DEPARTMENT OF HEALTH
Baltimore St., Baltimore City

CERTIFICATE OF DEATH

F 95356

Reg. Dist. No.

PLACE OF DEATH:

City or town: Baltimore (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 501 N Glover st

If in hospital or inst. (yrs., or mos., or days)

If in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Balto

City or town: Dundalk, Md. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 15 Waterview Ave (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

1. (a) FULL NAME: Caroline B. Cook

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	IN	Married

(b) Name of husband or wife: John Cook (c) If alive, give age: years

Birth date of deceased (mo., day, yr.): 5-12-1891

AGE: Years	Months	Days	If less than one day
51			hrs. min.

Birthplace: Baltimore (Town, county, and state)

Usual occupation: at Home

Industry or business:

12. Name: Fred B Nuckor

13. Birthplace: Germany

14. Maiden name: Matilda Hoehl

15. Birthplace: Germany

Informant: John Cook

Address: 501 Glover st.

Burial (Burial, cremation, or removal. Which?) Date thereof: 9-2-42 (month) (day) (year)

Cemetery or crematory: Holy Redeemer

Location:

Funeral director: Leonard J. Rusk

Address: 5305 Harford Road

SEP 1 - 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 30 1942 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1942 to Aug 30 1942 and that I last saw her alive on Aug 29th 1942.

Immediate cause of death: Metastatic Carcinoma of liver & lungs & bones — DURATION: 5 mo

Due to: Carcinoma of Breast — 18 mo

Due to:

Other conditions: none

(Include pregnancy within 3 months of death)

Major findings: Of operations: Carcinoma of Breast

Of autopsy:

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Dawson L. Parker M. D.

Address: Garrison Point, Md. Date signed: 8/30/42

Entering for Williams, M.D. Registrar

F 95357

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45b

F 95357 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4m08da
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 E. Baltimore Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES H. GREEN

3 (b) If veteran, name war

3 (c) Social Security Account No. 217 18 2729

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Tennie Jarvis
6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1872

8. AGE: Years	Months	Days	If less than one day
69	10	1	hr. min.

9. Birthplace Somerset County, Maryland (Town, county, and state)
10. Usual Occupation Captain
11. Industry or business

FATHER
12. Name John Green
13. Birthplace Somerset County, Maryland

MOTHER
14. Maiden Name Sarah Parks
15. Birthplace Somerset County, Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1. 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director A. R. Slade
(b) Address 4907 York Rd

19 (a) SEP 1 1942 (Date received by Registrar) Registrar
Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29, 1942, at 5:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 22, 1942 to Aug. 29, 1942 and that I last saw him alive on Aug. 29, 1942.

Immediate cause of death	Duration
Hemorrhage from base of tongue	Terminal
Due to Carcinoma of the base of the tongue with ulceration and	5 mo.
Due to necrosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 7/29/42
Major findings of operation: Implantation of stilbestrol pellets
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. B. Anderson, M. D.
Address US Marine Hospital, Baltimore, Maryland Date signed 8/31/42

Correct age is especially important. Physicians: please write the cause of death clearly and fully.

F 95358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1930

F 95358 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6519 Sefton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 6519 Sefton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine J. Burns

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	No	Female	White	Widowed

6 (b) Name of husband or wife James F. Burns 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
72	7	20		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Home Worker
11. Industry or business Home

FATHER
12. Name William Connaughton
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Brannon
15. Birthplace Ireland

16 (a) Informant James F. Slaughter
(b) Address 1214 Bonaparte Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 '42 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral Cem.
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edmund W. Coughlin & Son
(b) Address 924 E. Eager St.

19 (a) SEP 1 19[illegible] Registrar Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30th 1942 at 8 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/30 1942 to 8/30 1942 and that I last saw h— alive on —— 19—.

Immediate cause of death — Duration

Acute pulmonary edema

Due to Cart. cardio vascular ?

Due to Uremia

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold A. Guth M. D.
Address 8100 Harford Rd Date signed 8/31/42

Henry L. Wollenweber, M.D. per Dmw.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

95359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1572 F 95359 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and fully

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 430 N. Patterson Pk. Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 N. Patterson Pk. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country (Balto F 56270)

3 (a) FULL NAME Infant of Maurice Eugene & Mary D. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31-42

8. AGE: Years | Months | Days | If less than one day: 12 hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Maurice Eugene Jones
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Mary D. Williams
15. Birthplace Balto. Md.

16 (a) Informant Maurice Eugene Jones
(b) Address 430 N. Patterson Pk. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem
Location Frederick Rd.

18 (a) Funeral director John G. Miller
(b) Address 2334 Jefferson St.

19 SEP 1 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 19 42 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 42 to Aug 31 19 42
and that I last saw h alive on 19

Immediate cause of death
Congen Malformation of Trachea
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J. Grauer M.D.
Address 807 Kenwood Ave Date signed 9/2/42

VS 3

F 95360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95360

Registered No. 1958

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp. 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County York
(c) City or town York
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Shetrone

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 1, 42 (month) (day) (year)
(c) Cemetery or crematory
Location York, Pa.

18 (a) Funeral director Wm J. Entrekin
(b) Address Bethesda & Dickens Sts

19 (a) SEP 2 1942 (Filed by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1942 at 11 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Asphyxiation due gas, escaped, other

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4-2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 31 1942 at 11 30 A M
(c) Where did injury occur? University Hosp.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? In hospital While at work? No
(Specify type of place)
(e) Means of injury Died under anesthesia.

23. Signature Robert Lee Eastman M.D.
Medical Examiner.
Date signed Aug. 31 1942

F 95361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 168

F 95361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 532 N. Vincent Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMMA BOOKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: Col

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5, 1898

8. AGE: Years 44 | Months 1 | Days 7 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Fred. Parks
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Dyles
15. Birthplace Md.

16 (a) Informant Frederick A. Booker, Jr.
(b) Address 715 N. Carey Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location Balto. Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) SEP 4 1942 (Date received by Registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1942 at 8 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration
Due to Contusion of head
Due to
Other Conditions Acute alcoholism
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Accident, probably
(b) Date of occurrence 8-30-42 at M
(c) Where did injury occur? 532 N. Vincent Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury Falling
(f) Signature T. J. Williams M.D. Medical Examiner.
Date signed 8-31-42

F 95362

BALTIMORE CITY HEALTH DEPARTMENT

F 95362 CERTIFICATE OF DEATH 9268 Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1301 N. Fremont Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2630 Boone St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME JANNIE STOVALL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 24-1922

8. AGE: Years	Months	Days	If less than one day
20	3	3+	..... hr. ..... min.

9. Birthplace Ga
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Stovall
13. Birthplace Ga

MOTHER
14. Maiden Name Ettie Jones
15. Birthplace Ga

16 (a) Informant James Stovall
(b) Address 2630 Boone St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt Lebanon
Location Mt Lebanon

18 (a) Funeral director Joyner Sanders
(b) Address 1412 E Preston St

SEP 1 - 1942 (Date rec'd by registrar) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 1942 at 1 15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cardiac disease valvular & mitral	
Due to incompetency	
Due to Kyphosis & Spine	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature J. A. J. Wallenmeyer M.D.
Medical Examiner.
Date signed 8-29-42

F 95363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 95363 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland found in harbor
(b) Street address near 2312 Boston St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1616 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-5399

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Gibbs Canning Co.

FATHER
12. Name ?
13. Birthplace Md.

MOTHER
14. Maiden Name Francis ?
15. Birthplace Md.

16 (a) Informant Wm. Diggs
(b) Address 7 N. Poppleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location G. A. Co. Md.

18 (a) Funeral director Jefferson A. Jackson
(b) Address 916 Penna Ave.

19 (a) SEP 1 - 1942 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29 1942 at 8 20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning accidental — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence 8/29/42 at 1-4 P.M.
(c) Where did injury occur? Harbor in front of 2312 Boston St. Gibbs Canning (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor While at work? yes (Specify type of place)
(e) Means of injury Drowned.

23. Signature H. L. Wallenmeyer M.D. Asst. Medical Examiner.
Date signed 8-29-42

VS 6

correct age is especially important and should be obtained in every case. Regulations require...

F 95364

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1330

F 95364 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3570 Hilton Road
(c) ~~Hospital or~~ institution: Catharine Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 335 E. 22nd St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Martha E. Harris

3 (b) If veteran, name ✓ | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Harris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7-1882

8. AGE: Years	Months	Days	If less than one day
60	3	23	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business ✓

FATHER
12. Name ✓
13. Birthplace ✓

MOTHER
14. Maiden Name ✓
15. Birthplace ✓

16 (a) Informant Helen Shreve
(b) Address 3570 Hilton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Md

18 (a) Funeral director Walter Brooks Bradley 2nd
(b) Address 1922 N. Gay St.

19 (a) (Filed by request) SEP 1 1942 (b) Registrar for Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1942, at 12 30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to August 1942 and that I last saw her alive on August 29 1942.

Immediate cause of death Enterocolitis.
Due to Pyelonephritis Arteriosclerosis Senile
Due to Chronic hypertension Arteriosclerosis 1 year
Due to Diabetes Ulcers.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
1 Month

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John P. Hagenbuch Jr. M. D.
Address 1207 Eutaw Place Date signed Aug 31 1942

PLEASE WRITE CLEARLY. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

F 95365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95365

Registered No.

PLEASE WRITE CLEARLY and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 906 S. Kenwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 S. Kenwood Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME ALVINA HERMINA JOHNSON

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John Wm. Johnson
6 (c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): May.3.1904

8. AGE: Years: 38 | Months: 3 | Days: 26 | If less than one day: hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Bernard Berends
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Annie Quinn - deceased
15. Birthplace: Baltimore

16 (a) Informant: John Wm. Johnson (Husband)
(b) Address: 906 S. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 1. 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Carmel Cem.
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS, INC.
(b) Address: North Ave. & Broadway.

19 (a) SEP 1 - 19[illegible] (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 29. 1942 at 10.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 26 1942 to Aug. 29 1942 and that I last saw h[illegible] alive on Aug. 29 1942.

Immediate cause of death: Coronary occlusion — Duration: 1½ hrs.
Due to: Pelvic blood clot
Due to: Operation Panhysterectomy
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: Aug. 1, 1942
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature: John J. Krage M. D.
Address: 267 S Eastern Date signed: [illegible]

VS 3

F 95366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42a

F 95366 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Emergency Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5 W. Ostend St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam H Kromm

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-05-7328

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 1883

8. AGE: Years	Months	Days	If less than one day
59	6 m	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Harness Business
11. Industry or business

FATHER
12. Name Theo. Kromm
13. Birthplace Germany

MOTHER
14. Maiden Name Katharine Rhamann
15. Birthplace Germany

16 (a) Informant Mrs Rose E Kromm
(b) Address 5 W Ostend St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Fredericks Ave

18 (a) Funeral director William M Maresh
(b) Address 715 E Ligh St

19 (a) SEP 1 - 1942 (Date rec'd by registrar) Lexington Millard, Reg.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1942, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1942, to Aug 31 1942, and that I last saw ~~him~~ alive on Aug 31 1942. 19

Immediate cause of death Angina Pectoris (Coronary occlusion) 4 Yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mary B Kottmeyer M. D.
Address 703 Light Date signed

W. A. Wollenweber, M.D. Pla Sept.

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

F 95367 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1632 Ashland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 Ashland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Knight

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-5999

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
49				

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name ?
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace Md

16 (a) Informant Anna Knight
(b) Address 1610 E. Biddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director Mrs. Rob't. Elliott Daughter
(b) Address 1600 N. Caroline St.

19 (a) SEP 1 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1942, at 12 noon

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or inquiry) (Autopsy or inquiry)

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gratton M.D.
Medical Examiner.
Date signed Aug. 31 1942

95368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860 F 95368 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Cherry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME STEVE WIECZOREK (WIECZOREK)

3 (b) If veteran, name war: 1st World War
3 (c) Social Security Account No. 219-07-4847

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4, 1899
8. AGE: Years 43 | Months 6 | Days 27 | If less than one day hr. min.
9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business

FATHER
12. Name Henry Wieczoret
13. Birthplace Poland

MOTHER
14. Maiden Name Victoria Baranowska
15. Birthplace Poland

16 (a) Informant Jadwiga Wieczorek
(b) Address 1525 Cherry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-3-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St. East.

18 (a) Funeral director W. S. Fialkowski
(b) Address 2007 Eastern Ave

19 (a) (Date rec'd by City Reg.) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1942 at 7 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquest) thereon and from the evidence obtained by said (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia lobular
Due to: Fracture of right tibia
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operations:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-28-42 at 2.5 M
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury fell down the steps

23. Signature T. J. Wallenweber M.D. Medical Examiner.
Date signed 8-31-42

VS 6

F 95369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 95369 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital b
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-8
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2803 Jefferson st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Genevieve S. Fink (GENEVIEVE S. LINK)

3 (b) If veteran, name war NO —

3 (c) Social Security Account No. NONE —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Alexander J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1883

8. AGE: Years	Months	Days	If less than one day
58	10	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Kelly
13. Birthplace Penna.

MOTHER
14. Maiden Name Anna M. Pfeifer
15. Birthplace Baltimore

16 (a) Informant Alexander J. Fink
(b) Address 2803 Jefferson st

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 2/42 (month) (day) (year)
(c) Cemetery or crematory MORELAND PARK CEM
Location TAYLOR AVE.

18 (a) Funeral director Lilly & Zadeck
(b) Address 403 S. WOLFE ST.

19 (a) SEP 1 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-29- 1942, at 11:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Fractured skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-29-42 at — P M
(c) Where did injury occur? 2803 Jefferson st (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Fell down cellar stairway

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 8-30-42

VS 6

F 95370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160C F 95370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2202 E. PRATT ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2202 E. PRATT ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BABY HARTLOVE (Birth F-56774)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 31 1942

8. AGE: Years | Months | Days | If less than one day: 14 hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name LESLIE HARTLOVE
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name FRANCES THORPE
15. Birthplace BALTO. MD.

16 (a) Informant LESLIE HARTLOVE (FATHER)
(b) Address 2202 E. PRATT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 1/42 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location ODONNELL ST.

18 (a) Funeral director Tully & Earlestown
(b) Address 1031 [illegible] NOLFE ST.

19 (a) SEP 1 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 1 1942 at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 1942 to Sept 1 1942 and that I last saw h[illegible] alive on Sept 1 1942

Immediate cause of death
Cerebral Hemorrhage
Intracranial Hemorrhage
Due to Malposition in utero
Due to

Duration (Interval between onset and death) (Letting)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
Signature Isaac J. Douglas M.D.
Address 1005 E. Pratt St. Date signed 9/1/42

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95371

CERTIFICATE OF DEATH

1486

F 95371

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 923 Fremont St. Ward) 13

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Watkins

If U.S. Veteran specify WAR

(a) Residence: No. 923 Fremont St. Ward. 16

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race Col.

5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/12/1894

7. AGE: Years 48 | Months 5 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Joel Lee

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Bessie Watkins

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Julia Owens

(Address) 19-15 Winchester St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 9/2 19 42

19. UNDERTAKER Geo. G. Kleban

(Address) 1303 Presstman St

20. FILED SEP 4 - 1942 Huntington Hill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Aug 30. 1942

22. I HEREBY CERTIFY, That I attended deceased from July 16 1942 to Aug 30 1942

I last saw h alive on Aug 29 1942 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer uterus	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Frank E. Hagner

(Address) 3027 Calvert

OCCUPATION is very important. See instructions on back of certificate.

#21453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 54 B

Registered No. F 95372

F 95372

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Clarksburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Stanley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Annette Stathers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-22-28

8. AGE: Years 14 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace W. Va Clarksburg (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Birk L. Stathers
13. Birthplace W. Va

MOTHER
14. Maiden Name [illegible] Richards
15. Birthplace Pa

16 (a) Informant Mr. F. R. Stathers
(b) Address Philadelphia Pa

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 1, 1942 (month) (day) (year)
(c) ~~Cemetery or crematory~~ Clarksburg W. Va
Location West Virginia

18 (a) Funeral director Wm. J. Tuckers Son
(b) Address North St Parkersburg W. Va

19 (a) Sept 1 1942 (Date rec'd by registrar) (b) Huntington W. Va

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1942 at 5:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1942 to Aug 31 1942 and that I last saw h alive on Aug 31 1942

Immediate cause of death: Brain Tumor - cerebellum & malignant — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Tumor

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Q. Ofenloch M. D.
Address [illegible] Date signed 9/1/42

correct age is apparently [illegible]

VS 3

JL - 76326

95373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95373 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 Argyle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Belle Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Separated

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1896

8. AGE: Years	Months	Days	If less than one day
46	2	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name William Hall
13. Birthplace ?

MOTHER
14. Maiden Name Rosie Proctor
15. Birthplace ?

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-42 (month) (day) (year)
(c) Cemetery or crematory St. Thomas
Location Baltimore Md.

18 (a) Funeral director Hyman A. Jackson
(b) Address 916 Penna. Ave.,

19 (a) SEP 1 1942 (Date rec'd by registrar) (b) Hunter Co. Robertson, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-27 1942, at 7:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-25 1942 to 8-27 1942, and that I last saw h[illegible] alive on 8-27 1942.

Immediate cause of death	Duration
Cardiac failure	1 month
Due to Hypertension C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Rathbun M. D.
Address Balto. City Hosp Date signed 8-27-42

correct age is especially important. If unknown, please write the words "unknown" or "about" clearly and legibly.

F 95374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117 F 95374

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Dr. & 31st St.
(c) Hospital or institution:
U.S. Marine Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6314 Hudson St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
~~If yes, what country~~ World War Veteran

3 (a) FULL NAME EDWARD BIEMILLER

3 (b) If veteran, name war: World War
3 (c) Social Security Account No. 213-07-7176

4. Sex: M.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Beulah Biemiller
6 (c) If alive, give age 46 years
7. Birth date of deceased (mo., day, yr.) Aug. 18-1895
8. AGE: Years 49 | Months 0 | Days 12 | If less than one day: hr. min.
9. Birthplace Baltimore Co. (Town, county, and state)
10. Usual Occupation Bethlehem Steel Worker
11. Industry or business Sparrows Pt.

FATHER
12. Name John Biemiller
13. Birthplace Baltimore

MOTHER
14. Maiden Name Caroline Coppersmith
15. Birthplace Balto

16 (a) Informant Beulah Biemiller
(b) Address 6314 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2-42 (month) (day) (year)
(c) Cemetery or crematory Balto Natl.
Location Frederick Ave.

18 (a) Funeral director John J. Connolly
(b) Address 418 Eastern Ave. Balto

19 (a) [illegible] (Date received by registrar) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1942, at 8:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1942 to Aug 30 1942 and that I last saw him alive on Aug 29 1942

Immediate cause of death Acute dilatation of the heart. Congestion of lungs — Duration 3 days
Due to operation (gastric resection) Aug 27, 1942 — 3 days
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Aug 27, 1942
Major findings of operation: Duodenal ulcer
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Willys M. Monroe
Address U.S. Marine Hosp. Date signed 8-30-42

VS 3

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95375 Registered No.

correct age is especially important. Physicians, please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 940 Sharp St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Gross 76319

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	widowed

6 (b) Name of husband or wife Stella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1893

8. AGE: Years	Months	Days	If less than one day
49	0	17	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Edward Gross
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Harden
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co. Md.

18 (a) Funeral director Josiah L Brewston
(b) Address 108 W Montgomery St

SEP 1 - 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 1942, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 25 1942 to Aug. 27 1942, and that I last saw him alive on Aug. 27 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A L Hart
Address Balto City Hosp Date signed 8/28/42

F 95376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95376 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 640 Greenwillow St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 640 Greenwillow St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Monford

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Albert Monford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1864

8. AGE: Years	Months	Days	If less than one day
78	2		hr. min.

9. Birthplace Charles City Co. Va (Town, county, and state)
10. Usual Occupation Md Wife
11. Industry or business

MOTHER / FATHER
12. Name ?
13. Birthplace ?
14. Maiden Name Mary Hornsby
15. Birthplace Va

16 (a) Informant Mary Wiggins
(b) Address 640 E Greenwillow St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 1 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 222 N. Schroeder St

19 (a) SEP 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1942 at 8 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1942 to Aug 29 1942 and that I last saw her alive on Aug 29 1942.

	Duration
Immediate cause of death Myocarditis	
Due to Arteriosclerosis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN - Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams by
Address 1544 Druid Hill Ave Date signed 9/1/42 M.D.

VS 3

correct age is especially important. If unknown, please write the causes of death clearly and legibly.

F 95377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95377

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Fremont Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Griffin

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1886

8. AGE: Years	Months	Days	If less than one day
56	6	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER — 12. Name	Eddie Bowser
FATHER — 13. Birthplace	Md.
MOTHER — 14. Maiden Name	Barry Johnson
MOTHER — 15. Birthplace	Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3221 N. Schroeder St.

19 (a) (Date) (Registrar) Huntington Williams M.D. Registrar

SEP 1 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 29 19 42, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 29 19 42 to Aug. 29 19 42, and that I last saw h alive on Aug. 29 19 42

Immediate cause of death Pulmonary tuberculosis — Duration: 8 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Tuberculous empyema

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Scott Harman
Address Balto. City Hosp. Date signed 8/31/42

95378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 95378
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 S. Poppleton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 406 S. Poppleton
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas L. Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	S.

6 (b) ~~Name of husband or~~ wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30 1942.

8. AGE: Years	Months	Days	If less than one day
—	7	1	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles B. Smith
13. Birthplace Balto.

MOTHER
14. Maiden Name Katherine Vogelsang
15. Birthplace Balto.

16 (a) Informant Wife. C. B. Smith
(b) Address 406 S.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Highway

18 (a) Funeral director J. J. McCauley
(b) Address 130 E. Fort Ave.

19 (a) SEP 1 - 1942 (Date rec'd by registrar) (b) Huntingtown Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/31 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1942 to Aug 31 1942, and that I last saw him alive on Aug 30 1942.

Immediate cause of death Acute Gastro enteritis — Duration 5 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Burkett M.D.
Address 1079 Hilliard St Date signed 9/1/42

VS 3

F 95379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95379 Registered No. 524

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2826 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2826 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Stauffer

3 (b) If veteran, name war: N
3 (c) Social Security Account No. 10 46

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband ~~or wife~~: Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28 1873
8. AGE: Years 69 | Months 4 | Days 2 | If less than one day: hr. min.
9. Birthplace Queens Anne Co Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas H. Wrightson
13. Birthplace Maryland

MOTHER
14. Maiden Name Susie E. Stevens
15. Birthplace Maryland

16 (a) Informant Herbert Stauffer
(b) Address 2826 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director William Cook Inc
(b) Address [illegible] St Paul Street

19 (a) SEP 1 - 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1941 to Aug 30 1942 and that I last saw h[illegible] alive on 8/24 1942

Immediate cause of death: Carcinoma of Bladder — Duration: 2 yrs
Due to: Metastasis to Stomach & Rectum
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Cystotomy
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas H Carlson M. D.
Address 2015 W Balto St Date signed

VS 2

correct age is especially important. Physicians, please write

F 95380

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95380

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 630 South Eaton
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 630 South Eaton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah J. Eppler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: McKeam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 11 1852

8. AGE: Years 90 | Months 7 | Days 21 | If less than one day 20 hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Dumphrey
13. Birthplace Maryland

MOTHER
14. Maiden Name Jane Taylor
15. Birthplace Maryland

16 (a) Informant Jennie Samstag
(b) Address 3805 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3 42 (month) (day) (year)
(c) Cemetery or crematory Carlawn
Location Eastern Ave Extended

18 (a) Funeral director William Brook Inc
(b) Address 817 St Paul Street

19 [illegible] (b) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1942, at 9:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 16 1942, to Aug. 31 1942 and that I last saw h[illegible] alive on Aug. 26 1942.

Immediate cause of death: Chronic myocarditis myocardial failure — Duration: 7

Due to: Old age.

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. W. Gankel

Address 637 S. Conkling St. Date signed M/D 9/1/42

VS 3

correct age is especially important. Physicians: please write the

F 95381 F 95381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1002 W. 39th Street
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 100 W. 39 St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Kate Rutherford Fleming

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Single
6 (c) If alive, give age – years

7. Birth date of deceased (mo., day, yr.) July 14 1860

8. AGE: Years 82 | Months 1 | Days 18 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name John P. Fleming
13. Birthplace Penna

MOTHER
14. Maiden Name Elizabeth Smith
15. Birthplace Penna

16 (a) Informant Mrs. Katharine F. Schminnie
(b) Address 110 Tunbridge Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director Sherwood Memorial Co.
(b) Address 101 W. Monument

19 (a) SEP 1 – 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 – 1942 at 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 – 1939 to Sept 1 – 1942 and that I last saw her alive on Aug 31 – 1942

Immediate cause of death	Duration
Hypostatic pneumonia	One day
Due to Chr. Myocarditis	3 yrs
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas J. Keller M.D.
Address 222 N. Monument St Date signed Sept 1 – 42

correct age is especially important. Physicians: please write plainly.

VS 3

F 95382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95382 1332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 East West St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN B. A. WHELTLE

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5 1866

8. AGE: Years	Months	Days	If less than one day
76	1	26	hr. min.

9. Birthplace Baltimore City, Balto, Md. (Town, county, and state)
10. Usual Occupation lawyer
11. Industry or business

FATHER
12. Name Charles Whelttle
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Yakel
15. Birthplace

16 (a) Informant Albert Whettle
(b) Address 105 E. West St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto Md

18 (a) Funeral director Maurice J. Tilyou
(b) Address 1432 Light St

19 (a) SEP 4 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1 1942 at 2.51 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-13 1942 to 9-1 1942 and that I last saw him alive on 9-1 1942

Immediate cause of death Cardio-respiratory failure — Duration

Due to Pyelonephritis

Due to

Other Conditions Bronchopneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Douglas Lockard M. D.
Address Union Memorial Hosp Date signed 9/1/42.

VS 3

F 95383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95383 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address US Marine Hospital,
(c) Hospital or institution:
Baltimore, Md. Wyman Park Drive and 31st St.,
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Conn. (b) County
(c) City or town 8 Sherman Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Norwich, Conn.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD GRACIA

3 (b) If veteran, name war

3 (c) Social Security Account No. 086 12 2149

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Mullen
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1906

8. AGE: Years	Months	Days	If less than one day
35	11	5	hr. min.

9. Birthplace Norwich, Connecticut
(Town, county, and state)
10. Usual Occupation Deckhand
11. Industry or business Maritime

FATHER
12. Name William Gracia
13. Birthplace Poland

MOTHER
14. Maiden Name Anna
15. Birthplace Polland

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Josephs Cemetary
Location Norwich Connecticut

18 (a) Funeral director A. Bailey Slagle
(b) Address 4907 York Road

19 (a) SEP 1 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1, 1942 at 1:50a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 14, 1942 to Sept. 1, 1942 and that I last saw him alive on Sept. 1, 1942 -

Immediate cause of death	Duration
Hemorrhage, neck	10 hours
Due to Carcinoma, squamous, necrotic, metastatic, neck	1 year
Due to bilateral	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 5/6/42; 5/8/42
Major findings of operation: Tracheotomy; Resection of mandible
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. M. Anderson, M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 9/1/42

correct age is especially important. Physicians: please write the cause of death plainly.

VS 3

F 95384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 F 95384

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 9

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1203 Bolton Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Nova Scotia

3 (a) FULL NAME Hazel SKinner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife James d. SKinner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1890

8. AGE: Years	Months	Days	If less than one day
51 49	9	6	hr. min.

9. Birthplace Nova Scotia
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Thomas Howe
13. Birthplace Nova

MOTHER
14. Maiden Name Helena Frederick
15. Birthplace Canada

16 (a) Informant Hospital Records
(b) Address

17 (a) Removal (b) Date thereof 9 1 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Oliver St

19 Filed Sept 1 1942 (b) Registrar Huntington Williams M.D.
(Date filed by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1942, at 7:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/30 1942 to 8/30 1942, and that I last saw h.e.r alive on 8/30 1942.

Immediate cause of death	Duration
Subarachnoid Hemorrhage	1 day
Due to Hypertension and C.V. Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edgerberg M. D.
Address C.H.I. Date signed 8/30/42

F 95385

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

QHW

F 95385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 S. Highland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 311 S. Highland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Yates

3 (b) If veteran, name war
3 (c) Social Security Account No. 026-07-7791

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ada Yates
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Aug 23, 1875

8. AGE: Years	Months	Days	If less than one day
66	0	7	hr. min.

9. Birthplace England
(Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business Business

FATHER
12. Name James Yates
13. Birthplace England

MOTHER
14. Maiden Name Marie Mullgian
15. Birthplace England

16 (a) Informant Ada Yates
(b) Address 311 S Highland Ave

17 (a) Burial (b) Date thereof Sept 4
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Welsrich Funeral Home
(b) Address 2014 E. Oaklawn St
SEP 1-1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1942 at 9 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy & inquiry thereon and from the evidence obtained by said ~~inquest~~ autopsy & inquiry had that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept 1 1942

95386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N

Registered No. E 95386

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Park Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Roberts Matthews

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1853

8. AGE: Years	Months	Days	If less than one day
88	8	12	hr. min.

9. Birthplace Sparks, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Elias Matthews
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Hibbard
15. Birthplace Md.

16 (a) Informant Miss E. L. Cox
(b) Address 2016 Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/42 (month) (day) (year)
(c) Cemetery or crematory Gunpowder Meeting House
Location Sparks, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (d) SEP 2 — 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1939 to Aug 31 1942 and that I last saw h alive on Aug 31 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 2 hrs

Due to Arterio Sclerosis Hypertension — Gradual

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Moody
Address 1403 Park Ave Date signed 9/1/42

VS 3

95387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95387 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2131 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MINNIE OELSNER

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1885

8. AGE: Years	Months	Days	If less than one day
57	2	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Gustav Oelsner
13. Birthplace Germany

MOTHER
14. Maiden Name Bartha E. Kratsch
15. Birthplace Germany

16 (a) Informant Mrs. Minnie E. Lang
(b) Address 803 Arlington Ave., Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director H.M. J. TICKNER & SONS
(b) Address North & Pa.

SEP 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30, 1942, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1941 to Aug 30 1942 and that I last saw h[illegible] alive on Aug 30 1942

Immediate cause of death	Duration
Cardiac insufficiency	1 Day
Due to Acites & Edema	1 Month
Due to Lymphosarcoma of Colon & Metastasis to Liver	6 Mo
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marian Lee Shorb M. D.
Address 2164 Fulton Ave Date Aug 31, 42

VS 3

95388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95388

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1611 N.Gay St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1611 N.Gay St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M.Rhea

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Wm.H.Rhea
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec.28,1876

8. AGE: Years	Months	Days	If less than one day
65	8	3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name not known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant Wm.Rhea
(b) Address 2224 E.Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept.4/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E.North Ave

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway

SEP 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept.1,1942 19 at 2,50 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 7 1942 to Sept 1 1942
and that I last saw h[illegible] alive on August 19 42

Immediate cause of death: Diabetes Mellitus — Duration: 5 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H.L.Gilroy
Address 609 N. Broadway Date signed 9/1/42

VS 2

correct age is especially important; payments, pieces, etc.

F 95389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95389 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2031 W. Pratt St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2031 W. Pratt St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Minnie Riedman

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Andrew Riedman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 7 - 1861

8. AGE: Years	Months	Days	If less than one day
80	11	24	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Perachel
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant John C. Riedman
(b) Address 2031 W. Pratt St

17 (a) Burial (b) Date thereof Sept. 3 - 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore

18 (a) Funeral director George W. Schmidt
(b) Address 2101 Frederick Ave.

19 (a) (b) Huntington Williams
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1, 1942 to Aug 31, 1942 and that I last saw her alive on Aug 31 1942.

Immediate cause of death	Duration
CEREBRAL [illegible] accompanied. HEMORRHAGE	30 hrs.
Due to ARTERIOSCLEROSIS, CEREBRAL + GENERALIZED. +	years.
Due to HYPERTENSIVE CARDIO-VASCULAR disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edgar G. Mellen.
Address 216 W. Pratt St. Date signed 9/1/42

correct age is especially important — accurate

[illegible]

95390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. E 95390

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution:
University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Snyder.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Wh.	Married

6 (b) Name of husband or wife Marshall Snyder
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 6, 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
64	4	25		

9. Birthplace Granite Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Samuel Young
13. Birthplace Md.

MOTHER
14. Maiden Name Louisa Sewell
15. Birthplace Md

16 (a) Informant Elmer C. Snyder
(b) Address Woodlawn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-42 (month) (day) (year)
(c) Cemetery or crematory Good Shepherd
Location Ellicott City Md

18 (a) Funeral director P.C. Hug undertaker
(b) Address Ellicott City Md

(a) Date rec'd by Registrar SEP 2 1942 (b) Registrar Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1942, at 12 Noon

21. I certify that death occurred on the date above stated; that I attended deceased from August 20 1942, to August 31 1942, and that I last saw her alive on August 31 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	15 days
Due to Hypertension	10 years
Due to	
Other Conditions Adenocarcinoma Diabetes mellitus	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. V. Palmer M. D.
Address University Hospital Date signed 9/2/42

Please write plainly. Physicians: please write the causes of death clearly and give correct age is especially important.

F 95391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95391 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 44 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1324 Harlem Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roland Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-6698

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-18-1886

8. AGE: Years	Months	Days	If less than one day
56	4	11	hr. min.

9. Birthplace Howard County Maryland
(Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business E. A Stewart 501 S. 42d St

FATHER
12. Name Dennie Parker
13. Birthplace Howard Co Md.

MOTHER
14. Maiden Name Annie Jones
15. Birthplace Howard Co Md.

16 (a) Informant Carrie Jones (Wife)
(b) Address 1324 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore Md.

18 (a) Funeral director Charles S. Cooper
(b) Address 514 N. Calhoun St

19 (a) SEP 2 - 1942 (Date registered) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29 1942, at 7:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-17-1942, to 8-29-1942, and that I last saw him alive on 8-29-1942.

Immediate cause of death: Chronic Nephritis — Duration: 6 months
Due to: Cerebrosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp Date signed 8/31/42

Please write the cause of death clearly. Physicians: please correct ago is especially important.

VS 3

95392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 D

F 95392
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 519 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE H. FISHER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife: —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 29, 188

8. AGE: Years 56 | Months 6 | Days 1 | If less than one day: hr. min.

9. Birthplace BALTIMORE, MD. (Town, county, and state)

10. Usual Occupation GARDNER

11. Industry or business

FATHER
12. Name ISAAC FISHER
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name ELISABETH GIBSON
15. Birthplace BALTIMORE, MD.

16 (a) Informant MARGARET G WRIGHT
(b) Address 4656 YORK RD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-42 (month) (day) (year)
(c) Cemetery or crematory DRUID RIDGE
Location PIKESVILLE, MD.

18 (a) Funeral director Chrisp Brick & Sons
(b) Address 1200 W Lombard St

19 (Date rec'd by registrar) SEP 2 - 1942 Registrar for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 30 1942, at 2 12 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Aneurysm, syphilitic ruptured — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmaier M.D.
Medical Examiner.

Date signed 8-31-42

VS 6

F 95393

420921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95393 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 DUNCAN ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: JOHN HEROLD

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	WIDOWED

6 (b) Name of husband or wife: Barbara Herold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-20-81

8. AGE: Years	Months	Days	If less than one day
61	4	11	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation BAKER
11. Industry or business

FATHER
12. Name HENRY HEROLD
13. Birthplace GERMANY

MOTHER
14. Maiden Name DOROTHY ?
15. Birthplace GERMANY

16 (a) Informant RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-42 (month) (day) (year)
(c) Cemetery or crematory Balto Cemetery
Location Rose St & E North Ave

18 (a) Funeral director Albert L Hilt Jr
(b) Address 1606 N Chester St Balt

19 (c) Sep 2 1942 Huntington Williams, MD

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31 1942 at 1016 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-20 1942 to 8-31 1942 and that I last saw him alive on 8-31 1942

Immediate cause of death: Lobar Pneumonia, R.U.L., R.M.L., L.L.L., L.U.L. — Duration: 3 months

Due to Pneumococcus

Due to Tricuspid Bacterial Endocarditis

Other Conditions Aortic Bacterial Endocarditis; Embolism of left leg; meningitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Lobar Pneumonia, bilateral, Bacterial Endocarditis, Aortic, Embolism of left leg

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Grob M. D.
Address Johns Hopkins Hospital Date signed Sept 1, 1942

95394

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95394 Registered No. 8320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 Washington Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 704 Washington Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME May F. Weisgerber

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: William Weisgerber

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): June 9. 1872

8. AGE: Years: 70 | Months: 2 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual Occupation: House Wife

11. Industry or business

FATHER
12. Name: William J. Biddison
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Mary Miller
15. Birthplace: Baltimore Md.

16 (a) Informant: George B. Weisgerber
(b) Address: 704 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 4. 1942 (month) (day) (year)
(c) Cemetery or crematory: Western
Location: City

18 (a) Funeral director: Mrs. John W. Tyrpak Sons
(b) Address: 801 W. Fayette St.

19 (a) (b)
SEP 2 1942 Huntington Williams, M.D.
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 31 1942, at 10-40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 6 1942 to Aug 31 1942 and that I last saw her alive on Aug 31 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days.
Due to: Arteriosclerosis — Duration: ?
Due to: Senile Contusion — Duration: ?
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Walter Brumer M.D.
Address: 3603 Edmondson Ave Date signed: 9/1/42 M/D

F 95395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95395 Registered No. 1

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 42 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 N. Mount Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME NELSON WALKER

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Ruth Tanner
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Jan. 1. 1897

8. AGE: Years	Months	Days	If less than one day
45	7	28	hr. min.

9. Birthplace Mt. Olive, North Carolina
(Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business Plato Construction Co.

FATHER
12. Name Nelson Walker
13. Birthplace Mt. Olive, N. C.

MOTHER
14. Maiden Name Mamie Everett
15. Birthplace Mt. Olive, N. C.

16 (a) Informant Rebecca Mamie Jackson,
(b) Address 2339 N. Rose[illegible] St. Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Balto. Nat'l Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Lou M. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) SEP 2 - 1942 Huntington Williams, M.D. Registrar
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29, 1942, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27, 1942 to Aug. 29, 1942, and that I last saw him alive on Aug. 29, 1942.

Immediate cause of death: Broncho pneumonia and cardiac hypertrophy — Duration: Terminal
Due to: Subacute diffuse hemorrhagic glomerulo nephritis — Duration: Unknown
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. M. Anderson, M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 8/31/42

Correct age at expiration

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95396

CERTIFICATE OF DEATH

46 F

F 95396

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 641 N. Carey St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. 15 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Ulyssa Gough (Gough)

If U. S. Veteran specify WAR

(a) Residence: No. 641 N. Carey St. Ward 1-A-No. 215-10-0187

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 15, 1897

7. AGE: Years 45 | Months 0 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: machine operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md Maryland

FATHER

13. NAME: Daniel Gough

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Mary Coleman

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mary Gough

(Address) 641 N. Carey St. Balto, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Sept. 2, 1942

19. UNDERTAKER: Mrs. Geo. H. Holland

(Address) 1681 West Pratt St.

20. FILED SEP 2 1942 (Signature of Local Registrar) Wilhelmina Whitehead, D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Aug 30, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 24 1942 to Aug 30 1942

I last saw h[illegible] alive on Aug 30 1942. Death is said to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of liver — Duration of onset 4-10-42

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John Eg S. Comfey M. D.

(Address) 634 N. Carey St

State CAUSE OF DEATH in plain English. Do not use abbreviations or symbols. Do not state mode of dying, as shock, exhaustion, etc. OCCUPATION is very important. See instructions on back of certificate.

95397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. F 95397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 801 S. Dean ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 801 S. Dean ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John M. Saal

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 202 01 3968

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 27 1906

8. AGE: Years	Months	Days	If less than one day
36	3	4	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation PLUMBERS HELPER

11. Industry or business

FATHER
12. Name CONRAD SAAL
13. Birthplace GERMANY

MOTHER
14. Maiden Name ANNA SCHOELEIN
15. Birthplace GERMANY

16 (a) Informant AUGUST SAAL (BROTHER)
(b) Address 801 S. DEAN ST.

17 (a) BURIAL (b) Date thereof SEPT. 3/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Tully & Zellerbach
(b) Address 403 S. WOLFE ST.

19 (a) SEP 2 - 1942 Baltimore, Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1942, at 8:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & an operation thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquest & an operation (and that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Drowning due to epileptic seizure — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (?)
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Aug. 31 1942 at 8:15 P M
(c) Where did injury occur? 801 S. Dean ST. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? No
(e) Means of injury Drowned in bathtub

23. Signature Robert Lee Grayson M.D.
Medical Examiner.

Date signed Sept. 1 1942

Please write correct age is especially important.

VS 6

95398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95398

Registered No. 938

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Ballona Ave.
(c) Hospital or institution: Edgewood Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
Street No. 3417 Hudson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Catherine Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph Lee

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 1861

8. AGE: Years 80 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and State)

10. Usual Occupation Home Wife

11. Industry or business

FATHER 12. Name Adam Hofferbert

13. Birthplace Germany

MOTHER 14. Maiden Name unknown

15. Birthplace Germany

16 (a) Informant Barbara Popp

(b) Address 3417 Hudson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 42 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location O'Donnell St

18 (a) Funeral director Gilly & Zouberg

(b) Address 403 S Wolfe St

SEP 2 - 1942 (Date rec'd by registrar)

(b) Huntington-Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1 1942 at 12:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1, 1942 to Sept. 1 1942, and that I last saw her alive on Sept. 1, 1942.

Immediate cause of death Chronic Myocarditis — Duration 2 yrs

Due to —

Due to

Other Conditions Hypertension — Duration 2 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.

Address 6014 York Road Date signed 9-1-42

PLEASE WRITE correct age is especially important

F 95399

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95399 Registered No.

PLEASE WRITE plainly. Physicians: please write the causes of death clearly and legibly. Use correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County Adams
(c) City or town Biglerville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	White	Married

6 (b) Name of husband or wife Roberta Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
63.			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Morris E. Miller
13. Birthplace Penna.

MOTHER
14. Maiden Name Rose Wolf
15. Birthplace Penna.

16 (a) Informant University Hospital
(b) Address Baltimore Maryland
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Gettysburg, Penna.
18 (a) Funeral director J. Milton Bender
(b) Address Gettysburg, Penna.
19 (a) SEP 2 - 1942 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1942, at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1942, to Sept 2 1942, and that I last saw h[illegible] alive on Sept 1 1942.

Immediate cause of death Pneumonia — Duration
Due to Cardio vascular disease, mitral stenosis, myocardial
Due to damage, mural thrombus - decompensation
Due to grade IV
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Byerly Jr. M. D.
Address University Hospital Date signed 9-4-42

VS 8

F 95400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

F 95400

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1121 Race St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME George Small

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1937

8. AGE: Years	Months	Days	If less than one day
5	7	15	hr. min.

9. Birthplace Maryland

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name George Small

13. Birthplace Texas

MOTHER

14. Maiden Name Janie Nichols

15. Birthplace Virginia

16 (a) Informant mother

(b) Address 1121 Race St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem

Location Balto Co Md

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 108 W Montgomery St

19 (a) SEP 2- 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/1 1942, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/29 1942, to 9/1 1942, and that I last saw h[illegible] alive on 9/1 1942.

Immediate cause of death Tuberculous Meningitis — Duration 10 days

Due to Miliary Tuberculosis

Due to (a)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Miliary Tuberculosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M.

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

Signature W. K. Rabbitt M. D.

Address Balto. City Hosp Date signed 9-1-42

Dr. Rabbitt

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95401 / 92d F 95401 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 939 Leadenhall St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 939 Leadenhall St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Ora H Dudley

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: C
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mahon
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Oct 10
8. AGE: Years 66 | Months 10 — | Days — | If less than one day ... hr. ... min.
9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Lankenau
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Harris
15. Birthplace Md

16 (a) Informant Rosa Dale
(b) Address 110 W Montgomery St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Ct
Location A A Co Md
18 (a) Funeral director Isaiah L Brown & Son
(b) Address 105 W Montgomery St
19 (a) [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 — 29 — 1942 at 8 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1942, to Aug 29 1942, and that I last saw h— alive on 29 1942.

Immediate cause of death	Duration
Endocarditis	
Due to — (Lues)	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature James Carfin M. D.
Address 1016 N Strump St Date signed 9-2-42

F 95402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95402

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 W. Lee St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 514 W. Lee St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah J. Sanks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col.	Widow

6 (b) Name of husband or wife John Sanks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 4 1868

8. AGE: Years	Months	Days	If less than one day
74	0	2	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Emeline Taylor
15. Birthplace

16 (a) Informant Ernest Sanks
(b) Address 514 W. Lee St.

17 (a) Burial (b) Date thereof Sept 5-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. Co. Md

18 (a) Funeral director James A Hayes
(b) Address 1142 Hartford Ave

19 (a) SEP 2 - 1942 (b) Huntington Williams, M.D.
(Registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1942, at 6:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1942 to Aug 31 1942 and that I last saw h alive on 19

Immediate cause of death	Duration
Endocarditis & Cerebral Hemorrhage	
Due to (over)	
Due to	
Other Conditions Senility	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James C Carfon M. D.
Address 1116 S. Sharp Date signed 9-1-42

VS 3

F 95403

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95403 — 83N — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Md. Gen'l. Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CARRIE MANTZ CURLEY

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 3, 1866

8. AGE: Years	Months	Days	If less than one day
76	5	28	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name W. H. Mantz
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Martha Hoffman
15. Birthplace Balto., Md.

16 (a) Informant Miss Jean Rice
(b) Address 2204 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/2/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

SEP 2 — 1942 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1942, at 4:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Aug 31 1942 and that I last saw h[illegible] alive on Aug 31 19 42

Immediate cause of death	Duration
Cerebral Hemorrhage	2 hrs.
Due to Generalized Arteriosclerosis	
Due to Cerebral Vascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos J Abbott M. D.
Address 4509 Liberty Heights Ave Date signed 9-2-42

VS 3

F 95404

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95404

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Caton & Wilkins (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sister Georgianna

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 65 | Months | Days | If less than one day: hr. min.

9. Birthplace Carbondale Ill. (Town, county, and state)

10. Usual Occupation Religious Teacher

11. Industry or business

FATHER
12. Name Joseph Emmeon
13. Birthplace England

MOTHER
14. Maiden Name Verona Ford
15. Birthplace Orange, [illegible]

16 (a) Informant Sister Rosamond
(b) Address St. Agnes Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md.

18 (a) Funeral director Martin Fahey Stone
(b) Address 1827 W. North Ave.

19 (a) SEP 2 - 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1942, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 27 1942 to Aug. 31 1942 and that I last saw her alive on Aug. 31, 1942.

Immediate cause of death	Duration
Lobar pneumonia	
Due to Hypertrophied Leukemia	
Due to	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Crowley
Address St. Agnes Hosp. Date signed 9/1/42

F 95405

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95405
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully compiled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette Sts
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1228 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George L Sheets, Jr

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 31-1936

8. AGE: Years	Months	Days	If less than one day
6	5	0	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name George L. Sheets
13. Birthplace W. Va.

MOTHER
14. Maiden Name Pearl Greaver
15. Birthplace W. Va.

16 (a) Informant Mr. Geo L. Sheets
(b) Address 1228 Hollins St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md

18 (a) Funeral director Geo. L. Beyer Jr
(b) Address 1512 Hollins St

1942 SEP 2 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1942, at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1942, to Aug 31 1942, and that I last saw h[illegible] alive on Aug 31 1942.

Immediate cause of death	Duration
Staphylococcus Septicemia	3 days
Due to Cut on R Foot	1 wk
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy ? Infantile Abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J E Boardman Jr
Address Franklin Sq Hosp. Date signed 9/9/42

VS 8

E 95406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

464 Registered No. E 95406

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Lexington Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 517 Lyndhurst St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Lina Kyser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife Frederick Kyser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 5, 1871

8. AGE: Years	Months	Days	If less than one day
70	8	26	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frederick Bayer

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Regina Grimm

15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Edna Kyser

(b) Address 517 Lyndhurst Ave

Loudenback (Burial, cremation, or removal) (b) Date thereof 9/3/42 (month) (day) (year)

(c) Cemetery or crematory Loudenback

Location Frank Geo. H. Leimbach

18 (a) Funeral director Geo. H. Leimbach

(b) Address 524 N. Fulton Ave.

19 (a) SEP 1 1942 (b) Waiting for Affidavit Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

4.

20. DATE OF DEATH Aug. 31, 1942 at 7:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 23, 1942, to Aug 31 1942, and that I last saw h[illegible] alive on Aug 31, 1942.

Immediate cause of death Heart Failure — Duration 24 hours

Due to Carcinoma Ovaris

Due to (over)

Other Conditions Lymphadenitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. Robert F. Taylor, M.D.

Address Mercy Hospital Date signed 8/31/42

VS 3

F 95407

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95407
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Supply correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 207 Furrow St.,
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 Furrow St., Balto.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Goodman

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-6195

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Hilda Goodman
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) March 4, 1912

8. AGE: Years	Months	Days	If less than one day
30	85	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Foreman in Cleaning Est.
11. Industry or business

FATHER
12. Name Benjamin Goodman
13. Birthplace Eastern Shore, Md.

MOTHER
14. Maiden Name Lillian Smicker
15. Birthplace Baltimore, Md.

16 (a) Informant Hilda Goodman
(b) Address 207 Furrow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2-1942 (month) (day) (year)
(c) Cemetery or crematory Meadowridge
Location Dorsey Md

18 (a) Funeral director Fred H Kemback
(b) Address 525 N. Lyndhurst St.

19 (a) (Date rec'd by registrar) (b) Huntington Pillinger M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 — 1942. 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1942 to Aug 31 1942 and that I last saw him alive on Aug 28 1942

Immediate cause of death	Meningitis	Duration 4 days
Due to	Brain abscess	
Due to	(over)	
Other Conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Brain abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature K. Kenneth Lindsay M. D.
Address Sydenham Hosp Date signed 9/1/42

VS 3

F 95408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95408 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1013 Stiles St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Stiles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANGELA PRESTI

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Salvatore Presti

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9 1880

8. AGE: Years 62.61 | Months 11. | Days 8 22 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Giordano
13. Birthplace Italy

MOTHER
14. Maiden Name Frances Cattenuto
15. Birthplace Italy

16 (a) Informant Joseph. Presti
(b) Address 1902 Homewood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4. 1942 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart.
Location Frappe Road.

18 (a) Funeral director WARDELL N. DIPPEL
(b) Address 312. S. Highland ave

19 SEP 2 1942 Huntington Williams M.D. (Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-30 1942 at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-28 1942 to 8-30 1942 and that I last saw her alive on 8-30-1942

Immediate cause of death Bronchial pneumonia. — Duration 24 hrs

Due to cerebral hemorrhage — Duration 3 days

Due to arteriosclerosis — Duration yrs?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. D'Amato
Address Medical Arts Bldg Date signed 9-1-42 (M. D.)

F 95409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95409 Registered No.

421455

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct spelling. Physicians: please write the causes of death clearly and legibly. The age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Leesburg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Westmoreland Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No. -

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Marguerite
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21. 1859

8. AGE: Years	Months	Days	If less than one day
83	-	12	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Thomas Davis
13. Birthplace S.C.

MOTHER
14. Maiden Name Anne Morris
15. Birthplace Va.

16 (a) Informant Records - Paul E. Murray
(b) Address 2805 3rd Ave. Richmond Va.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 (month) (day) (year)
(c) Cemetery or crematory Mowen Park Farms
Location Leesburg Va.
18 (a) Funeral director John J. Mitchell Son
(b) Address 1900 Eutaw Place
SEP 2 - 1942 (Date rec'd by registrar) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1942 at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30 1942 to 9-2 1942 and that I last saw him alive on 9-2 1942

Immediate cause of death	Duration
Cerebral infarction	
Due to Arteriosclerosis	
Due to	
Other Conditions Uremia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hope L. Monroe M.D.
Address Johns Hopkins Hospital Date signed 9/2/42

VS 3

F 95410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95410 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as correct and complete as the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 601 Washington Blvd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 601 Wash. Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Schnur Jr.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 24

8. AGE: Years	Months	Days	If less than one day
7			hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Schnur Jr.
13. Birthplace Balto.

MOTHER
14. Maiden Name Clara Grabowski
15. Birthplace Balto.

16 (a) Informant Edward Schnur
(b) Address 601 Wash. Blvd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4 - 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location
18 (a) Funeral director Joseph Kaczmarczyk Inc.
(b) Address 607 Wash Blvd.
19 (a) (Date rec'd by registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1942, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 1942, to Sept 2 1942, and that I last saw him alive on Sept 1 1942.

Immediate cause of death DYSENTERY — Duration 5 DAYS

Due to (over)

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward T. Nolan M.D. M. D.
Address 601 WASHINGTON Date signed 9-2-42

VS 3

95411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 E 95411

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be completed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Street

(c) Hospital or institution: South Baltimore Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Ba Co Md

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No. Mountain Road

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Robert Phelps

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 20 1876

8. AGE: Years	Months	Days	If less than one day
66	5	11	..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER 12. Name James Phelps

13. Birthplace Md

MOTHER 14. Maiden Name Martha Measham

15. Birthplace Md

16 (a) Informant Mr Clifford A Phelps

(b) Address Mountain Rd A A Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3 1942 (month) (day) (year)

(c) Cemetery or crematory Phelps Home Cemetery

Location Anne Arundel Co

18 (a) Funeral director William M Marack

(b) Address 715 Light St Residence for Williams, N.Y.

19 (a) SEP 2 1942 (b)

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1942, at 8 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18 1942, to Aug 31 1942, and that I last saw h. alive on Aug 31 1942.

Immediate cause of death	Duration
Uremia	
Due to Chronic Nephritis	
Due to	
Other Conditions Benign Hypertrophy of prostate	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Manganaro M. D.

Address 1213 Light Street Date signed 8-31-42

VS 3

E 95412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a Registered No. E 95412

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Rosedale (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Sumter Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) **FULL NAME** Bonnie Eve Heider (Birth F 56298)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 29, 1942

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frederick William Heider

13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Marie Reinhardt

15. Birthplace New Jersey

16 (a) Informant Hospital Records

(b) Address The Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 2 '42 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Hanover Rd.

18 (a) Funeral director M. E. S. Dippel

(b) Address 2 E Lan St.

19 (a) SEP 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1942 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 29 1942 to August 31 1942 and that I last saw her alive on August 31 1942.

Immediate cause of death Prematurity — Intracranial hemorrhage

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.

Address The Johns Hopkins Hospital Date signed 9-1-42

VS 3

F 95413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1140 Registered No. F 95413

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.15da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo.15da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Perryman
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME DOLPHIE F. CANADA

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	216 10 2404

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Elsie Piper
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) August 3, 1894

8. AGE: Years	Months	Days	If less than one day
47	0	28	hr. min.

9. Birthplace Monroe County, Indiana (Town, county, and state)
10. Usual Occupation Auto Mechanic
11. Industry or business Wilson Motor Company

FATHER
12. Name Douglas Canada
13. Birthplace Monroe County, Indiana

MOTHER
14. Maiden Name Sara Lewis
15. Birthplace Monroe County, Indiana

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/42 (month) (day) (year)
(c) Cemetery or crematory Aberdeen
Location Aberdeen

18 (a) Funeral director A. Lee Odle
(b) Address 644 York Road

19 (a) (To be filled in by Registrar) (b) Clinton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1, 1942, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17, 1942, to Sept. 1, 1942, and that I last saw him alive on Sept. 1, 1942.

	Duration
Immediate cause of death Pneumonia, lobular	Terminal
Due to Empyema, rt. chest	18 days
Due to Abscess of lung, rt. upper lobe	Unknown
Other Conditions (over)	

(Include pregnancy within 3 months of death)
Date of operation 8/12/42
Major findings of operation: Lobectomy, rt.; venoclysis; pneumothorax, rt (7 during hospitalization) NONE
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. C. Wilson, M.D. M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 9/2/42

VS 3

Dr. Howle

Nickam

F 95414

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33 NF 95414 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered as applies. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5315 Springlake Way
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5315 Springlake Way (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BERYL WHELTLE WEBSTER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1919

8. AGE: Years	Months	Days	If less than one day
22	10	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Burdette B. Webster
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Edna T. Tschudy
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Edna T. Webster
(b) Address 5315 Springlake Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/3/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) (Title of Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31, 1942, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1942, to Aug 31, 1942, and that I last saw her alive on Aug 31 1942.

	Duration
Immediate cause of death Cardiac failure	
The result of,	
Due to Chronic hypertension	10yrs +
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward G. Keeney M. D.
Address 1201 N. Calvert St., Date signed 9/2/42

VS 3

To 2202

F 95415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942 F 95415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33 sts.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3412 Virginia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lawrence Canfield Knight

3 (b) If veteran, name war

3 (c) Social Security Account No. 440-07-1706

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mrs Laurence C Knight
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29-1880

8. AGE: Years	Months	Days	If less than one day
61	9	3	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Shipbuilder.
11. Industry or business

FATHER 12. Name William H. Knight.
13. Birthplace Harford Co. Md.

MOTHER 14. Maiden Name Tayson
15. Birthplace Harford Co. Md.

16 (a) Informant Mrs Laura May Knight
(b) Address 3412 Virginia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (month) 4 (day) 42 (year)
(c) Cemetery or crematory, Maryland Memorial
Location Parkville Md.

18 (a) Funeral director William Cook Inc
(b) Address 217 St Paul St

19 (a) SEP 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2 1942, at 6 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-31 1942 to 9-2 1942, and that I last saw h his alive on 9-1, 1942.

Immediate cause of death Cardiac Failure — Duration

Due to Arteriosclerotic Heart disease

Due to

Other Conditions Gangrene of left leg due to arterial occlusion (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Chesser M. D.
Address Union Memorial Hosp Date signed 9-2-42

VS 3

F 95416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95416

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 22 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto Md
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1319 W. 37th Street (If rural give location)
(e) Citizen of foreign country? Turkey (Yes or No)
If yes, name country

3 (a) FULL NAME Helen Constant

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband~~ or wife Leonedas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1906

8. AGE: Years 35 | Months 9 | Days 11 | If less than one day hr. min.

9. Birthplace Turkey (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Gus Athenevakis

13. Birthplace Turkey

MOTHER 14. Maiden Name Frances Dalambla

15. Birthplace Turkey

16 (a) Informant Leonedas Constant

(b) Address 1319 West 37th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof ~~Sept~~ 9-4-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cemetery

Location Woodlawn Md

18 (a) Funeral director J. Frances Reese.

(b) Address Woodstown Md

19 (a) SEP 2 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31 1942 at 5:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death: Illuminating gas Poisoning

Due to

Due to

Other Conditions Mental Despondency (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes (partial)

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence August 31 1942 at 4:45 P.M.
(c) Where did injury occur? 1319 W. 37th St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Illuminating gas

23. Signature Robert L. Bratton, M.D. Medical Examiner.

Date signed Sept. 1, 1942

F 9541 — Dr. Bearcroft — Chelsea & Fayette — 93d

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 9541 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 218 S Norris St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ind (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 218 S Norris St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Marshall.
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George E. Marshall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1 - 1871

8. AGE: Years	Months	Days	If less than one day
71	3	30	hr. min.

9. Birthplace Balto. Ind. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Chas. H. Munk.
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline Baumbach.
15. Birthplace Germany.

16 (a) Informant Mrs. Elwood Harvey
(b) Address 218 Norris St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-1942 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore Md

18 (a) Funeral director Francis Burke Dyer
(b) Address 1600 W. North Ave

19 SEP 2 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 - 1942 at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 31 1942 to August 31 1942 and that I last saw h alive on August 31 1942

Immediate cause of death Bronchopneumonia — Duration
Due to Hypertensive cardio vascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Seagrail M.D.
Address 1429 W. Fayette Date signed 9/1/42

F 95418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95418

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) +

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town near Manchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. D. Sykesville Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Randolph N. Davis

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 1, 1941
8. AGE: Years 1 | Months 5 | Days 0 | If less than one day hr. min.
9. Birthplace Carroll Co. Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Truman Davis
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia Shipley
15. Birthplace Maryland

16 (a) Informant Mr. Truman Davis
(b) Address R. D. Sykesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4 1942 (month) (day) (year)
(c) Cemetery or crematory Morgan Chapel
Location Woodbine, Carroll Co. Md

18 (a) Funeral director B. M. Wall
(b) Address Winfield, Md

19. SEP 3 - 1942 (Date rec'd by Registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1, 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/28 19 to 9/1 19 42.
and that I last saw h.i.m alive on 9/1 19 42.

Immediate cause of death — Duration
Peritonitis
Due to Ruptured Appendix
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Ruptured Appendix

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Lawrason
Address University Hosp. Date signed 9/2/42

VS 3

F 95419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 95419 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3231 Towanda Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irving Furman
3 (b) If veteran, name war
3 (c) Social Security Account No. 212-03-7684

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Theresa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Balto.
(Town, County, and State)
10. Usual Occupation Life Ins. Salesman
11. Industry or business

FATHER
12. Name Levi Furman
13. Birthplace Russia

MOTHER
14. Maiden Name Sadie Kolker
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (b) Date thereof 9-2-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd.
Location Levy Springs Rd

18 (a) Funeral director Jack Lange Inc
(b) Address 1439 E. Baltimore St

19 (a) (b)
(Date received) Registrar
SEP 3 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/2 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1942 to 9/2 1942 and that I last saw h[illegible] alive on 9/2 1942

Immediate cause of death Hypostasis

Duration

Due to cerebral embolism

Due to coronary occlusion & mural thrombus

Other Conditions Emboli to kidneys & legs
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Morton L. Hamburger M.D.
Address Sinai Hosp. Date signed 9/2/42

F 95420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95420
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined by the informant before it is written, to see that it is correct and complete. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2142 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2142 Pennsylvania Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E Lauer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife John J Lauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15 1864

8. AGE: Years 78 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Balt Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name August Hansemann
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Deeker
15. Birthplace Md

16 (a) Informant Jno. B Lauer
(b) Address 5301 Edmondson

17 (a) Burial (b) Date thereof 9-5-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director Geo A Farley
(b) Address Fulton Ave & Lafayette

19 (a) [illegible] Huntington Williams [illegible]

SEP 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/5 1942 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/31 1942 to 9/2 1942 and that I last saw h alive on 19

Immediate cause of death Coronary Thrombosis — Duration 2 yrs

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas A Parker M. D.
Address 2145 N Balto St Date signed

F 95421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 95421 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Gatonsville Ave.
(c) Hospital or institution: St Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4231 Euclid St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary A. Ekas

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed.

6 (b) Name of husband or wife John L Ekas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17-1892

8. AGE: Years	Months	Days	If less than one day
70	6	15	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Coote
13. Birthplace England

MOTHER
14. Maiden Name Susan Nelson
15. Birthplace England

16 (a) Informant Mrs. Alice A. Ekas
(b) Address 4231 Euclid St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry N Wiltse
(b) Address 1101 Edmondson ave.

19 (a) (Date received by Registrar) SEP 8 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2. 1942 at 1.40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 1942 to Sept 2 1942 and that I last saw h[illegible] alive on Sept. 2 1942.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Colon pneumonia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Catherine Hamber
Address St Agnes Hosp Date signed 9/2/42

F 95422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95422

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully, supplied if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Alley rear of 925 S. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State [illegible] (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby of Baldina Marski, 917 S. Ellwood Ave.

3 (b) If veteran, name war: —
3 (c) Social Security Account No.: —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife: —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
Full term	Baby		hr. 5 ? min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL JUL 16 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 JUL 16 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-26-? 1942; at — M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration:
Due to: subdural variety
Due to:
Other Conditions: multiple foramina, abscess + blush bruise
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Instantaneous
(b) Date of occurrence 6-26-? 42 at — M
(c) Where did injury occur? Unknown (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Unknown (Specify type of place) While at work? No
(e) Means of injury Burns Fire

23. Signature: Howard J. Walden M.D. Medical Examiner.
Date signed 6-30-42

VS 6

9392

H-20001 E 95423 BALTIMORE CITY HEALTH DEPARTMENT 52N E 95423 Registered No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 71
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTIMORE
(c) City or town MIDDLE RIVER BRANCH (If outside city or town limits, write RURAL and give town)
(d) Street No. RT 16 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HOWARD BROWN.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	BLACK	CHILD

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-13-40

8. AGE: Years	Months	Days	If less than one day
2	[redacted]	18	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name JOHN BROWN
13. Birthplace MD

MOTHER
14. Maiden Name ELLA YOUNG
15. Birthplace N.C.

16 (a) Informant RECORDS
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Stevens & All Cemetery
Location Middle River

18 (a) Funeral director Mrs. Robert C. Elliott & Bro.
(b) Address 129 N. Eutaw St. Baltimore Md.

19 (a) SEP 3 - 1942 (Date) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31- 1942, at 8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-31 1942 to 8-31 1942 and that I last saw him alive on 8-31 1942.

Immediate cause of death	Duration
Respiratory failure - Wilms Tumor metastases to lungs.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1 yr. ago
Major findings of operation: Wilms Tumor
of autopsy: Metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury

23. Signature Frank W. Kibbe
Address Johns Hopkins Hosp. Date signed 9/2/42

VS 3

F 95424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95424

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 209 Dallas Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 209 Dallas Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Goldie May Butler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 11, 1888

8. AGE: Years	Months	Days	If less than one day
54	0	19	hr. min.

9. Birthplace St. Marys County
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Columbus Butler
13. Birthplace St. Marys County

MOTHER
14. Maiden Name Eliza?
15. Birthplace St. Marys County

16 (a) Informant Goldie May Butler
(b) Address 209 Dallas Court

17 (a) Burial (b) Date thereof Sept 2 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location G. G. County Md.

18 (a) Funeral director Mrs. P. G. Elliott & Bro.
(b) Address 7 W. Huntington Ave

19 (a) SEP 3 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-3-1942, at 12 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-2-1942, to 8-30-1942 and that I last saw him alive on 8-29-1942

Immediate cause of death
Cardiac + Respiratory Failure
Due to Senile Insufficiency
Chronic Myocarditis
Due to Hypertension Arteriosclerosis.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

Signature Louis E. Hamm M. D.
Address 2340 Madison Ave. Date signed 9-1-42

VS 8

F 95425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95425 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Dys

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Md.~~ Pa. (b) County
(c) City or town ~~Baltimore~~ Waynesboro
(If outside city or town limits, write RURAL and give town)
(d) Street No. Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mrs Bernice Ridgeway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Jacob J. Ridgeway
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 15, 1881

8. AGE: Years	Months	Days	If less than one day
61	7	17	hr. min.

9. Birthplace Waynesboro Pa.
(Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name William Cosgrove
13. Birthplace Funkstown Pa.

MOTHER
14. Maiden Name Emma Frey
15. Birthplace Chambersburg Pa.

16 (a) Informant Mrs. Jacob J. Ridgeway
(b) Address Waynesboro Pa.

17 (a) removal (b) Date thereof Sept 5, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Green Hill
Location Waynesboro Pa.

18 (a) Funeral director Walter G. Grove
(b) Address Waynesboro Pa.

19 (a) SEP 9 - 1942 (b)
(Date rec'd by registrar)

VS 3

Huntington

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/10 1942 to 9/2 1942 and that I last saw her alive on 9/2 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Post operative pneumonia

Due to Embolism - from ligation of ample femoral art

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation 9/1/42

Major findings of operation: Embolism - from ligation of ample femoral art

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Inman M.D.
Address Church Home Date signed 9/2/42

F 95426

VINCENORA PRATT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95426 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1926 Division ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 Division ST (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) **FULL NAME** Vince Dora Pratt

3 (b) If veteran, name war Vincenora (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Louis Pratt 6 (c) If alive, age 7-1889

7. Birth date of deceased (mo., day, yr.) ~~July 4 1894~~

8. AGE: Years	Months	Days	If less than one day
52 ~~53~~	4X	28?	hr. min.

9. Birthplace Vineland N. J. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Provident Hospital

FATHER
12. Name Howard Cummings
13. Birthplace Vineland N.J.

MOTHER
14. Maiden Name Viola Cummings
15. Birthplace Vineland N J

16 (a) Informant J. L. Preston Lynberry
(b) Address 579 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-42 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville, Md

18 (a) Funeral director J. L. Preston Lynberry
(b) Address 579 Mosher St

19 SEP 2 1942 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1942 at 11 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 31 1942 to Sept 1 1942, and that I last saw her alive on Aug 21 1942.

Immediate cause of death Pulmonary Hemorrhage — Duration

Due to Acute Pneumonic Phthisis — 4 Mos

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert L Rumley Jr
Address 324 Madeira Ave Date signed 9-2-42 M. D.

F 95427

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1950

F 95427 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2725 Winchester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine J. Pugh

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William A. Pugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22, 1874

8. AGE: Years	Months	Days	If less than one day
68	5	10	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Pugh
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Katherine McGee
15. Birthplace Baltimore, Md.

16 (a) Informant Miss Pugh
(b) Address 5106 Belleville Ave.

17 (a) Burial (b) Date thereof Sept. 5, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 1003 W. Baltimore St.

19 (a) SEP 3 - 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1942, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942 to September 2 1942, and that I last saw her alive on September 2 1942.

Immediate cause of death Sarcoma of Skull — Duration

Due to

Due to

Other Conditions Paget's disease of skull - pneumonia
Pathological fracture of right femur
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William T. Raby M. D.
Address University Hospital Date signed Sept. 3, 1942

VS 3

F 95428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95428 Registered No.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be checked and spelled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4230 Falls Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4230 Falls Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel B. Dallas

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War	215-10-6831

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Janet Dallas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 1, 1890

8. AGE: Years	Months	Days	If less than one day
52	-	1	hr. min.

9. Birthplace Montana (Town, county, and state)
10. Usual Occupation Tool Room
11. Industry or business Glenn L. Martin Co.

FATHER
12. Name Antoine Dallas
13. Birthplace Missoula, Montana

MOTHER
14. Maiden Name Angeline Bohin
15. Birthplace Quebec, Canada

16 (a) Informant Mrs. Mary E. Bain
(b) Address 4230 Falls Road

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 3, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Kalamazoo, Michigan

18 (a) Funeral director Miles Funeral
(b) Address 1005 E. Baltimore St.

19 (a) SEP 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1942, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1942 to Sept. 2 1942. and that I last saw him alive on Sept. 2 1942.

Immediate cause of death Coronary Occlusion — Duration 9 hours

Due to that a diagnosis of Coronary insufficiency from Electrocardiogram May 7-1942 Cardiac Infarction

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gahan Porter
Address 4822 Roland Ave. Date signed 9/2/42 M. D.

VS 3

F 95429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95429 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Lower Wic
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 428 Luzerne ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Cleary

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife [illegible]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years: 6 | Months: 3 | Days: 22 | If less than one day: hr. min.

9. Birthplace [illegible] (Town, county, and state)

10. Usual Occupation
11. Industry or business At home

FATHER 12. Name [illegible]
13. Birthplace [illegible]

MOTHER 14. Maiden Name [illegible]
15. Birthplace "

16 (a) Informant [illegible]
(b) Address [illegible]

17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof 9-5-42 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location [illegible]

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) [illegible] (Date received by local registrar) SEP 5 1942 Registrar

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 2 1942 at 4 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 8 1942, to 9 2 1942 and that I last saw h[illegible] alive on 9 2 1942.

Immediate cause of death Auricular fibrillation, Coronary heart failure Left Bundle Branch Block

Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address St Josephs Hospital Date signed

F 95430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95430 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 135 E. Fort Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 135 E. Fort Ave.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME August W. Rubenstein

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	M.

6 (b) Name of husband or wife Anna K. Wolgos

6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1862

8. AGE: Years	Months	Days	If less than one day
79	9	1	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Brick Mason

11. Industry or business

FATHER

12. Name Jacob —

13. Birthplace Germany

MOTHER

14. Maiden Name Mathilda

15. Birthplace Germany

16 (a) Informant Mrs. Rubenstein

(b) Address 135 E. Fort Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-42 (month) (day) (year)

(c) Cemetery or crematory Old Hook.

Location Westwood N. J.

18 (a) Funeral director J. Jos. McAneny

(b) Address 3[illegible] Fort Ave

19 (a) SEP 3 19[illegible] (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/1 1942, at 5:20 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 1 1941 to Sept 1 1942 and that I last saw h alive on Aug 31 1942

Immediate cause of death Asphyxiation — Duration 3 days

Due to a Toxic Nephritis — Duration Subject

Due to Fractured Left Femur Neck — Duration Indefinite

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature H. K. Campbell M. D.

Address 144 Monroe Date signed 9/3/42

F 95431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95431

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 325 S. Parish St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Beatrice E. Godfrey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Albert L. Godfrey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 21, 1905

8. AGE: Years	Months	Days	If less than one day
37	6	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name OLIVER Thompson
13. Birthplace Md.

MOTHER
14. Maiden Name Ella ?
15. Birthplace ?

16 (a) Informant Husband
(b) Address 325 S. Parish St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4-1942 (month) (day) (year)
(c) Cemetery or crematory MX Olivet
Location Baltimore City

18 (a) Funeral director Pott & Co & B. M. Walter
(b) Address Stricker St.

19 SEP 3 - 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1 1942, at 2.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-31 1942 to 9-1 1942 and that I last saw her alive on 9-1 1942.

Immediate cause of death * Cerebral Thrombosis

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 9-2-42

F 95432

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1571 Registered No. E 95432

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Type correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument Street & Rutland Ave
(c) Hospital or institution:
Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Kingsville
(If outside city or town limits, write RURAL and give town)
7115
(d) Street No. Sunshine Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Chancellor E Harris Jr. (Faith F. 4769)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 16, 1942
8. AGE: Years 0 | Months 3 | Days 17 | If less than one day: hr. min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Chancellor E. Harris. Sr.
13. Birthplace Kentuckey

MOTHER
14. Maiden Name Sue Oldham
15. Birthplace Kentuckey

16 (a) Informant Father
(b) Address Kingsville, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Park
Location Park Rd.
18 (a) Funeral director Leonard A. Frank
(b) Address 2[illegible] Harford Ave
19 (a) SEP 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1942 at 7:55 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 29 1942, to Sept 2 1942, and that I last saw him alive on Sept 2 1942.

	Duration
Immediate cause of death: Respiratory failure	
Due to: Left heart failure	1 month
Due to: Fetal endocarditis	life?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Thickened endocardium, dilated heart

PHYSICIAN
Underline the cause to which death should be charged statis-

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Sinai Hosp., Monument St and Rutland Ave. Date signed 9-3-42

VS 3

95433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H

Registered No. E 95433

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Balto. City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0.0.4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 437 Bonsal St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hubert B. Kines

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Viola Kines

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 6 - 1906

8. AGE: Years 36 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace: Pa.
(Town, county, and state)

10. Usual Occupation: Crane Operator

11. Industry or business: Beth. Steel Corp.

FATHER
12. Name: John W.
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Bessie Dallas
15. Birthplace: Pa.

16 (a) Informant: Mr. J. W. Kines
(b) Address: Reisterstown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/42 (month) (day) (year)

(c) Cemetery or crematory: Parkwood
Location: Parkville
Funeral director: Lansdale Funeral Home
Address: 7401 Belair Rd
(b) Huntington Woods Registrar
(Filled by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3 1942 at 12 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Asphyxiation due to illuminating gas. — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Sept. 3 1942 at 11 PM
(c) Where did injury occur? 437 Bonsal St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhaled gas from kitchen stove

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept. 3 1942

F 95434

F 95434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1938

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-8-12

(e) Length of stay in Baltimore (yrs., mos., or days) 5-8-12

2. USUAL RESIDENCE OF DECEASED:

(a) State Penna (b) County

(c) City or town Baden (If outside city or town limits, write RURAL and give town)

(d) Street No. Mount Gallitzen Academy (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Sister M. Thecla Strittmatter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1858

8. AGE: Years	Months	Days	If less than one day
84	4	28	hr. min.

9. Birthplace Carrollton, Penna (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER 12. Name Paul Strittmatter

13. Birthplace

MOTHER 14. Maiden Name Mary Sherry

15. Birthplace

16 (a) Informant Mount Hope Retreat

(b) Address 6420 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-3-42 (month) (day) (year)

(c) Cemetery or crematory

Location Beaver Co. - Pa.

18 (a) Funeral director Steward Mason Co.

(b) Address 108 W. Lombard St.

19 (a) SEP [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3 1942 at 7.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 21 1936, to Sept 3 1942, and that I last saw h[illegible] alive on Sept 3 1942.

Immediate cause of death	Duration
Myocardial Changes	10 days
with a general debility	
Due to Old Age	
Due to	
Other Conditions Senile Dementia	5 years
Simple Deterioration	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Brynan J. Mason M. D.

Address 33 W. Lexington Embalmed

VS 3

TENNIER

F 95435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

38K

Registered No. F 95435

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address On board S.S. George Washington at sea.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 0-0-0

2. USUAL RESIDENCE OF DECEASED:
(a) State Canada (b) County Quebec
(c) City or town Kenogami (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 Oak Street (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Canada

3 (a) FULL NAME Lester Tennier

3 (b) If veteran, name war ---

3 (c) Social Security Account No. ---

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 5th 1918

8. AGE: Years 24 | Months 1 | Days 14 | If less than one day hr. min.

9. Birthplace Canada (Town, county, and state)

10. Usual Occupation Radio Operator

11. Industry or business Steamship

FATHER
12. Name Not known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not known
15. Birthplace Not known

16 (a) Informant Records S.S. George Washington
(b) Address Alcoa Steamship Co., Garret Bldg., Baltimore, Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof September 4 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Kenogami, Quebec, Canada.

18 (a) Funeral director Wm. J. Tickner & Sons.,
(b) Address North & Penna Aves-Baltimore, Md.

19 SEP 2 - 1942 (Date rec'd by Registrar) (b) Hunting to Williams Md. (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 19 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry + an operation thereon and from the evidence obtained by said Inquiry + operation (Autopsy or Inquiry) find that said deceased came to Hus death on the day stated above.

Immediate cause of death Dengue fever — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grattan, Medical Examiner.
Date signed September 28, 1942

V8 6

F 95436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

920

F 95436
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Ambulance Apt
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Bell Nock

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-07-0377

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A. Nock

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) 7/11/74

8. AGE: Years 68 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Pittsburgh Pa (Town, county, and state)

10. Usual Occupation Binding Press

11. Industry or business

FATHER
12. Name Joseph T. Nock
13. Birthplace Philadelphia Pa

MOTHER
14. Maiden Name Florence Bell
15. Birthplace Pittsburgh Pa

16 (a) Informant Mary A. Nock
(b) Address Ambulance Apt

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Co

18 (a) Funeral director Henry Wankum & Sons Co
(b) Address Mt Olivet & Orchard

19 (a) (Date received by Registrar) SEP 3 1942 Huntington Williams, M.D. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH September 1 1942, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from February 19 1942 to Sept. 1 19 42 and that I last saw h im alive on August 31 19 42

Immediate cause of death: Valvular heart disease aortic and mitral insufficiency — Duration: Several years.

Due to: Several attacks acute — 6 months

Due to: pulmonary oedema

Other Conditions old traumatic injury to back thigh.
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Randall R. Smith, for
Address 1014 St Paul St. Date signed 9/5/42

F 95437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 95437

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1434 Carroll St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1434 Carroll St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Kessler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Emil Kessler

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 24-1876

8. AGE: Years 65 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name Not Known
13. Birthplace Germany

MOTHER
14. Maiden Name Not Known
15. Birthplace Germany

16 (a) Informant Geo. Kessler
(b) Address 1318 S. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5-1945 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md

18 (a) Funeral director Geo. H. Zentlad
(b) Address 525 N. Lynchburg St

SEP 8 1945 (Date Rec'd by Registrar) (b) Huntington Willis Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2-1945 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Aug 2 1945 and that I last saw h[illegible] alive on 9/2/1945.

Immediate cause of death

Cerebral Hemorrhage 2 days

Due to Arteriosclerosis 6 Months

Due to

Other Conditions Diabetes 4 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Dixon M. D.

Address 727 Broadway Date signed

Dr. to Chas H. Hoffman
8E 95438 2d Rm

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95438 Registered No. F 95438

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4008 Penhurst Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4008 Penhurst Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Frederick J. Krauss

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	White	Married

6 (b) Name of husband or wife Ella Krauss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 24-1867

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	8	9		

9. Birthplace Baltimore Md.
(Town, county and state)
10. Usual Occupation Retired Machinist
11. Industry or business

FATHER
12. Name Wolfgan Krauss
13. Birthplace Germany.

MOTHER
14. Maiden Name Unknown.
15. Birthplace ?

16 (a) Informant Dr. Frederick J. Krauss Jr
(b) Address 3709 Greyson Oak Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9-1942 (month) (day) (year)
(c) Cemetery or crematory Louden Park Cem
Location Baltimore
18 (a) Funeral director Mamie Cook Eyster
(b) Address 1600 N. Mt. North Ave
19 (a) SEP 9 - 1942 (Date received by Registrar) Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1942 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to Sept 2 1942, and that I last saw h/m alive on Sept 1 1942.

Immediate cause of death	Duration
CARCINIMA PROSTATE GLAND	3 mos. +
Due to	
Due to	
Other Conditions METASTASIS TO NECK	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Hoffman M.D.
Address 8 East Read St. Date signed 9/3/42 M. D.

VS 3

F 95439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95439 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 851 Carol St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 851 Carol St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Patricia Ann Bilbo (Birth F 49514)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 21 1942

8. AGE: Years 0 | Months 4 | Days 11 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Gordon Bilbo
13. Birthplace Balto Md

MOTHER
14. Maiden Name Roberta Bilbo
15. Birthplace Balto Md

16 (a) Informant Mrs Roberta Bilbo
(b) Address 851 Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 3 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood M.E. Ch. yd.
Location Anna Arundel Co.

18 (a) Funeral director Homer W Livingston
(b) Address Glen Burnie Md
Huntington Williams, M.D.

19 (a) SEP 2 - 1942 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1942 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & no autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry & no autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Scurvy	
Due to inadequate feeding	
Due to	
Other Conditions Severe anemia	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Sept. 3 1942

F 95440

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 95440
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1259 JAMES Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1259 JAMES Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AGIE ABRAMITIS OR AGOTA ABROMAITIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: WIDOWED

6 (b) Name of husband or wife C. ABROMAITIS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOT KNOWN?

8. AGE: Years: ABOUT 62 | Months | Days | If less than one day: hr. min.

9. Birthplace LITHUANIAN (Town, county, and state)

10. Usual Occupation TAILOR

11. Industry or business

FATHER
12. Name NOT KNOWN
13. Birthplace LITHUANIAN

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace LITHUANIAN

16 (a) Informant MRS. MARY TURNER
(b) Address MIAMI, FLA.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 4-42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location 4430 BELAIR ROAD

18 (a) Funeral director John A. Grebiauskas Jr.
(b) Address 423 S. Paca St.

19 (a) SEP 3 - 1942 (Date rec'd by registrar) Arlington Williams M.D. (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT 1 1942 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MAR 22 1936, to SEPT 1 1942 and that I last saw h ER alive on AUG 31 1942.

Immediate cause of death	Duration
CARDIO VASCULAR DISEASE	
Due to ARTERIOSCLEROSIS	2 YEARS
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
Means of injury

23. Signature Edward F. Milan M.D.
Address 6801 Wisconsin Ave Date signed 9-3-42

VS 2

F 95441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 95441 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-8-26
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2630 McElderry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lola Burns

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife William J. Burns (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1877

8. AGE: Years	Months	Days	If less than one day
64	9	29	hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Ross ?
13. Birthplace Scotland ?

MOTHER
14. Maiden Name Mamie ?
15. Birthplace Canada ?

16 (a) Informant Pt.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4-42 (month) (day) (year)
(c) Cemetery or crematory St. Mathews
Location Donnell St.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

Date Sept 4 1942 (Local registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31 1942 at 9:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1941 to 8-31 1942 and that I last saw h alive on 8-31 1942

Immediate cause of death Cardiac failure — Duration 3 days

Due to Hypertension C.V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun

Address Balto. City Hosp. Date signed 9-2-42 M. D.

VS 8

F 95442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95442 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Hollins St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Popp.

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-6383

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1-1918

8. AGE: Years	Months	Days	If less than one day
23	11	0	hr. min.

9. Birthplace Balto. Co. Md.
(Town, county and state)

10. Usual Occupation Upholsterer

11. Industry or business

FATHER 12. Name Charles A. Popp

13. Birthplace Balto. Co. Md.

MOTHER 14. Maiden Name Josephine E. Brown

15. Birthplace Balto. Co. Md.

16 (a) Informant Theresa M. Stinebaugh

(b) Address 2034 E. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4-42 (month) (day) (year)

(c) Cemetery or crematory Maryland Memorial Pk. Cem.

Location Taylor Ave.

18 (a) Funeral director John A. Miller

(b) Address 2334 Jefferson St.

(b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1 1942, at 3 15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & an Autopsy thereon and from the evidence obtained by said Inquiry & an Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemorrhage — Duration

Due to Multiple deep lacerations of face & neck

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 1 1942 at 2 35 AM
(c) Where did injury occur? 2500 blk Frederick Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No
(Specify type of place) Struck a pole
(e) Means of injury Cut by glass in auto accident

23. Signature Robert Lee Fraser M.D.
Medical Examiner.

Date signed Sept 1 1942

F 95443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95443

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1539 Bush St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Thompson (Birth F 5643)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2 - 42

8. AGE: Years	Months	Days	If less than one day
newborn			½ hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John W. Thompson
13. Birthplace Annapolis Md

MOTHER
14. Maiden Name Catherine Thompson
15. Birthplace Balto Md

16 (a) Informant John M. Thompson
(b) Address 1539 Bush Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director William Cook Inc
(b) Address 217 E. Pratt Street

19 (a) SEP 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1942 at 10 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death Asphyxiation	
Due to atelectasis of lungs	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grafton M.D. Medical Examiner.
Date signed Sept 3 1942

VS 6

F 95444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95444 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2217 St Paul St
(c) Hospital or institution:
12
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 74yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 St Paul St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Hopkins Snowden

3 (b) If veteran, name war: no
3 (c) Social Security Account No. not

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Etta D
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8. 1864
8. AGE: Years 78 | Months 3 | Days 24 | If less than one day: hr. min.
9. Birthplace Ohio (Town, county, and state)
10. Usual Occupation: Stock Broker Retired
11. Industry or business:

FATHER
12. Name: Richard H Snowden
13. Birthplace: Ohio

MOTHER
14. Maiden Name: Martha J Sills
15. Birthplace: Ohio

16 (a) Informant: Etta D Snowden
(b) Address: 2217 St Paul St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept 4 1942 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Baltimore Md

18 (a) Funeral director: Tilburn & Son Inc
(b) Address: 1217 St Paul St

SEP 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1942 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 20 1942 to Sept 2 1942 and that I last saw him alive on Sept 1 1942

Immediate cause of death: Tuberculosis of Spine — Duration: 6 mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H T Bearce M. D.
Address 2105 Chas St Date signed Sept 2 1942

VS 3

95445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95445

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 E Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BENJAMIN J. HESS

3 (b) If veteran, name war

3 (c) Social Security Account No. 165-16-1923

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/19/20

8. AGE: Years	Months	Days	If less than one day
22	7	14	hr. min.

9. Birthplace Penna. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Glen L. Martin

FATHER
12. Name Maurice S. Hess
13. Birthplace Pa.

MOTHER
14. Maiden Name Emma K. Libard
15. Birthplace Pa.

16 (a) Informant Maurice S. Hess
(b) Address Near Columbia, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Highland Cemy. Location New Columbia, Pa.

18 (a) Funeral director John O. Mitchell Funeral Home
(b) Address 1940 Eutaw Pl.

19 (a) SEP 4 - 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3rd 1942 at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation 9-2-42
Major findings of operation: Hemorrhage
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 53-00
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-1-42 at 8:30 P. M
(c) Where did injury occur? Emory Rd (City or town) Baltimore (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? Yes or No
(e) Means of injury Motorcycle collided

23. Signature Joe L Wollenweber M.D.
Medical Examiner.
Date signed 9-3-42

VS 6

95446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 95446

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Univ Memorial Hospital

(c) Hospital or institution: 12

(d) Length of stay in hospital or inst. (yrs., mos., or days) one day

(e) Length of stay in Baltimore (yrs., mos., or days) one day

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3 East 33rd Street.

(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Male Fortus Rogers. (Birth 56761)

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife none.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1 1942

8. AGE: Years | Months | Days | If less than one day 1 hr. 20 min.

9. Birthplace Baltimore.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Bernard Joseph Rogers.

13. Birthplace New York City

MOTHER 14. Maiden Name Katherine Fiore

15. Birthplace Washington D C

16 (a) Informant Mother

(b) Address

17 (a) Removal (b) Date thereof (month) (day) (year)

(Burial, cremation, or removal)

(c) Cemetery or crematory Carnegie Crematory

Location

18 (a) Funeral director Rutzolog

(b) Address 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1942, about — M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Aug 1 1942 and that I last saw him alive on Aug 1 1942

Immediate cause of death Prematurity - 6-7 months

Due to Infection of Intestines

Due to Maternal toxemia

Other Conditions Pregnancy.

(Include pregnancy within 3 months of death)

Major findings:

Of operations none.

Of autopsy no report

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature John G. Murray Jr. M. D.

Address 9 E. Chase St. Date signed Aug 1-42

VS 3

F 95447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 183

F 95447 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harbor at Westport.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 103 N. Poppleton St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Diggo

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife
6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) June 26.

8. AGE: Years 50 | Months 2 | Days 5 | If less than one day hr. min.

9. Birthplace West Moreland, W. Va. (Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER
12. Name John Digge
13. Birthplace Va.

MOTHER
14. Maiden Name Elsie Burgess
15. Birthplace Va.

16 (a) Informant Susie Diggs
(b) Address 103 Poppleton St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Sept 4-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Cemetery
Location

18 (a) Funeral director Raphael C. Hagdes
(b) Address 210 N. Carlton St.

19 (a) SEP 4 — 1942 (Registered) Huntington Williams, MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1942 at 11 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Drowning	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (Over)
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence Sept 1 1942 at 11 AM
(c) Where did injury occur? Harbor at Westport (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? on Labor While at work? no (Specify type of place)
(e) Means of injury Drowning

23. Signature Robert Earl Graham M.D. Medical Examiner.
Date signed Sept 1 1942

VS 6

95448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95448 Registered No. 161W

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. Trailer K. 274 Site 2 (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Linda Carol Wilson (Birth F 5602)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1942

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Everett Wilson
13. Birthplace Paris, Illinois

MOTHER
14. Maiden Name Stennis Hardrick
15. Birthplace Mississippi

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL SEP 3 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) SEP 4 1942 Huntington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1942, at 11:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from August 24 1942, to August 25 1942, and that I last saw her alive on August 25 1942.

Immediate cause of death	Duration
Asphyxia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nicholas J. Pastena M. D.
Address The Johns Hopkins Hospital Date signed 8-27-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

9396

F 95449

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 95449
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: 24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 E Randall St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dennis G. Murphy (Birth F. 55622)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 19-42

8. AGE: Years | Months | Days: 15 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Garnett Murphy
13. Birthplace W. Va

MOTHER
14. Maiden Name Cecelia O Brien
15. Birthplace Balto Md

16 (a) Informant Garnett Murphy
(b) Address 206 E Randall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A & 4 Co

18 (a) Funeral director Bernard C Hafe
(b) Address 131 E West St

19 (a) SEP 4 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1942, at 4:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1942 to Sept 3 1942 and that I last saw h[illegible] alive on Sept 3 1942.

Immediate cause of death: Bilateral Lobar Pneumonia — Duration: 6 days
Due to
Due to
Other Conditions: Congenital Heart Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Lobar Pneumonia Cong. Heart Dis[illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Garnett M.D.
Address Mercy Hospital Date signed 9-3-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly

95450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16th F 95450 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South. Balto. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Unknown (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unidentified

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
65?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business Unknown

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location University Medical School

18 (a) Funeral director Commissioner of Health

(b) Address Huntington Williams M.D.

19 SEP 4 1942 (b) (Date rec'd by registrar) Registrar

VS 6

SEP 3 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-4- 1942, at 1 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry found that said deceased came to his death on the day stated above.

Immediate cause of death Drowning

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Suicide
(b) Date of occurrence 8-3-42 at 11 P. M
(c) Where did injury occur? Patapsco River (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Jumped from Hanover St. Bridge

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 8-4-42

9599

95451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95451 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 308 E Lorraine Ave

(c) Hospital or institution: at Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. 308 E Lorraine Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Elizabeth G. Twitchen

3 (b) If veteran, name war: no

3 (c) Social Security Account No. [redacted]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Henry W. Twitchen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1877

8. AGE: Years	Months	Days	If less than one day
65	1	24	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Home Work at

11. Industry or business Home

FATHER

12. Name Patrick Cunningham

13. Birthplace Ireland

MOTHER

14. Maiden Name Bridget Hanley

15. Birthplace Ireland

16 (a) Informant Miss Emily N. Twitchen

(b) Address 308 E. Lorraine Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Cathedral Cemetery

Location 4300 Old Frederick Rd

18 (a) Funeral director Edmund W. Conklin & Son

(b) Address 924 E. Lexington St. Washington, M.D.

19 (a) [illegible] (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2nd 19 at 10 AM

21. I certify that death occurred on the date above stated that I attended deceased from Oct 5 19 41 to Sept 2 19 42, and that I last saw h[illegible] alive on Sept 2 19 42

Immediate cause of death: Cardiac Insufficiency — Duration

Due to

Due to

Other Conditions Chr. Nephritis

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arthur C. Monninger M.D.

Address 800 E North Ave Date signed 9/3/42

VS 8

F 95452 — BM - 76308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95452 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Use a separate certificate for each death. Fill in all items. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 664 Sarah Ann (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herbert Thomas

3 (b) If veteran, name war

3 (c) Social Security Account No. 281-10-6420

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Thelma Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 2, 1902

8. AGE: Years	Months	Days	If less than one day
40	6 5	29	hr. min.

9. Birthplace Texas (Town, county, and state)
10. Usual Occupation Stoker
11. Industry or business

FATHER
12. Name Alexander Thomas
13. Birthplace Texas

MOTHER
14. Maiden Name Laura ?
15. Birthplace Texas

16 (a) Informant Balto. City Hosp. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location D. C. County Md.

18 (a) Funeral director William A. Jackson
(b) Address 916 [illegible]

19 (a) SEP 4 - 1942 (Date received by registrar) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1 1942, at 6 90 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-24 1942, to 9-1 1942, and that I last saw him alive on 9-1 1942.

Immediate cause of death	Duration
Hodgkins disease	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 9-1-42

F 95453

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95453 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Shields Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Leach

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-12-3546

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Ella Leach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15, 1894

8. AGE: Years	Months	Days	If less than one day
48	0	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name John Leach
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Wilkins
15. Birthplace S.C.

16 (a) Informant Balto. City Hosp. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location Md.

18 (a) Funeral director Milling & Erickson
(b) Address 916 Lanvale

19 (a) (Date received by registrar) SEP 4 1942 (b) Registrar's signature Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1942 at 1:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-26 1942 to 9-2 1942 and that I last saw him alive on 9-2 1942.

Immediate cause of death: Uremia — Duration 15 days

Due to: Pyelonephritis

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 8-5-42 + 8-19-42

Major findings of operation: Pyonephrosis with marked enlargement

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 9-5-42

F 95454

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95454 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 625 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Davis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Separated

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1911

8. AGE: Years	Months	Days	If less than one day
30	10	3	hr. min.

9. Birthplace Alabama (Town, county, and state)
10. Usual Occupation Presser
11. Industry or business

FATHER
12. Name Nelse Davis
13. Birthplace Ala.

MOTHER
14. Maiden Name Henrietta Johnson
15. Birthplace La.

16 (a) Informant Pt.
(b) Address 625 S. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary St
Location Balto Md

18 (a) Funeral director Isaiah T. Brown & Son
(b) Address 1218 W Monument St, Balto, Md

19 (a) SEP 4-19[illegible] Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2 1942 at 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2 1942 to 9-2 1942 and that I last saw him alive on 9-2 1942

Immediate cause of death: Bacterial endocarditis — Duration 2 mos.
Due to Staphylococcus
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] Kathleen M. D.
Address Balto. City Hosp. Date signed 9-3-42

VS 3

F 95455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1469

F 95455 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. 9116

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden & Madison

(c) Hospital or institution: Maryland General Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 414 W. Fayette (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Shea

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race White

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 13 - 186[illegible]

8. AGE: Years 77 [illegible] Months 0 Days 21 If less than one day hr. min.

9. Birthplace Ireland (Town, County, and State)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Washington Shea

13. Birthplace Ireland

MOTHER 14. Maiden Name Elizabeth Gilmore

15. Birthplace Ireland

16 (a) Informant Self

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem.

Location Woodlawn Md

18 (a) Funeral director John J. Fahey & Sons

(b) Address 1234 Eutaw St.

(a) (b) (Date rec'd by registrar)

VS 7-1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/3 1942 at 12.45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/13 1942 to 9/3 1942 and that I last saw h[illegible] alive on 9/3 1942.

Immediate cause of death Hypostatic pneumonia — Duration

Due to Carcinoma head of pancreas

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Thos Lynch M.D.

Address Md. Gen. Hosp. Date signed 9/3/42

95456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1571 Registered No. E 95456

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1605 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Eutaw Place.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME BABY BOY ROUSE (Birth # 56567)

3 (b) If veteran, name war ----------

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3rd. 1942

8. AGE: Years	Months	Days	If less than one day
			6 hrs. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wilbur Rouse,
13. Birthplace Greendale, Ohio.

MOTHER
14. Maiden Name Dorothy Simpson,
15. Birthplace Jackson, Ohio.

16 (a) Informant Mr. W. Rouse,
(b) Address 1605 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/42. (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto. Md.

18 (a) Funeral director Harvey Leonhardt & Son
(b) Address 1902 Eutaw Place.

19 (a) [illegible] Huntington Nilhaus M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3rd. 1942, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3, 1942 to Sept. 3, 1942, and that I last saw him alive on Sept. 3, 1942 4 A.M.

Immediate cause of death Congenital Heart disease — Duration Seconds
Due to Blue Baby ll disease — Duration hours
Due to — Duration
Other Conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. M. Greenfield M. D.
Address 1821 Eutaw Place. Date signed 9/3/42.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13

F 95457

Registered No.

Physicians: please write the causes of death clearly and legibly. Especially important. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in Hospital or inst. (yrs., mos., or days) about 10 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Mercy Hospital - Calvert & Saratoga (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

4-1

3 (a) FULL NAME Sister Mary Inez Lawson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife none

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 10, 1888

8. AGE: Years	Months	Days	If less than one day
54	4	22	— hr. — min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Sister of Mercy

11. Industry or business

FATHER

12. Name George Lawson

13. Birthplace Virginia

MOTHER

14. Maiden Name Ellen Mahoney

15. Birthplace Virginia

16 (a) Informant Records of Mercy Hospital

(b) Address Baltimore Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/42 (month) (day) (year)

(c) Cemetery or crematory Mt. St. Agnes Convent Cem. Location Mt. Washington

18 (a) Funeral director H. W. Mears and Son

(b) Address N. Calvert & St. Paul Sts. Huntington Building, Md.

19 (a) — (Accepted by registrar) — Registrar

SEP 4 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1942 at 8:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 9/2 1942 and that I last saw her alive on September 2 1942

Immediate cause of death Cardio-respiratory failure

Due to Pulmonary tuberculosis (advanced)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
20 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thomas A. Hedrick, M.D.

Address Mercy Hospital Date signed 9/2/42

F 95458

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 95458 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 Whetcoat
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 Whetcoat (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	A. A.	Widowed

6 (b) Name of husband or wife Alexander Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10 - 1874

8. AGE: Years	Months	Days	If less than one day
68 68	5	23	22 hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Henry Jennings
13. Birthplace Maryland

MOTHER
14. Maiden Name Sallie Brayford
15. Birthplace Maryland

16 (a) Informant Henrietta Jones
(b) Address 1015 Whetcoat St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/4/42 (Month) (Day) (Year)
(c) Cemetery or crematory St. Peters
Location Md.

18 (a) Funeral director Geo. G. Kelsay
(b) Address 1303 Presstmans

19 SEP 4 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/2 1942, at 6:42 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/25 1942, to 9/2 1942; and that I last saw him alive on 9/2 1942.

Immediate cause of death	Duration
Chronic Hypertension and Vascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Carson C. Johnson
Address 1802 Penna Date signed 9/3/42 M. D.

VS 3

Please write correct age is especially important. Physicians; please write the causes of death clearly and legibly.

F 95459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80 F 95459 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Glenarm (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Chase (Birth F. 43381)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 19-1944

8. AGE: Years	Months	Days	If less than one day
	7 mos.	14	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Elliott Chase
13. Birthplace South Carolina

MOTHER
14. Maiden Name Pearline Wilkinson
15. Birthplace North Carolina

16 (a) Informant Elliott Chase
(b) Address Glenarm Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Longcreen Md.

18 (a) Funeral director Clarence E. Gettier
(b) Address Fork Md.

19 (a) SEP 4 - 1942 (Date rec'd by registrar) Huntington Williamson, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 19 42 at 2 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 19 42 to Sept 3 19 42 and that I last saw h[illegible] alive on Sept 3 19 42

Immediate cause of death Acute encephalitis (unknown etiology) — Duration 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Confirmed diagnosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Provident Hosp. Date signed 9/4/42

F 95460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95460 Registered No.

PLEASE WRITE PLAINLY, with pen or indelible pencil. Do not use abbreviations. All questions must be answered or the certificate will be returned. Underline the correct answer. Be sure to give the number and street address where the deceased lived, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3623 Cottage ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3623 Cottage ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Morris Wasserman

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-18-1231

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Fanny Wasserman

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 64 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Mens clothing

FATHER
12. Name Harry Wasserman
13. Birthplace Russia

MOTHER
14. Maiden Name Chaia —
15. Birthplace Russia

16 (a) Informant Mrs. Meyer Buchbaum
(b) Address 3623 Cottage ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mill Rd
Location Woodlawn Mill Rd

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 124-26 N Howard ave

19 (a) SEP 4 1942 Registrar:

(b) Huntington Nottingham, M. D.

YB 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3 1942, at 9.20 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1st 1942 to Sept 3 1942 and that I last saw h[im] alive on Sept 3 1942.

Immediate cause of death: Carcinoma of stomach — Duration: 3½ yrs

Due to

Due to

Other Conditions Secondary anemia and metastases

(Include pregnancy within 3 months of death)

Date of operation Sept 6 - 1939

Major findings of operation: Carcinoma of stomach

of autopsy: None no autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Benjamin Kaden M. D.
Address 2306 Eutaw Pl Date signed 9-3-42

F 95461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 56

F 95461 Registered No.

PLEASE WRITE CLEARLY with pen and ink. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1743 E. Pratt Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1743 E. Pratt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Kacfrzak

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Casimir Kacfrzak
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) ? 1899

8. AGE: Years	Months	Days	If less than one day
43?			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Jamazak
13. Birthplace Poland

MOTHER
14. Maiden Name Julia Kosk
15. Birthplace Poland

16 (a) Informant Casimir Kacfrzak
(b) Address 1743 E. Pratt Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-42. (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore Co.

18 (a) Funeral director George A. Weber
(b) Address 706 S. Linwood

19 (a) SEP 4 - 1942 (Date filed by registrar) [illegible] for Wilmuth Mott Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-2- 1942 at 6:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Meningioma of Brain H.J.M.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maldeis M.D. Medical Examiner.
Date signed 9-3-42

VS 6

F 95462

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95462 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
17-1
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Wilson Court (Wilmer)
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johnson
Bernard Hill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1905

8. AGE: Years	Months	Days	If less than one day
37	3	4	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Pin Boy

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Carrie ?
15. Birthplace Md.

16 (a) Informant Friend
(b) Address ?

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Laurel Cem-
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

SEP 4 - 1942 (Date rec'd by Registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-31 1942, at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-29 1942, to 8-31 1942, and that I last saw him alive on 8-31 1942.

Immediate cause of death Pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balt. City Hosp Date signed 9-4-42

VS 3

F 95463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95463 Registered No.

PLEASE WRITE plainly with pen or indelible pencil. Every item of information should be carefully checked. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age—is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 810 W. Lexington St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ethel Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 29 1930

8. AGE: Years	Months	Days	If less than one day
12	6	4	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Henry Harris
13. Birthplace Va

MOTHER
14. Maiden Name Ethel Stokes
15. Birthplace Va.

16 (a) Informant Ethel Harris
(b) Address 810 W. Lexington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) SEP 4 - 1942 (Date rec'd by registrar) (b) [illegible] (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1942 at 9 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27 1942, to 9-2 1942, and that I last saw her alive on 9-2 1942.

Immediate cause of death Epileptic seizure — Duration

Due to Status epilepticus

Due to Injury

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Brandman M. D.
Address Date signed

VS 3

F 95464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 95464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Russel St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Scott

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	MARRIED

6 (b) Name of husband or wife Sadie Belle Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1888

8. AGE: Years	Months	Days	If less than one day
54	5	27	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Junk dealer
11. Industry or business

FATHER
12. Name Isiah Scott
13. Birthplace Md

MOTHER
14. Maiden Name Hazzett Blake
15. Birthplace Md

16 (a) Informant Sadie Belle Scott
(b) Address 918 Russel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) (Date received by registrar) (b) Registrar

SEP 4 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1942, at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Pulmonary Hemorrhage	
Due to Chronic pulm tuberculosis with large cavity in left lung	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fentress M.D. Medical Examiner.
Date signed Sept. 2 1942

95465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

87c

F 95465 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2811 Overland Ave.
(c) Hospital or institution: 27
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2811 Overland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IRVIN LEE RODENHI

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	178 - 01 - 0898	male	white	married

6 (b) Name of husband or wife Marie Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1883

8. AGE: Years	Months	Days	If less than one day
58	9	15	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Foreman
11. Industry or business Phillips - Jones

FATHER
12. Name Thomas Rodenhi
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Kifel
15. Birthplace Md.

16 (a) Informant Mrs. Marie E. Rodenhi
(b) Address 2811 Overland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Baltimore, Md.

18 (a) Funeral director WM J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) 9-4-1942 (Date rec'd by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3, 1942, at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 to Aug. 3/1942 and that I last saw h[illegible] alive on Aug 19th 1942

Immediate cause of death: Paralysis Agitans — Duration: 5 yrs. +

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert W. Harris, M.D.
Address 1014 St. Paul St. Date signed 9/4/42

F 95466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131 b F 95466 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1613 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Anderson

3 (b) If veteran, name war | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Christina
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1877

8. AGE: Years	Months	Days	If less than one day
64	89	28	hr. min.

9. Birthplace Charlottesville, Va. (Town, county, and state)
10. Usual Occupation School principal (Retired)
11. Industry or business

FATHER
12. Name Wm Anderson
13. Birthplace Virginia

MOTHER
14. Maiden Name Imogene Hamon
15. Birthplace Virginia

16 (a) Informant Christina Anderson
(b) Address 1513 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 SEP 4 - 1942 (c) Signature of Registrar
Date received by Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1, 1942 at 4:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 19 42 to Sept. 1 19 42 and that I last saw h[illegible] alive on Sept 1 19 42

Immediate cause of death — Duration

Acute Myocarditis — 3 days

Due to

Due to

Other Conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rackley, M.D.
Address Provident Hosp. Date signed 9/4/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

42d

F 95467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 Lafayette Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Bowen

3 (b) If veteran, name war No | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1856

8. AGE: Years 86 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Josiah Bowen
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Ann Maria Appleby
15. Birthplace Balto Md.

16 (a) Informant Ella Hagan
(b) Address 628 Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Catholic
Location Balto Md.

18 (a) Funeral director Mrs. Chas. A. Stallard
(b) Address 1601 Druid Hill Ave

19 (a) Victor Williams M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 1 1942, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1942, to Sept 1 1942, and that I last saw him alive on August 1942

Immediate cause of death: Chronic Valvular Heart Disease — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Williams Frey
Address 1928 Pa Ave Date signed 9/3/42

conduct age is especially important. Physicians: please write the causes of death clearly and legibly

10-42 8

426958 F 95468

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95468 Registered No. 1370

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 257 S. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Musch (HENRY MUSCH)

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-14-3441

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna Catherine

6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) 2-20-61

8. AGE: Years 81 | Months 6 | Days 12 | If less than one day: hr. min.

9. Birthplace Md. Baltimore Md (Town, county, and state)

10. Usual Occupation None Barber

11. Industry or business

FATHER
12. Name John C. Musch
13. Birthplace Germany

MOTHER
14. Maiden Name Kuni Shader
15. Birthplace Germany

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5. 1942 (month) (day) (year)
(c) Cemetery or crematory St. Matthew's Cem.
Location Baltimore Md. by H. Sander

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway

19 SEP 4 1942 (b) Registrar's signature Huntington Willard

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1942 at 4:24 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1942 to Sept 2 1942 and that I last saw him alive on Sept 2 1942

Immediate cause of death Heart failure — Duration

Due to arteriosclerotic heart disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9/2/42

Major findings of operation: Benign prostatic hypertrophy.

of autopsy Arteriosclerotic heart disease

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Lemmon M. D.
Address Johns Hopkins Hosp. (Date signed)

F 95469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 95469

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct as far as is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 210 N. Kaderia Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 N. Kaderia Street
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Frank Tomasek, Sr.

3 (b) If veteran, name war .....
3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Henrietta
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1878

8. AGE: Years	Months	Days	If less than one day
63	10	5	..... hr. ..... min.

9. Birthplace Czechoslovakia (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Frank Tomasek
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Benat
15. Birthplace Czechoslovakia

16 (a) Informant Joseph Tomasek (son)
(b) Address 612 S. Decker Avenue

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 9/7/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Annapolis Blvd.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) 9/4/42 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

SEP 4 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1942 at 3:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 7 1942, to Sept 4 1942, and that I last saw h alive on Sept. 3 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 10 days
Due to Hypertensive Cardio-Vascular Renal Disease — 10 yrs.
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: .....
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....
23. Signature Israel Rosen M. D.
Address 2413 E. Monument St. Date signed 9/4/42

F 95470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95470 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be answered, or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address REISTERSTOWN RD
(c) Hospital or institution: MT. SINAI HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 5 OYRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 N. HIGH ST.
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ROSE SAPPERSTEIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife ABRAHAM
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

MOTHER | FATHER
12. Name ELLIA
13. Birthplace RUSSIA
14. Maiden Name ROSE
15. Birthplace RUSSIA

16 (a) Informant MR. M. SAPPERSTEIN
(b) Address 211 N. HIGH ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-4-42 (month) (day) (year)
(c) Cemetery or crematory HERRING RUN
Location PHIL. RD. & ROWLEYS LANE

18 (a) Funeral director Jack Levis Inc.
(b) Address 1439 E. Balto St

19 SEP 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4-42 19 , at 4 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1942, to Sept 4 1942, and that I last saw h alive on 19

Immediate cause of death	Duration
Bronchus Pneumonia	one day
Due to Cardio Renal Vas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
—
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature a. g. Freedom M. D.
Address 117 S. Broadway Date signed

F 95471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1936

F 95471 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25 30 Sycamore ave
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County Balto
(c) City or town Edgemere md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 25 30 Sycamore ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Stewart

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19-1901

8. AGE: Years	Months	Days	If less than one day
41	6	14	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Sparrow Point

FATHER
12. Name Charles E. Stewart
13. Birthplace Va.

MOTHER
14. Maiden Name Lola Penick
15. Birthplace Va

16 (a) Informant Clarence E Stewart
(b) Address 25 30 Sycamore Edgemere Md

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 9 4 36 (month) (day) (year)
(c) Cemetery or crematory Clover Va
Location Virginia

18 (a) Funeral director Payne Sanders
(b) Address 2412 E Preston St

19 (a) SEP 4 1936 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1936 at 5 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1935 to Sept 3 1936
and that I last saw h.l alive on Sept. 3 1936

Immediate cause of death Congestive Heart Failure — Duration 3 weeks
Due to Hypertensive Heart Disease
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Packing
Address Provident Hosp. Date signed 9/4/36

F 95472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95472 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Every correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 175 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1135 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Estella Lee 72499

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1907

8. AGE: Years	Months	Days	If less than one day
35	0	15	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Lee
13. Birthplace Va.

MOTHER
14. Maiden Name Novella Thomas
15. Birthplace Va.

16 (a) Informant hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Ga. Co. Md.

18 (a) Funeral director Wilhelmina A. Jackson
(b) Address 916 Penna. Ave.

19 (a) SEP 4 – 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3 1942, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 13 1942, to Sept. 3 1942, and that I last saw her alive on Sept. 3 1942

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs
Due to	
Due to	
Other Conditions tbc. peritonitis	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: pulm. tbc.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Wilhelmina Jackson M. D.
Address Balto City Hosp Date signed 9/5/42

VS 2

95473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

VIC E 95473 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 715
(d) Length of stay in hospital or inst. (yrs., mos., or days) D
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Sherwood Forest (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Richard Magee (Birth F 56 91)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 28, 1942

8. AGE: Years	Months	Days	If less than one day
			9 hr 20 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Byron DeLos Magee
13. Birthplace Los Angeles, California

MOTHER
14. Maiden Name Catherine Willis
15. Birthplace Vermont

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL SEP 4 1942
Commissioner of Health

18 (a) Funeral director
Address SEP 4 1942

19 (a) (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 19 42, at 12:28 PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 28 19 42, to August 28 19 42, and that I last saw him alive on August 28 19 42.

Immediate cause of death	Duration
Prematurity	
Due to Placenta Previa	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Williams M. D.
Address Johns Hopkins Hospit Date signed 8-31-42

VS 2

9405

F 95474

BALTIMORE CITY HEALTH DEPARTMENT 1/16 Registered No. F-95474

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Jewell (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Spriggs (Keith F-55434)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 18, 1942

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Percy Spriggs
13. Birthplace Maryland

MOTHER
14. Maiden Name Mamie Harvey
15. Birthplace Maryland

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL SEP 4 1942

18 (a) Funeral director Commissioner of Health
(b) Address

SEP 4 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1942, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 18 1942 to August 24 1942. and that I last saw him alive on August 24 1942.

Immediate cause of death	Duration
Generalized infection.	
Due to (Over)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholas J. Lanteman M. D.
Address Johns Hopkins Hospital Date signed 8-27-42

VS 8

9404

95475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 95475
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 16 Greenville (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Anne Wallace (Baby F 56988)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 24, 1942

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Bernard Wallace
13. Birthplace Annapolis, Maryland

MOTHER
14. Maiden Name Jennie Stanley
15. Birthplace Maryland

16 (a) Informant Records
(b) Address The Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL SEP 4 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 SEP 4 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1942, at 9:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 24 1942, to August 26 1942, and that I last saw her alive on August 26 1942.

Immediate cause of death Prematurity — Duration

Due to Premature Birth

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholson J Eastman M. D.
Address Johns Hopkins Hospital Date signed 8-28-42.

VS 3

9402

F 95476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 95476 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1531 W. Lexington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 19yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 W. Lexington (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Rosa Benjamin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	C	Widow

6 (b) Name of husband or wife Mike Benjamin
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 9/6/1874

8. AGE: Years	Months	Days	If less than one day
68	1	27	..... hr. ..... min.

9. Birthplace Jackson, N. C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Reddick Johnson
13. Birthplace Jackson, N. C.

MOTHER
14. Maiden Name Rosa Peterson
15. Birthplace Jackson N. C.

16 (a) Informant Rodella Watkins
(b) Address 1531 W. Lexington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/42 (month) (day) (year)
(c) Cemetery or crematory
Location Weldon, N. C.

18 (a) Funeral director William A. Jackson
(b) Address [illegible]

19 (a) SEP 4 - 1942 (Date rec'd by registrar) (b) [illegible]

Harlington Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8/42 19 ..., at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/6/42 19 ... to 9/3 1942
and that I last saw h[illegible] alive on 9/2/42.

Immediate cause of death Cerebral Hemorrhage — Duration 24 hrs. since 9/8/42
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Goldsmith M.D.
Address 1131 Harlem Date signed 9/3/42

VS 3

F 95477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1942 Registered No. F 95477

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Rosedale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8107 Old Phila. Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia Hammerbacher

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28-1875

8. AGE: Years	Months	Days	If less than one day
67	6	6	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Henry Henker
13. Birthplace Germany

MOTHER
14. Maiden Name Upmann
15. Birthplace Germany

16 (a) Informant Mrs. Kirkhoff
(b) Address 8107 Old Phila Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave - Rd.

18 (a) Funeral director John G. Connelly
(b) Address 418 Eastern Ave - Balto

19 (a) (Date received by registrar) SEP 4 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3, 1942 at 8:34 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1942 to Sept 3 1942 and that I last saw h[illegible] alive on 9-3 1942

	Duration
Immediate cause of death Myocardial insufficiency & Complete Ht. Block & Cerebral Hemorrhage,	0-4 wks?
Due to Coronary occlusion, acute,	3 wks?
Due to Hypertension & Arteriosclerotic cardiovasc. disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As stated

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alexander E. Brodsky
Address Sinai Hospital Date signed 9/3/42

VS 3

E 95478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95478 Registered No.

Correct age is especially important. If unknown, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Glen Burnie
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 Annapolis Blvd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Robert Blake, Jr. (Birth F-38848)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1941

8. AGE: Years 0 | Months 9 | Days 19 | If less than one day ... hr. ... min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Edward R. Blake, Sr.
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Emily Louise Edwardsen
15. Birthplace Brooklyn, N. Y.

16 (a) Informant Mrs. Edward R. Blake
(b) Address 422 Annapolis Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-42 (month) (day) (year)

(c) Cemetery or crematory Moreland Park
Location Taylor Ave

18 (a) Funeral director Leonard J. Rusk
(b) Address 5709 Harford Rd.

19 (a) 9-4-1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7, 1942, at 8:30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1942, to 9/7 1942, and that I last saw h.i.m alive on 9/4 1942.

Immediate cause of death Cardiac Failure — Duration 4 days

Due to Congenital Heart Disease — Duration Life

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Robert B. Tate M. D.
Address Mercy Hospital Date signed 9/7/42

VS 3

F 95479

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95479 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution: U. S. Marine Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ Mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Same

2. USUAL RESIDENCE OF DECEASED:
(a) State New Jersey (b) County Dividing Creek
(c) City or town Dividing Creek
(If outside city or town limits, write RURAL and give town)
(d) Street No. None (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elcana Gaskill

3 (b) If veteran, name war: No
3 (c) Social Security Account No. ?

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lovina Gaskill
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1861

8. AGE: Years 81 | Months 9 | Days 25 | If less than one day ..... hr. ..... min.

9. Birthplace Bivalve, New Jersey (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business Merchant Seaman

FATHER
12. Name Daniel Gaskin
13. Birthplace New Jersey

MOTHER
14. Maiden Name Mary Pepper
15. Birthplace New Brunswick, N. J.

16 (a) Informant Hospital Record.
(b) Address Marine Hosp., Balt., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7 1942 (month) (day) (year)
(c) Cemetery or crematory Methodist Cemetary
Location Dividing Creek, N. J.

18 (a) Funeral director [illegible]
(b) Address 1900 Eutaw Place, Balt., Md.

19 (a) 9-7-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1942, at 5.30p M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-26 1942 to Sept 4 1942 and that I last saw him alive on Sept 4 1942.

Immediate cause of death Cerebral Hemorrahage — Duration 1½ Mos.

Due to Generalized Arteriosclerosis

Due to

Other Conditions Uremia. Cardiac Failure with Auricular Fibrillation
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles E. Smith, M.D.
Address U. S. Marine Hosp. Balt. Md. Date signed 9-4-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 of F 95480 Registered

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkens
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 3 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County do
(c) City or town Baltimore do
(If outside city or town limits, write RURAL and give town)
(d) Street No. Round Bay
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Windsor (Kindsor) (Certificate F 56180)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-3-42

8. AGE: Years 3 hrs. Months Days If less than one day 3 hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Eldridge Windsor
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza. Hutchins
15. Birthplace Balto. Md.

16 (a) Informant Mrs. H. S. Dubell
(b) Address 1841 Mt Royal ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Gummy oak ave Woodlawn

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1942 at 6.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942, to Sept 3 1942 and that I last saw him alive on Sept 3 1942

Immediate cause of death Intracranial hemorrhage.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N. Cumis M. D.
Address St Agnes' Hosp. Date signed 9/7/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95481 Registered No.

Physicians: please write the causes of death clearly and legibly ... correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 121 N. Potomac St,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 N. Potomac St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret M. Knight

3 (b) If veteran, name war ****
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife **** Charles H. Knight
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan, 21, 1878

8. AGE: Years	Months	Days	If less than one day
64	7	11	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Henry M. Smith
13. Birthplace Baltimore Md,

MOTHER
14. Maiden Name Eva Langraph
15. Birthplace Germany

16 (a) Informant Mrs Krytle Frittitz
(b) Address 4203 Wentworth Rd,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto,

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 1, 1942 at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1939, to Sept 1 1942, and that I last saw her alive on 9-1 1942

Immediate cause of death: Cerebral hemorrhage — Duration: 1 day.
Due to: Hypertension
Due to:
Other Conditions: arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J. Gould M. D.
Address 14 N East ave Date signed 9-2-42.

VS 8

F 95482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95482
Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Women's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3212 Normount Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Clara Katherine Downey.

3 (b) If veteran, name war —
3 (c) Social Security Account No. [illegible]

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alvin W. Downey
6 (c) If alive, give age: 39 years
7. Birth date of deceased (mo., day, yr.) Oct 31, 1906
8. AGE: Years 35 | Months 10 | Days 3 | If less than one day ____ hr. ____ min.
9. Birthplace: Baltimore, Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:
FATHER 12. Name: Wm. H. Glover
13. Birthplace: Balto., Md.
MOTHER 14. Maiden Name: Elizabeth M. Krauss
15. Birthplace: Balto., Md.
16 (a) Informant: Patient
(b) Address: Same
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 7 1942 (month) (day) (year)
(c) Cemetery or crematory: London Park Cem.
Location: London Park Balto., Md
18 (a) Funeral director: A. Edward Evans
(b) Address: 1400-22 N. Charles St.
SEP 4 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3, 1942, at 2:32 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20, 1942, to Sept. 3, 1942, and that I last saw h[illegible] alive on Sept 3 1942.

Immediate cause of death	Duration
Paralytic ileus ?	?
Due to P. O. retention obstruction?	?
Due to P. O. Miles Operation for	8 days
Other Conditions Carcinoma of Rectum	6 months

(Include pregnancy within 3 months of death)
Date of operation Aug 26, 1942
Major findings of operation: Carcinoma of rectum
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature: Frank W. Lotterhos M. D.
Address: Women's Hospital Date signed 9-3-42

VS 8

F 95483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95483 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1228 S. Hanover St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 - 3rd Ave. (If rural give location)
Brooklyn Park
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John G. Schramm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife (nee Wagner) Mary G. Schramm
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1878

8. AGE: Years	Months	Days	If less than one day
63	11	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Chauffeur for
11. Industry or business Belting Conveyor Co.

FATHER
12. Name John G. Schramm
13. Birthplace German

MOTHER
14. Maiden Name Mary Middleman
15. Birthplace Balto., Md.

16 (a) Informant John H. Schramm [illegible]
(b) Address 107 - 3rd. Ave. Brooklyn Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Baltimore, Md.

18 (a) Funeral director H. Howard Evans
(b) Address 1400-02 E. Charles St.

19 SEP 4 - 1942 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3, 1942 at 9:02 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-16 1942 to 9-3- 1942 and that I last saw him alive on 9-3- 1942.

Immediate cause of death	Duration
Hypertension Cardio vascular	
Due to Uremia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert L. Hunkman M. D.
Address 7579 Eastern Ave. Date signed 9-4-42

VS 3

F 95484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a F 95484 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1837 E. 30th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~Life~~
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1837 E. 30th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Zunnell

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Widower

6 (b) Name of husband or wife Mary M. Zunnell (Nee Burgess) 6 (c) If alive, give age 2 years

7. Birth date of deceased (mo., day, yr.) May 16, 1867

8. AGE: Years	Months	Days	If less than one day
75	3	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired B&O. R.R.
11. Industry or business Conductor

FATHER
12. Name Henry Zunnell
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine ?
15. Birthplace Germany

16 (a) Informant Mrs. Mary J. Williams Daughter
(b) Address 1837 E. 30th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore Md.

18 (a) Funeral director A. Raymond Evans
(b) Address 1400 N. Charles St.

19 (a) Sept 4 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1942 at 11:30 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from July 30 1942 to Sept 3 1942 and that I last saw him alive on Sept 2 1942.

Immediate cause of death	Duration
Coronary Thrombosis	2 wks
Due to Arteriosclerotic Cardiovascular Disease	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Brott M. D.
Address 1331 E. North Ave. Date signed 9-3-42

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95485 Registered No.

correct age is especially important. Physicians: please write the

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Calvert
(c) City or town Dunkirk
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Chaney

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-3-42

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name John Alexander
13. Birthplace

MOTHER
14. Maiden Name Dorothy
15. Birthplace

16 (a) Informant Records.
(b) Address

17 (a) Burial (b) Date thereof 9/5/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Friendship
Location A & E Co. Md
Funeral Home A. Stylching
18 (a) Funeral director
(b) Address Owings Calvert Co Md

19 (a) SEP 4 1942 (b) Huntington Millington Md
(Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4 1942, at 12:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19
and that I last saw him alive on 9/4 1942.

Immediate cause of death	Duration
Prematurity	
Due to (a) Respiratory Failure	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe, M. D.
Address Johns Hopkins Date signed 9/4/42

F 95486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 95486

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 109 N. Payson St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 109 N. Payson St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary C. McKenna

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Frank P.

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Apr. 23, 1879

8. AGE: Years	Months	Days	If less than one day
63	4	9	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Charles King

13. Birthplace New York

MOTHER

14. Maiden Name Winifred Cronan

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Gertrude Windle

(b) Address 109 N. Payson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd.

18 (a) Funeral director Fred A. Krauss & Son

(b) Address 1216 S. Charles St.

19 (a) SEP 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 2 1942, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 24 1939 to Sept 2 1942, and that I last saw her alive on Aug 20 1942.

Immediate cause of death	Duration
Pulmonary Oedema	1 day
Due to Hypertension	3 days
Due to	
Other Conditions Hypertension Senile Psychosis (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James A. Kitzmiller M.D.

Address 721 Medical Arts Bldg Date signed 9/6/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

95487

BALTIMORE CITY HEALTH DEPARTMENT 1942 Registered No. E 95487

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Brooklyn Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Edgemere
(If outside city or town limits, write RURAL and give town)
(d) Street No. Sycamore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Charles Stern

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-1716

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced: M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2-1882

8. AGE: Years 60 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Orange Co Va
(City, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Harvey Stern
13. Birthplace Va

MOTHER 14. Maiden Name Ida Young
15. Birthplace Va

16 (a) Informant Florence Stern
(b) Address Edgemere

17 (a) Burial (b) Date thereof Sept 8-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary
Location Gy. A Co

18 (a) Funeral director Sam'l H. Chase Son
Address 63 E. N. Gilmore

19 (a) SEP 5 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1942 at 12 55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942 to Sept 4 1942 and that I last saw h.i. alive on Sept 4 1942

Immediate cause of death: Congestive Heart Failure — Duration: 3 days

Due to: Hypertension Heart Disease

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckless M.D.
Address Brooklyn Hosp Date signed 9/4/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

95488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95488

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3-E-27½ St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3-E-27½ St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Thomas Whitridge Campbell

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov-20-1868

8. AGE: Years 73 | Months 9 | Days 14 | If less than one day 10 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Grain business

FATHER
12. Name William L. Campbell
13. Birthplace Ireland

MOTHER
14. Maiden Name Susan Zollinger
15. Birthplace Penna

16 (a) Informant Chas C. Popplein (sister)
(b) Address Reisterstown - Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9- (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Baltimore

18 (a) Funeral director Sherwood Mowen Co.
(b) Address 1082 W Northwood

19 (a) SEP 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/3/1942 at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/1 1942 to 9/3 1942 and that I last saw h[illegible] alive on 9/3 1942

Immediate cause of death Myocarditis — Duration

Bronchopneumonia

Due to

(over)

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence Smith M.D.
Address 817 Park Ave Date signed

VS 8

F 95489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

F 95489 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 405 E. 22nd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 E. 22nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MRS ANNA HART

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Daniel T. Hart

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1848

8. AGE: Years	Months	Days	If less than one day
94	7	15	hr. min.

9. Birthplace New Market Md (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER
12. Name Hanson C. Jordan
13. Birthplace Carroll Co. Md

MOTHER
14. Maiden Name Elizabeth Shipley
15. Birthplace Carlisle, Pa

16 (a) Informan Anna Helen Hart
(b) Address 405 E. 22nd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Baltimore, Md

18 (a) Funeral director Durward L. Cornelius
(b) Address 21 W. 25th St.

19 (a) SEP 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1942, at 7 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Pneumonia, lobular	
Due to Fracture of right femur	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence August 28, 1942 a.m.
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury fell out 1 bed

23. Signature H. L. Wallenwebber M.D. Medical Examiner.
Date signed 8-4-42

F 95490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W

F 95490 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1838 Wilkens Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence H. Paul Sr.

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 705-05-2072

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary A. Paul

6 (c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): July 10. 1882

8. AGE: Years: 60 | Months: 1 | Days: 24 | If less than one day: hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Boiler Maker

11. Industry or business: B. & O. R.R.

FATHER
12. Name: Anthony G. Paul
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Margaret Dereton
15. Birthplace: Baltimore Md.

16 (a) Informant: Mary A. Paul
(b) Address: 1838 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 7th 1942 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: City

18 (a) Funeral director: Mr. & Mrs. John N. Teufel & Son
(b) Address: 801 W. Fayette St.

19 (a) (Date received by registrar) SEP 9 1942 (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1942 at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1942 to Sept 3 1942, and that I last saw h[illegible] alive on Sept 2 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 3 mins

Due to:

Due to:

Other Conditions: Hypertension

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Albert Kormeal
Address: 1934 W Lexington Ave Date signed: 9/4/42

PLEASE WRITE PLAINLY, with UNFADING INK. Every item of information should be entered correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95491
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1121 Bonaparte Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 Bonaparte Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Mary A. Bayer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Conrad J. Bayer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April-19-1842

8. AGE: Years 86 | Months 4 | Days 15 | If less than one day hr. min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: Robert Haberlander
13. Birthplace: Germany

MOTHER
14. Maiden Name: Not known
15. Birthplace: " "

16 (a) Informant: Anna Bayer
(b) Address: 1121 Bonaparte Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept-7-1942 (month) (day) (year)
(c) Cemetery or crematory: Holy Redeemer Ce. Md.
Location: Belair Rd.

18 (a) Funeral director: Henry Heuck & Sons Inc.
(b) Address: 1348 E. Eager St.

19 (a) SEP 5 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept-4-1942 19 ..., at 3.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2- 1942, to Sept 4- 1942, and that I last saw her alive on Sept 4- 1942.

	Duration
Immediate cause of death: Edema of Lungs	1 day
Due to: Cerebral Hemorrhage	2 days
Due to:	
Other Conditions: Diabetes Mellitus	5 days

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: E. Gill Hall, M. D.
Address: 1631 E North Ave Date signed: 9/5-42

V8 3

F 95492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 95492 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 N. Castle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cullison Roy M. (Milton Roy Cullison)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	218-07-2934	M	W	married

6 (b) Name of husband or wife Eva W. Cullison
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12/18/1885

8. AGE: Years	Months	Days	If less than one day
56	8	16	hr. min.

9. Birthplace Baltimore - Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Harry Cullison
13. Birthplace St. Mary's Co., Md.

MOTHER
14. Maiden Name Elizabeth Wilson
15. Birthplace Deal's Island, Md.

16 (a) Informant Mrs. Eva Cullison, wife
(b) Address 613 N. Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) (Date received by registrar) (b) Huntington White Registrar

VS 7

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30 1942 to 9-4 1942 and that I last saw h 8 alive on 9-4 1942

Immediate cause of death Enlarged Lymphatic Glands of Mesentery

Due to Acute Staphylococcus Septicemia

Due to

Other Conditions Hypertensive Cardio-Vascular Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. Smith
Address St. Joseph Hosp. Date signed 9/4/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

F 25493 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2646 Harford Rd (If rural, give location)
(e) If foreign born, how long in U. S. A.? No years

3 (a) FULL NAME Mrs. Amelia Bowers.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None
4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Robert C.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb. 15, 1878
8. AGE: Years 64 | Months 6 | Days 19 | If less than one day: hr. min.
9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Henry Bucher
13. Birthplace Penna.

MOTHER
14. Maiden Name Sarah Wagleman
15. Birthplace Penna.

16 (a) Informant Robert C. Bowers
(b) Address 2646 Harford Road
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.
18 (a) Funeral director Williams Cook Co.
(b) Address 1217 Eutaw St.
19 (a) SEP 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4th 1942 at A M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1942 to Sept 4 1942 and that I last saw h[illegible] alive on Sept 4 1942.

Immediate cause of death: Congestive Heart failure — Duration
Due to: Chronic myocarditis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John D. Young Jr.
Address Md. Gen'l Hosp. Date signed 9/9/42

PLEASE WRITE PLAINLY. WITH UNFADING INK. ENTRIES MUST BE MADE IN PERMANENT RECORD. Fill in all items. Underline the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95494
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 838 W. Fayette ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 838 W. Fayette ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank J Stalling

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	W	Divorced

6 (b) Name of husband or wife Marion

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 8, 1884

8. AGE: Years	Months	Days	If less than one day
58	4	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Not Stated

11. Industry or business

FATHER 12. Name Frank Starlings

13. Birthplace

MOTHER 14. Maiden Name Nellie?

15. Birthplace

16 (a) Informant Josep Starling

(b) Address 490 Crows Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn, Md.

18 (a) Funeral director Williams Cooley Inc

(b) Address 1217 Pennsylvania Ave Baltimore Md

19 (a) SEP 5 1942 (b) Huntington Williams, MD
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3 1942 at 9:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in person (Autopsy or Inquiry) thereon and from the evidence obtained by said in person (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carcinoma of the Larynx — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed Sept. 3 1942

VS 6

95495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106a

F 95495

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 Forman Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Donald Foy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 14-1939

8. AGE: Years 3 | Months 0 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name James Foy

13. Birthplace N. Carolina

MOTHER 14. Maiden Name Lavella Blackwell

15. Birthplace Elliott City, Md.

16 (a) Informant Lavella Foy

(b) Address 1836 London St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvert Cem. Location Anne Arundel Co.

18 (a) Funeral director Arthur Gott

(b) Address 2 E. Lexington St. Baltimore, Md.

19 SEP 5 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4- 1942 at 3 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Acute Bronchitis

Due to

Due to

Other Conditions Acute Pulmonary Edema (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Type

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wilkens M.D. Medical Examiner.

Date signed 9-5-42

VS 6

95496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95496

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 413 Druid Hill Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 413 Druid Hill ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** James Ready

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/13/18

8. AGE: Years	Months	Days	If less than one day
24	7	21	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Fruit Market

11. Industry or business

FATHER 12. Name John Ready

FATHER 13. Birthplace Md.

MOTHER 14. Maiden Name Viola Ready

MOTHER 15. Birthplace Md.

16 (a) Informant Viola Ready

(b) Address 413 Druid Hill ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/5/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Q. A. County

18 (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill ave.

19 (a) SEP 5 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1942, at 7.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 27 1942 to Sept 3 1942 and that I last saw h[illegible] alive on Sept 2 1942

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 mos
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. C. Pelletier M. D.

Address 817 Hamilton Ave Date signed Sept 3 1942

VS 3

F 95497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

131a F 95497 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 902 E. 41th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 902 E. 41th. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida V. Pruett.

3 (b) If veteran, name war: **

3 (c) Social Security Account No.: ****

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: **** Geo. W. Pruett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 28. 1852

8. AGE: Years 90 | Months 76 | Days 5 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation House Work

11. Industry or business

FATHER
12. Name Louis Carr
13. Birthplace Maryland

MOTHER
14. Maiden Name Susanie Knowl
15. Birthplace Maryland

16 (a) Informant Mrs Elmer Compton
(b) Address 902 E. 41th. St. Baltimore.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/5/1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East End North Ave.

18 (a) Funeral director John J. Mosan
(b) Address 4209 Greenmount Ave.

19 (a) (Date received by Registrar) SEP 3 1942 (b) Hunting to Pall. Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2. 1942, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 19 , to Sept 2 1942 and that I last saw h alive on 7/2/42 19 .

Immediate cause of death: Cardio Renal Vascular disease — Duration: 20 yrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H W Wheelan M. D.
Address X309 Ft Rd Date signed 9/3/42

95498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 95498
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3043 Belmont Ave.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3043 Belmont Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret May Gambrill

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1872

8. AGE: Years 70 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Joseph J. Gambrill
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Mary J. Young
15. Birthplace Md.

16 (a) Informant Mrs. Minnie G. Hutchins
(b) Address 3043 Belmont Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave.,

18 (a) Funeral director E. Howard Strong
(b) Address 3207 W. North Ave.,

19 SEP 5 - 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3, 1942, at 7.40 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1942 to Sept 3 1942 and that I last saw her alive on Sept. 3 1942

Immediate cause of death: Carcinoma of lungs — Duration: 8 mon

Due to: Carcinoma of breast — 1 yr.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation May - 1939
Major findings of operation: Carcinoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Homer L. Dodd M. D.
Address 735 N. Fulton Ave. Date signed 9/4/42

VS 3

95499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95499
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1606 W. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1606 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret M. O'Shea
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1875

8. AGE: Years	Months	Days	If less than one day
66	11	29	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Unknown
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Mrs Margaret F. Walters
(b) Address 1410 W. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Noonan Son
(b) Address 901 Hollins St.

19 (a) Date received (year) (b) Huntington Williams, M.D. Registrar

SEP 5 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3rd 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to Sept 3 1942, and that I last saw her alive on Sept 3 1942.

Immediate cause of death Coronary Thrombosis — Duration 1 day
Due to
Due to
Other Conditions Arteriosclerosis Heart Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan Rowen M. D.
Address 206 S. Eden St Date signed 9-4-42

419646

85500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 95500 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 932 W Lombard St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Sullivan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-7-30

8. AGE: Years	Months	Days	If less than one day
11	10	27	hr. min.

9. Birthplace Md. Baltimore (Town, county, and state)

10. Usual Occupation School girl

11. Industry or business

FATHER

12. Name Clarence Sullivan

13. Birthplace Md.

MOTHER

14. Maiden Name Emma Friesen

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/42 (month) (day) (year)

(c) Cemetery or crematory London Park Cem Location Frederick Ave

18 (a) Funeral director John J. Cowan & Son

(b) Address 961 Hollins St

19 (a) [illegible] (b) Huntington Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1942 at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1942 to Sept 3 1942 and that I last saw her alive on Sept 3 1942

Immediate cause of death	Duration
chronic? lymphoid leukemia	5 wks +
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert Austrian

Address The Johns Hopkins Hosp. Date signed 9/8/42

SEP [illegible] 1942

VS 3

F 95501 (over) #16

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95501

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd. & Herring Run
(c) Hospital or institution: Lyden Ham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Brent Gate
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Elizabeth Harris (Birth F 48161)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col. W | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 10, 1942

8. AGE: Years | Months 4 | Days 25 | If less than one day hr. min.

9. Birthplace [illegible], Md. (City or town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Thomas Jones
13. Birthplace Annapolis, Md.

MOTHER
14. Maiden Name Mary Harris
15. Birthplace Balto.

16 (a) Informant Mary Harris
(b) Address Brent Gate, A.A. Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/42 (month) (day) (year)

(c) Cemetery or crematory Fowler
Location Brent Gate. A.A. Co Md

18 (a) Funeral director T. A. Hard[illegible] & Son
(b) Address Galesville Md

19 (a) Date received by Registrar SEP 6 1942 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1942, at 11:47 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3 1942, to Sept. 5 1942 and that I last saw her alive on Sept. 3 1942.

Immediate cause of death Meningitis — Duration

Due to H. Influenza — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Influenza Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature K. Kenneth Krukenty M.D.
Address Lyden Ham Hosp. Date signed 9/5/42

95502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95502 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st Street
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo25da
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo25da

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Kent
(c) City or town Stillpond (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FREEMAN, DAVID HENRY

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:
4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sadie Freeman
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Sept. 10, 1890
8. AGE: Years 51 | Months 11 | Days 24 | If less than one day: hr. min.
9. Birthplace: Stillpond, Maryland (Town, county, and state)
10. Usual Occupation: Farm Work
11. Industry or business:

FATHER
12. Name: Ben Freeman
13. Birthplace:

MOTHER
14. Maiden Name: Lizzie Kenneth
15. Birthplace: Stillpond, Maryland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-42 (month) (day) (year)
(c) Cemetery or crematory Location Still Pond Md

18 (a) Funeral director Lewis A. Henry
(b) Address Cambridge Md.

19 (Signature of local registrar) SEP 6 1942 Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4, 1942 at 10:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 9, 1942 to Sept. 4, 1942, and that I last saw h im alive on Sept. 4, 1942.

	Duration
Immediate cause of death Pneumonia,	Terminal
Lobular:	3 months
Inanition and malnutrition	10 months
Due to Carcinoma, squamous, right buccal mucosa, metastases to neck, bilateral	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 6/16/42
Major findings of operation: Ligation of rt. external carotid artery
of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature T. M. H. Anderson, M.D.
Address US MARINE HOSPITAL Baltimore, Maryland. Date signed 9/5/42

F 95503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 95503 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Covington St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Covington St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophie Kushner or Kyshner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Anthony Kushner
6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): Not known

8. AGE: Years: About 48 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russian
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: not known
13. Birthplace: Russian

MOTHER
14. Maiden Name: Not known
15. Birthplace: Russian

16. (a) Informant: Anthony Kushner
(b) Address: 1711 Covington St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 8-42 (month) (day) (year)
(c) Cemetery or crematory: Holy Trinity Russian
Location: Anne Arundel County

18. (a) Funeral director: John A. Greblianchard Dr
(b) Address: 1423 E. Pacca St

19. (a) SEP 6 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/5 1942 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 40 to 9/4 1942
and that I last saw h[illegible] alive on 9/4 1942.

Immediate cause of death
Congestive Heart failure
Due to Hardening
Due to
Other Conditions Pulmonary Edem
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice Shideman M. D.
Address 2225 Pender Ave Date signed 9/5/42

VS 3

F 95504

AB-76412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42a

F 95504 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 29 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 E. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maxim Griezachuk OR MAX GRIGORCHUK

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known?

8. AGE: Years	Months	Days	If less than one day
42 ?	—	—	hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Elias Griezachuk
13. Birthplace Poland

MOTHER
14. Maiden Name Poliki ?
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 6-42 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity Russian
Location Anne Arundel County

18 (a) Funeral director John A. Grebliunchet Jr
(b) Address 423 S. Paca St

19 (a) SEP 6 1942 (Date rec'd by registrar) (b) Washington Blvd Baltimore Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4 1942, at 8 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27 1942 to 9-4 1942, and that I last saw him alive on 9-4 1942.

Immediate cause of death: Diphtheritic enteritis — Duration: ?

Due to: Uremia — 5 days

Due to: Cardiac failure — ?
Antitoxin transfusion — ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun
Address Balto. City Hosp Date signed 9-7-42 M. D.

VS 3

F 95505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95505 Registered No. 469

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo18da
(e) Length of stay in Baltimore (yrs., mos., or days) 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Lutherville
(If outside city or town limits, write RURAL and give town)
(d) Street No. Clark Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLARD CHEW OSBURN

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	213-03-7256

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife LILLY E. WEGNER
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1889

8. AGE: Years	Months	Days	If less than one day
52	11	25	hr. min.

9. Birthplace RIPPON, WEST VIRGINIA
(Town, county, and state)
10. Usual Occupation SALESMAN
11. Industry or business SATTLER AND COMPANY

FATHER
12. Name HOWARD OSBURN
13. Birthplace [redacted] VIRGINIA

MOTHER
14. Maiden Name ROSE NEILL
15. Birthplace HAGERSTOWN, MARYLAND

16 (a) Informant RECORDS * US MARINE HOSPITAL
(b) Address BALTIMORE, MARYLAND.

17 (a) Removal (b) Date thereof 9/7/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore, Md.
18 (a) Funeral director Williams & Dore
(b) Address 1219 E. Fort Ave.

SEP 6 1942 (a) (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4, 1942, at 11:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6, 1942, to Sept. 4, 1942, and that I last saw him alive on Sept. 4, 1942.

	Duration
Immediate cause of death: Malignant cachexia	3months
Due to: Carcinoma of pancreas with metastasis to liver	6 months
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation 6/17/42
Major findings of operation: Exploratory laparatomy
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature T. M. H. Anderson.
Address US Marine Hospital, Baltimore, Maryland. Date signed 9/5/42 M D

F 95506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95506 Registered No. 5 | 8

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Kennedy Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H. Snyder

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary A Snyder
6 (c) If give, give age years
7. Birth date of deceased (mo., day, yr.) Sept 11, 1878
8. AGE: Years 64 | Months 11 | Days 4 | If less than one day hr. 2 min.
9. Birthplace Logans Station Pa (town, county, and state)
10. Usual Occupation Salesman
11. Industry or business R Tobacco
FATHER 12. Name Daniel Snyder
13. Birthplace Germany
MOTHER 14. Maiden Name Malinda Gehnman
15. Birthplace Germany
16 (a) Informant Mary A Snyder
(b) Address 2006 Kennedy Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore Md
18 (a) Funeral director Pillsbury & Lyon
(b) Address 1214 E Pont St
19 SEP 6 1942 (Date rec'd by registrar) (b) Huntington Hillis Registrar M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 3 1942 at 7.40 PM
21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942 to Sept 3 1942 and that I last saw him alive on Sept 3, 1942.

Immediate cause of death: Generalized carcinomatosis — Duration
Due to: Ca of prostate
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence At M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A Mangano M. D.
Address 1213 Light Street Date signed 9.3.42

VS 8

F 95507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 95507 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1802 Barclay Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED: 1802 Barclay St.
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1802 Barclay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Small

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Agnes J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1862

8. AGE: Years	Months	Days	If less than one day
80	4	28	hr. min.

9. Birthplace Harford Co., Md. (Town, county, and state)
10. Usual Occupation Retired Engineer
11. Industry or business Penna. R. R.

FATHER
12. Name James Small
13. Birthplace Virginia

MOTHER
14. Maiden Name Elizabeth Hopkins
15. Birthplace Maryland

16 (a) Informant J. Howard Small
(b) Address 1802 Barclay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location 3310 Taylor Avenue

18 (a) Funeral director William Cook, Inc.
(b) Address 1217 St. Paul St.

19 (a) SEP 6 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4th 1942, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 5th 1942 to Sept 4th 1942 and that I last saw h[illegible] alive on Sept 4th 1942

Immediate cause of death: Gangrene of right foot — Duration: 6 Days
Due to Arteriosclerosis Obliterans — 4 weeks
Due to Arteriosclerosis — 4 years
Other Conditions: Chronic Myocarditis
(Include pregnancy within 3 months of death)
Date of operation not any
Major findings of operation: —
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Wm Conrad Bode M. D.
Address 1900 Maryland Ave Date signed Sept 4th 1942

F 95508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

F 95508 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1118 S. Paca St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 S. Paca St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME George M. Herrmann

3 (b) If veteran, name war None

3 (c) Social Security Account No. ~~577-07-6012~~ 212-03-6507

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Josephine

6 (c) If give, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10, 1886

8. AGE: Years 56 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Sanitary Board Chairman

11. Industry or business C. & P. Telephone Co.

FATHER
12. Name Fred M. Herrmann
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Dilschelde
15. Birthplace Germany

16 (a) Informant Mrs. Josephine Herrmann
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md

18 (a) Funeral director Williams Cook Inc.
(b) Address 1212 Harlington Williams, M.D.

19 (a) SEP 6 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1942, at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1941 to Sept 4 1942 and that I last saw him alive on Sept 3 1942

Immediate cause of death — Duration

Toxemia

Due to Carcinoma of the Uterus of Fundus

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Amberg M. D.
Address 213 Bolton Date signed

VS 3

F 95509

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95509 Registered No. 1220

correct age is especially important. If unknown, please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital H
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State England (County)
(b) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country England

3 (a) FULL NAME Capt. John Fishwick

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dora
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 38 | Months | Days | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Ships Captain

11. Industry or business R.C. Herd & Co

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Capt. John Fishwick - deceased
(b) Address England

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8 - 42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem
Location Balto.

18 (a) Funeral director Wm Cook Inc
(b) Address 127 St Paul St

19 SEP 6 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5 1942, at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from August 24 1942 to September 5 1942, and that I last saw him alive on Sept. 5 1942.

Immediate cause of death: Acute Pulmonary embolism — Duration

Due to: 15 day post operative hemiplegia - right. —

Due to: —

Other Conditions: Hypertensive Cardio-Vascular disease

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. R. Shipley M. D.
Address University Hospital Date signed Sept 5 1942

F 95510 F 95510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution: Edgewood Nursing Home.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos. 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Sheffield Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Sophia L. Scholtz.

3 (b) If veteran, name war: W
3 (c) Social Security Account No. [illegible]
4. Sex: F.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Karl
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 10 - 1869
8. AGE: Years 73 | Months 6 | Days 24 | If less than one day hr. min.
9. Birthplace Phila. Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Erich Wittekem
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte Wellenhoff
15. Birthplace Germany

16 (a) Informant Mr Erich Scholtz
(b) Address 1502 Sheffield Rd.
17 (a) [illegible] (Burial, cremation, or removal) (b) Date thereof Sept. 7-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Balto
18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St
19 (a) [illegible] (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/4/42 19[illegible] at 7 30 A M
21. I certify that death occurred on the date above stated; that I attended deceased from Apr 28 1942 to 9/4/42 19[illegible]
and that I last saw her alive on 9/4/42 19[illegible]

Immediate cause of death: Cardio Renal Vascular disease — Duration: 10 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. W. Winston
Address 4309 York Rd Date signed 9/5/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 95511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 95511 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3418 Auchentoroly Ter
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3418 Auchentoroly Ter
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaac Merowitz

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male
5. Color or race W
6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lena Tots
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 7-15-1869

8. AGE: Years 73 | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Russia (town, county, and state)
10. Usual Occupation Real
11. Industry or business Estate

FATHER
12. Name Moses Merowitz
13. Birthplace Russia

MOTHER
14. Maiden Name Mary
15. Birthplace Russia

16 (a) Informant Harry Merowitz - Son
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-42. (month) (day) (year)
(c) Cemetery Hebrew Friendship Cem
Location Balto + Combi sts

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto st

SEP 6 1942 (Date rec'd by Registrar) (b) Huntingtown Williams MD. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1942, at 5:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1941, to Sept 5 1942, and that I last saw him alive on Sept 5 1942.

Immediate cause of death Coronary Thrombosis — Duration 1 day

Due to arteriosclerotic cardio vascular disease — 7 years

Due to

Other Conditions Carcinoma of colon with met ast age
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of colon
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul E. Carliner M. D.
Address 3217 South Pl Date signed 9-5-42

VS 3

F 95512

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95512 / 520 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (~~yrs., mos.,~~ days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Ridgely St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Not

3 (a) FULL NAME BESSIE SACKS

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	White	MARRIED

6 (b) Name of husband or wife David
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years	Months	Days	If less than one day
51			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Chonia Levin
13. Birthplace Russia

MOTHER
14. Maiden Name Dora
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Northern Cem
Location Mt. Carmel

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St.

SEP 6 1942 (Date rec'd by registrar) Burial for Williams Hospital

MEDICAL CERTIFICATION

20. DATE OF DEATH September 4 1942, at 12:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1942, to Sept. 4 1942; and that I last saw h[illegible] alive on Sept 4 1942.

Immediate cause of death	Duration
Carcinomatosis	
Due to (over)	
Due to	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ryan Evans M. D.
Address Univ. Hosp. Date signed 9-4-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95513

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

F 95513 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2531 N. Exeter St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ethel Lee Hardges

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Wm. Hardges
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1907

8. AGE: Years	Months	Days	If less than one day
35		13	hr. min.

9. Birthplace Robeson, N.C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jack Brown
13. Birthplace N.C.

MOTHER
14. Maiden Name Sallie Bridges
15. Birthplace N.C.

16 (a) Informant Frank Brown
(b) Address 2800 Jefferson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-6-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A. Co. Md

18 (a) Funeral director Bilson & Francis H. Wright
(b) Address 722 Pascault St

19 SEP 6 1942 (Date rec'd by local registrar) (b) Huntington Williamsport, Md.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1942, at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Shock	
Due to Traumatic amputation of left leg	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 13
(a) Accident, suicide, or homicide accident 06
(b) Date of occurrence Aug. 31 1942 at 3 P M
(c) Where did injury occur? 26th & Bartolay St. Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? R.R. tracks While at work? Yes (Specify type of place)
(e) Means of injury Struck by freight train

23. Signature Robert L. De Frate M.D. Medical Examiner.
Date signed Sept 1 1942

F 95514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95514 Registered No. 1706

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va (b) County
(c) City or town Falling Rock (If outside city or town limits, write RURAL and give town)
(d) Street No. Temporary Res: 3 W. 8th St. Brooklyn (If rural give location) Balto. Md.
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James C. Patton

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/1/23

8. AGE: Years	Months	Days	If less than one day
19	1	11	hr. min.

9. Birthplace TURNER - W. VA. (Town, county, and state)
10. Usual Occupation ELEC WELDER
11. Industry or business

FATHER
12. Name CLARK PATTON
13. Birthplace KESTER-ROANE Co., W.VA

MOTHER
14. Maiden Name ORA A. YOUNG
15. Birthplace FALLING ROCK, W. VA

16 (a) Informant Albert Meyers + Son
(b) Address ELKVIEW, W. VA

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/42 (month) (day) (year)
(c) Cemetery or crematory Falling Rock
Location Falling Rock W. Va

18 (a) Funeral director Wilburn Cook Inc
(b) Address 1219 4th Ave Huntington

19 (a) SEP 6 1942 (Date received by registrar) Huntington Williamson, West

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5-1942, at 12:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Fractured Skull
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-4-42 about 12 midnight A.M.
(c) Where did injury occur? Patapsco Ave, near 2nd St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No Employed
(e) Means of injury Passenger auto turned over

23. Signature Howard J. Wheeler M.D. Medical Examiner.
Date signed 9-5-42

VS c

Space is especially important. Physicians: please write the causes of death clearly and legibly.

95515 Mar - 75660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1127a

F 95515 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 & 7
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2332 Belvedere Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Randall, Solomon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1872 ?

8. AGE: Years	Months	Days	If less than one day
? 69	10	5	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Benjamin Randall
13. Birthplace Md.

MOTHER
14. Maiden Name ? Harrison
15. Birthplace ?

16 (a) Informant Baltimore City Hosp. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8 /42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W. Kerkin Sons Co
(b) Address McCulloh & Richards

19 (c) Date received by Registrar SEP 6 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-3-42, at 5-30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-27 1942 to 9-3 1942.
and that I last saw him alive on 9-3 1942.

Immediate cause of death Cyclonephritis — Duration 1 mo
Due to Urinary Retention — 2 mos
Due to benign Prostatic Hypertrophy — ?
Other Conditions Gen. arteriosclerosis — ?
(Include pregnancy within 3 months of death)

Date of operation 7-29-42
Major findings of operation: Urinary Retention, B.P.H.
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Donald B. Slett M.D.
Address Balto City Hosp Date signed 9-4-42

VS 2

F 95516

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 309

F 95516 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3402 Ready Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3402 Ready Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Jefferson
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Lucy
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
about 75	—	—	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Pensn. R. R.

FATHER
12. Name Noah Jefferson
13. Birthplace St Michael Md

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Nellie Jefferson
(b) Address 3402 Ready Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8-1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto. Md

18 (a) Funeral director Frank H Leaf
(b) Address 814 N 36 St

19 (a) (Date received by registrar) (b) Registrar Huntington Williams M.D.

SEP 6 1942
VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1942 at 1.15a M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/10 1927 to 9/5 1942 and that I last saw him alive on 9/5 1942.

Immediate cause of death: (a) Cerebral Embolism

Due to Dilatation & Dilatation of aorta

Due to Arteriosclerosis hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: None

Duration: Sudden

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. McLean M. D.
Address 705 Med. Arts Date signed 9/5/42

F 95517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95517 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2734 Kinsey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6-7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2734 Kinsey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baldwin Horsch

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Late Caroline
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1864

8. AGE: Years	Months	Days	If less than one day
78	0	10	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Sun Paper Carrier

FATHER
12. Name — Horsch
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Marie Harris
(b) Address 2734 Kinsey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longwood St

18 (a) Funeral director Harry H. Nitzke
(b) Address 4101 E. Edmondson Ave

19 (a) SEP 6 1942 (Date received by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/3/42 19 at 1806 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/25 1942 to 9/3 1942 and that I last saw h alive on 9/1 1942

Immediate cause of death Uremia — Duration 4 hrs.

Due to Arteriosclerotic cardiovascular disease with Cerebral Hemorrhage — Duration 5 mos +

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Gordon E. Stacy
Address 3803 Edmondson Date signed 9/3/42 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 95518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1202

F 95518

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 433 E. 20th. St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 433 E. 20th. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MANNIE B. KNAUFF

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Wm. G. Knauff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4.1859

8. AGE: Years 83 | Months 3 | Days | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name McIlwain
13. Birthplace Ireland

MOTHER
14. Maiden Name Blair
15. Birthplace Ireland

16 (a) Informant Mrs Dorotyh R. Sontag
(b) Address 3820 Sequoia Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7.1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave. & Gay St.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

SEP 6 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4.1942 19 ..., at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to Sept 4 1942
and that I last saw him alive on Sept 4 19 42

Immediate cause of death: myocardial failure — Duration: 2 days
Due to
Due to
Other Conditions: Gastroenteritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jack J. Singer M.D.
Address 506 E. NORTH AVE. Date signed 9-6-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly. WITH UNFADING INK. Every item of information

F 95519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

122B

Registered No. F 95519

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 N Broadway.
(c) Hospital or institution:
Church Home + Infirmary.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 109 days
(e) Length of stay in Baltimore (yrs., mos., or days) 109 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D. 7
(If rural give location)
(e) Citizen of foreign country? Nom (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Elizabeth Richard. Reinhard

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Howard R. Reinhard.

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) April 9, 1869

8. AGE: Years 73 | Months 4 | Days 29 | If less than one day: hr. min.

9. Birthplace Westminster
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Rev. Wesley Thomas Mitchell.
13. Birthplace Washington County Md.

MOTHER
14. Maiden Name Amelia B. Brown.
15. Birthplace Pennsylvania

16 (a) Informant Church Home and Infirmary Case
(b) Address Future.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial
Location Westminster, Md.

18 (a) Funeral director H. Bankard Sons
(b) Address Westminster, Md.

SEP 6 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1942, at 5 40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from May 30 1942, to Sept 6 1942, and that I last saw h in alive on Sept 6. 1942.

Immediate cause of death Cachexia

Due to multiple fecal fistulae

Due to enterocolitis

Other Conditions entero colitis

(Include pregnancy within 3 months of death)

Date of operation 5/25/42 8/12/42

Major findings of operation: multiple enterocolic adhesions + entero enteritis.

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Dr David Bankard.
Address Church Home + Infirmary Date signed 9/6/42 M. D.

VS 3

F 95520 F 95520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1228

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 453 E Lorraine Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Catherine M. Howard

3 (b) If veteran, name war —

3 (c) Social Security Account No. ~~Married~~ None

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William J. Howard

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Apr. 1, 1891

8. AGE: Years 51 | Months 5 6 | Days 3 2 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business Own Home

FATHER 12. Name John Frederick Medinger

FATHER 13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Eleanor Gosnell

MOTHER 15. Birthplace Baltimore, Md

16 (a) Informant Wm. J. Howard

(b) Address 453 Lorraine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7-1942 (month) (day) (year)

(c) Cemetery or crematory Louden Park

Location Baltimore, Md

18 (a) Funeral director Thomas W. Singleton

(b) Address Glen Burnie, Md.

19 SEP 6 1942 (Date rec'd by Registrar) Huntington Williams Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3 1942, at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942, to Sept 3 1942, and that I last saw her alive on Sept 3 1942.

Immediate cause of death Coronary Occlusion — Duration 3 days

Due to

Due to

Other Conditions Paralytic Ileus — 3 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Paralytic Ileus

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L Elsworth M.D.

Address Franklin Sq Hosp Date signed 9/3/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95521 Registered No. 130

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31 st.
(c) Hospital or institution: U.S. Marine Hsopital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 26 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo. 27 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland, (b) County A.A. county
(c) City or town West River, (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Kirby, Benjamin

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex Male

5. Color or race colored

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Edith Kirby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1894

8. AGE: Years 48 Months 2 Days 16 If less than one day hr. 20 min.

9. Birthplace West River, Md. (Town, county, and state)

10. Usual Occupation Pile Driver

11. Industry or business

FATHER
12. Name Tom Kirby
13. Birthplace A.A. county

MOTHER
14. Maiden Name Mira ? Hall
15. Birthplace A.A. county

16 (a) Informant Records of U.S.Marine Hosp.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5/42 (month) (day) (year)
(c) Cemetery or crematory Chews Chapel
Location A. A. Co.

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

SEP 6 1942 (Date rec'd by registrar) (b) Huntingtown Williamsburg, N.Y.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9- 5 - 1942, at 8 20AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 11 1942, to Sept. 5 1942, and that I last saw h im alive on Sept. 5 1942.

Immediate cause of death Tuberculosis Pul. chronic, far advanced, Bilateral — Duration

Due to Tuberculosis, Ulcerative of Larynx and Tonsils

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L A Hart U.S.Marine Hosp
Address Baltimore, Md. Date signed 9-5-42

VS 3

Every item of information must be given correctly if possible, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 95522
42/1501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95522
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 MC DONOUGH ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWARD CHAMBERS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	BLACK	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-2-26

8. AGE: Years	Months	Days	If less than one day
16	6	3	hr. min.

9. Birthplace MD
(Town, county, and state)

10. Usual Occupation SCHOOL

11. Industry or business

FATHER
12. Name JAMES CHAMBERS
13. Birthplace VA

MOTHER
14. Maiden Name CARSIE TONEY
15. Birthplace VA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Old Frederick Rd

18 (a) Funeral director Robert Williams
(b) Address 1515 McElderry St

SEP 6 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5- 1942, at 4-0 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3- 1942, to 9-5- 1942, and that I last saw him alive on 9-5- 1942.

Immediate cause of death Lobar Pneumonia — Duration 5 Days

Due to Paratyphoid B

Due to

Other Conditions Septicemia with Paratyphoid B
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 9/6/42

F 95523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95523 ✓ 13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 Chesapeake Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Mae Jones 76211

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1896

8. AGE: Years	Months	Days	If less than one day
46	5	28	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Thomas Pinkney
13. Birthplace N.C.

MOTHER
14. Maiden Name Mary Simpson
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept. 8-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Q & 40 Md.

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St

19 SEP 6 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1942, at 6:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 20 1942, to Sept. 4 1942, and that I last saw her alive on Sept. 4 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 5 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Goodman, M.D.
Address Balto. City Hosp. Date signed 9/5/42

F 95524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

✓F 95524 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 627 Sterling St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 627 Sterling St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Tillman Todd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Addie Todd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1892

8. AGE: Years	Months	Days	If less than one day
50	4	2	hr. min.

9. Birthplace Laurence, S.C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Samuel Todd
13. Birthplace S.C.

MOTHER
14. Maiden Name Lizzie Pyle
15. Birthplace S.C.

16 (a) Informant Addie Todd
(b) Address 627 Sterling St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

SEP 6 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 3 1942 at 2.15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Hypertensive cardio-vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept. 3 1942

VS 6

F 95525

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

F 95525

83W

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town: Baltimore City Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 625 St Johns Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Penna. County: York

City or town: Delta Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(e) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elizabeth E Spidle

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	White	Widowed

6 (b) Name of husband or wife: Harry A. Spidle

6 (c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): May 18 1877

8. AGE: Years: 65 | Months: 3 | Days: 19 | If less than one day: hrs. min.

9. Birthplace: York Co Pa
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Stinchbaugh

13. Birthplace: York Co Pa

MOTHER 14. Maiden name: Catherine A Miller

15. Birthplace: York Co Pa

16. Informant: Ruth L Hickey

Address: 1504 Mt Royal Ave Balto Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept 9 1942
(month) (day) (year)

Cemetery or crematory: White Rose Cem

Location: York Pa

18. Funeral director: Robt P Hankins

Address: Delta Pa

Huntington Williams, M.D.

SEP 7 1942 19...
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 6 1942, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 4th 19... to Sept 6 1942, and that I last saw her alive on Sept 6 1942

Immediate cause of death: Cerebral Hemorrhage — DURATION: One Year

Due to: Arterio-Sclerosis Hypertension

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: W W Moody M. D. or other

Address: 1403 Park Ave Baltimore Date signed 9/6/42

F 95526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 B

F 95526 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2405 Wilson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2405 Ridgewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charlotte M. Perrer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 4 1900

8. AGE: Years 33 | Months 4 | Days - | If less than one day hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward A. Perrer
13. Birthplace Balto Md.

MOTHER 14. Maiden Name Carrie M. Beck
15. Birthplace Balto Md.

16 (a) Informant Mrs Carrie M. Perrer
(b) Address 2405 Wilson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-7-42 (month) (day) (year)
(c) Cemetery or crematory Pleasant View Cem.
Location Belmont Ave - Balto Md

18 (a) Funeral director Wm. H. Miller Inc.
(b) Address 2405 E. Monument St

SCD 1942 (Date received by Registrar) (Huntington Williams, M.D.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 4 1942 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1936 to Sept. 4 1942 and that I last saw her alive on Sept. 3 1942.

Immediate cause of death: acute Nephritis — Duration 3 mos.
Due to: Pneumonia, myocarditis — 7 yrs.
Due to: Infectious arthritis — 7 yrs.
Due to: Rheumatic heart — 15 yrs.
Congenital cleft palate

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Schneider M. D.
Address 1101 N. Milton Ave Date signed 9-6-42

VS 8

F 95527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95527 ✓ 47a Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs. 11 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1271 Battery ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John W Lentz

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NO

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife: Bernetta Lentz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 3, 1865

8. AGE: Years	Months	Days	If less than one day
76	11	3	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation:
11. Industry or business: retired

FATHER
12. Name: Phillip G. Lentz
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth Amey
15. Birthplace: [illegible]

16 (a) Informant: Mrs. W. B. Lentz
(b) Address: 7106 Bristol Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7/42 (month) (day) (year)
(c) Cemetery or crematory: Mt. Olivet
Location: Balto. City

18 (a) Funeral director: A. E. Waddell Evans
(b) Address: 1498 Pennsylvania Ave. Huntington Williams, M.D.

SEP 7 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6 1942 at 3.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 19 42 to Sept 6 1942, and that I last saw him alive on Sept 6 19 42

Immediate cause of death: Coma Lobar Pneumonia — Duration: 6 mo.
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: C. W. Duncan M. D.
Address: Mercy Hosp. Date signed: Sept 6 1942

VS 3

F 95528

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95528 Registered No. 7401

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Fried

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W.

6 (b) Name of husband or wife late Louis Fried
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879 1869

8. AGE: Years	Months	Days	If less than one day
63 73			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Charles Chasen
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Chasen
15. Birthplace Russia

16 (a) Informant Ste. Abrams
(b) Address 2007 Cliftwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 7/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Cemetery Washington Rd
Location Washington Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

SEP 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1942 at 10:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
(a) Pulmonary edema, acute	
Due to arteriosclerotic cardio vascular disease, marked.	
Due to	
Other Conditions Chronic hypoid Leukemia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 6 1942. (over)

VS 6

95529 (town) 95529

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Balto. Gen. Hos. 119a Registered No.

CITY OF BALTIMORE: (No. Druid Hill Ave. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peggy Joan Gibson 16 If U. S. Veteran specify WAR

(a) Residence: No. Ellicott City, Md St., Ward. Harford Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (Month) May (Day) 26 (Year) 1942

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
3 mos 15	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ellicott City, Maryland

FATHER

13. NAME Ray Gibson

14. BIRTHPLACE (city or town) (State or country) Tennessee

MOTHER

15. MAIDEN NAME Mattie Ringley

16. BIRTHPLACE (city or town) (State or country) Tennessee

17. INFORMANT Hosp Records.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place St Johns Cem Date Sept. 7 19 42

19. UNDERTAKER Easton & Son
(Address) Ellicott City

20. FILED SEP 7 1942 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-6 1942

22. I HEREBY CERTIFY, That I attended deceased from 9-2 1942 to 9-6 1942

I last saw her alive on 9-6 1942 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Bronchial pneumonia	9/5/42
(2) Non-specific diarrhoea	8/30/42

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? None

Name of operation None

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dawson W. Chechet M. D.
(Address) W13 Gft

stale CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 95530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

VF 95530 Registered No. 92B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address On board SS George Washington
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Huntly (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Scotland (Yes or No)
If yes, name country yes

3 (a) FULL NAME William Middleton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1886

8. AGE: Years 55 | Months 9 | Days 23 | If less than one day hr. min.

9. Birthplace Peterhead, Scotland (Town, county, and state)

10. Usual Occupation Chief Engineer

11. Industry or business S. S. Farrandoc

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Ship's Records
(b) Address S S Geo. Washington, Alcoa S S Co.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/ /42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) SEP 7 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14 1942, at 10 40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death Mitral insufficiency	
Due to Acute malaria	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Nil

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? Inquest Print (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Le Graham M.D.
Medical Examiner.
Date signed Sept. 2 1942.

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95531

F 95531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3520 Hilton St
(c) Hospital or institution: Ashburton Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3520 Hilton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret A Fuhrman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 28-1856

8. AGE: Years 85 | Months 10 | Days 8 | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edward Fuhrman
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth Warner
15. Birthplace Md

16 (a) Informant Mrs Edw Aleorn
(b) Address Manchester Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8/42 (month) (day) (year)
(c) Cemetery or crematory Manchester
Location Parish Co. Md

18 (a) Funeral director Edw C Tipton
(b) Address Hampstead, Md

SEP 7 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6th 1942, at 9a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1942, to Sept 6 1942, and that I last saw h[er] alive on Sept 5 1942.

Immediate cause of death	Duration
Hypertensive cardiovascular disease.	2 years
Due to Generalized sclerosis	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert F. Fuhrman M. D.
Address 6 E Oak Dublin Rd Date signed 9/7/42

VS 8

F 95532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 95532 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 948 N. Washington St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 948 N. Washington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jennie Slaich

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
57	—	—	hr. min.

9. Birthplace Bohemia (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Jaynez Slaich
13. Birthplace Bohemia

MOTHER
14. Maiden Name Not Known
15. Birthplace Bohemia

16 (a) Informant Andrew Slaich
(b) Address 823 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-7-42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Balto. Md.

18 (a) Funeral director Franz Creech & Son
(b) Address 900 N. Chester St.

19 (a) SEP 7 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1942 at 2 05 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 6 1942

41659 35533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95533
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Months
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Balto
(c) City or town MONKTON (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jeanne Owings

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) 12-8-88

8. AGE: Years	Months	Days	If less than one day
53	8	27	hr. min.

9. Birthplace FRANCE (Town, county, and state)
10. Usual Occupation H.W.
11. Industry or business

FATHER
12. Name Gulio Bigenwald
13. Birthplace FRANCE

MOTHER
14. Maiden Name MARY ZANGERTE
15. Birthplace SWITZERLAND

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept 7 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Putnam & Son
(b) Address 2337 Eutaw Pl.

19 (a) SEP 7 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1942 at 1130 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 25 1942 to Sept 5 1942 and that I last saw her alive on Sept 5 1942.

Immediate cause of death	Duration
Aspiration pneumonia	
Due to Lupus erythematosus disseminata	
Due to	
Other Conditions Meningioma of Left parietal lobe of brain	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp Date signed 9/6/42

PLEASE WRITE CLEARLY. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age in each case. Correct age is especially important.

Soc. Sec. No. 216-07-4123 ✓ F 95534

AB-70849 95534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

720 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo 14 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 E. Clement (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Karl Weisheit

3 (b) If veteran, name war No.

3 (c) Social Security Account No. Yes

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16-1902

8. AGE: Years 40 Months 4 Days 25 If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation? Checker

11. Industry or business Universal Car Loading Co

FATHER
12. Name Richard Weisheit
13. Birthplace Germany

MOTHER
14. Maiden Name Emma Raddatz
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9th 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Balto Co Md

18 (a) Funeral director Charles F. Dill
(b) Address 1501 E. Fort Ave
(c) Huntington Williams M.D.

SEP 7 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/6 1942 at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/6 1942 to 9/6 1942 and that I last saw h living alive on 9/6 1942

Immediate cause of death: Leukemic hemorrhage — Duration 7

Due to: Thrombocytopenia

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Magee M. D.
Address Balto. City Hosp. Date signed 9/6/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 22 is complete and correct as is especially important.

VS 3

Spec.—1-12-23—M&T—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

95535 ✓ 93D F 95535

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. ... ST., WARD) 15

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Sister M. Stella Kenny

(a) RESIDENCE NO. Mount St. Agnes, Mt. Washington ST. ... WARD ...
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos. ... dys. How long in U. S., if of foreign birth? ... yrs. ... mos. ... dys.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1884

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	57	11	2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) Teacher (retired)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER John Kenny

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Mary Ann Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ireland

14 Informant Sisters of Mercy
(Address) Mount St. Agnes, Mt. Washington, Md.

SEP 7 1942 Filed ..., 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept 5 1942

17 I HEREBY CERTIFY, That I attended deceased from Jan. 1931 to Sept 5, 1942.

that I last saw h[illegible]R alive on July 1 1942

and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH* was as follows:

Hypertensive + Arteriosclerotic
Cardio Vascular Disease
Essential Arterial Hypertension

(duration) 12 yrs. ... mos ... da.

CONTRIBUTORY (Secondary) Pulmonary

(duration) ... yrs. mos. 1 da.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis?

(Signed) H. Raymond Pitts, M. D.

19 (Address) 1127 Calhoun St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt St Agnes Cem. Burial — DATE OF BURIAL: 9-8 1942

20 UNDERTAKER: John Peary — ADDRESS: 134 Lexington

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

95536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95536 Registered No. 1246

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hospital
(c) Hospital or institution: Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 70 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME FRANK P. RIGLEY (Francis P. Rigley)

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: None
6 (c) If alive, give age 1870 ars
7. Birth date of deceased (mo., day, yr.) Oct. 4th. 1870
8. AGE: Years 71 Months II Days I If less than one day ######## min.
9. Birthplace Baltimore County (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Street Dept. Balto City

FATHER
12. Name James Rigley
13. Birthplace Ireland

MOTHER
14. Maiden Name Susan O'Neill
15. Birthplace Ireland

16 (a) Informant Miss Susie Rigley (Sister)
(b) Address 1209 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8th, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave. Balto. Md.

18 (a) Funeral director George F. Ruth Inc.
(b) Address 1735 Harford Avenue

19 SEP 7 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10 1942, to Sept 5 1942, and that I last saw h[illegible] alive on Sept 5 1942.

Immediate cause of death Portal Cirrhosis — Duration

Due to

Due to

Other Conditions Dehydration Asthenia

(Include pregnancy within 3 months of death)

Date of operation Sept. 5, 1942

Major findings of operation: As above.

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Stupik M. D.
Address St. Joseph's Hosp. Date signed 9/5/42

(over)

AB- F 95537

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95537 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 11 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Healy Lecator

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Erdie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 24-1911

8. AGE: Years	Months	Days	If less than one day
31	5	13	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Lecator
13. Birthplace Va.

MOTHER
14. Maiden Name Laura ?
15. Birthplace Va.

16 (a) Informant Erdie L. Lecator
(b) Address 1426 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Wm. Geo. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) Huntington Williamsport

SEP 7 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-6 1942 at 8 1/5 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-31 1942 to 9-6 1942 and that I last saw him alive on 9-6 1942.

Immediate cause of death Uremia — Duration ?
Due to Interstitial nephritis — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 9-6-42

95538

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 95538 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 714 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT Pree LINDSEY

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Carrie D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1885

8. AGE: Years 56 | Months 10 | Days 18 | If less than one day hr. min.

9. Birthplace Lappahannock, Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Margaret D. Lockelear
(b) Address 455 Welton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mr. Wm. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) SEP 1 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30th 1942, at 6:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Peritonitis, acute
Due to Stab wound of abdomen
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation 8-30-42
Major findings of operation:
of autopsy Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Aug 30, 1942 at 11:30 P.M.
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury Stabbed with kitchen knife

23. Signature H. W. Williams M.D. Medical Examiner.
Date signed 9-4-42

during argument

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 95539 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 311 Cold Spring Lane
(c) Hospital or institution:
Cold Spring Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give name of county)
(d) Street No. 100 Rochester Pl.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Kohlbauer

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21 1864

8. AGE: Years	Months	Days	If less than one day
78	2	15	14 hr. min.

9. Birthplace: Baltimore
(Town, county, and state)
10. Usual Occupation
11. Industry or business: Retired

FATHER
12. Name: Don't Know
13. Birthplace: "

MOTHER
14. Maiden Name: "
15. Birthplace: "

16 (a) Informant: Mrs. Jennie Kohlbauer
(b) Address: 100 S. Rochester Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year): Sept 8-42
(c) Cemetery or crematory: Holy Redeemer
Location: Belair Rd.

18 (a) Funeral director: John A. Moran
(b) Address: 3000 E. Balto. St.

SEP 7 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1942, at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940, to Sept 5 1942, and that I last saw h[illegible] alive on Sept 4 1942.

Immediate cause of death: cerebral hemorrhage — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: M. H. Patterman M. D.
Address: 2324 Reisterstown Rd Date signed: 9/6/42

VS 3

F 95540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓F 95540 940 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Ave
(b) Street address Eastern Pl.
(c) Hospital or institution: Balto. City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 521 S. Potomac St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Donohue

3 (b) If veteran, name war —
3 (c) Social Security Account No. 214-03-2206

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Widowed

6 (b) Name of husband or wife Anna B.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31-1872

8. AGE: Years	Months	Days	If less than one day
70	1	24	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business Balto Dry Dock

FATHER
12. Name Wm. H. Donohue
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Dond. Unknown
15. Birthplace Balto Md.

16 (a) Informant Elvin Donohue
(b) Address 521 S. Potomac St

17 (a) Burial (b) Date thereof Sept 8 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Road.

18 (a) Funeral director John. G. McGann
(b) Address 3000 E. Balto. St

SEP 7 1942 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1941 to August 1942 and that I last saw deceased alive on Aug. 26 1942

Immediate cause of death Coronary thrombosis — Duration 12 hr.
Due to arteriosclerosis — 1 year
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence W. LeBoutillier
Address 601 S. Elwood Ave Date signed 9/7/42
H. L. Wollenweber, M.D. Ass't. M.E.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 95541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

F 95541 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution St. Josephs Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md.
(If outside city or town insert RURAL and give town)
(d) Street No. 3616 E. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Beere (BirthF 54889)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28-42

8. AGE: Years | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Marion F. Beere
13. Birthplace Balto.

MOTHER
14. Maiden Name Ruth. Rice
15. Birthplace Oak Lawn

16 (a) Informant Ruth. Beere
(b) Address 3616 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 8-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director John A. Wilson
(b) Address 3000 E. Balto St

19 SEP 7 1942 (Date rec'd by Registrar) Registering for Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1942 at 755 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug-8 1942 to Sept 5 1942 and that I last saw her alive on 9-5 1942

Immediate cause of death Epidemic diarrhoea of newborn — Duration 29 da.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. Lyon Lynch M. D.
Address St. Josephs Hosp. Date signed 9/3/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 8

421674

F 95542

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95542 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Kent
(c) City or town Rock Hall Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George H Crofoot
3 (b) If veteran, name war (c) Social Security Account No. 212-12-9931

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-19-73

8. AGE: Years	Months	Days	If less than one day
68	11	17	hr. min.

9. Birthplace Conn.
(Town, county, and state)
10. Usual Occupation Stationary Engineer
11. Industry or business Canning Factory

FATHER
12. Name George Crofoot
13. Birthplace Conn.

MOTHER
14. Maiden Name Elizabeth Davis
15. Birthplace Conn

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (b) Date thereof Sept. 8-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.
18 (a) Funeral director George L. Schmidt
(b) Address 2101 Frederick Ave
19 SEP 7 1942 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1942 at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942 to Sept 5 1942 and that I last saw h[illegible] alive on Sept 5 1942

Immediate cause of death Uremia — Duration
Due to Chronic arteriosclerotic nephritis
Due to
Other Conditions Terminal aspiration pneumonia
(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: confirm above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H. J. Klinefelter Jr.
Address Johns Hop. Hosp. Date signed 9/6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95543 ✓ F 95543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 125 Warren Ave.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 Warren Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Millie A. Cohee

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widow

6 (b) Name of husband or wife Elmer Cohee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18, 1876

8. AGE: Years	Months	Days	If less than one day
66		16	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Corbett
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Moraw
15. Birthplace Ireland

16 (a) Informant Edward E. Cohee
(b) Address 125 Warren Ave.

17 (a) Burial (b) Date thereof Sept 7/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director Fred. A. Reames & Son
(b) Address 1316 S. Charles St

SEP 7 1942 (b) Harrington Williams M.D.
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 4th 1942 at 7:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Sept 4 1942 and that I last saw him alive on Sept 4 1942.

Immediate cause of death — Duration

Myocardial Insufficiency.

Due to

Due to

Other Conditions Hypertension; Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature John G. Schmunk
Address 1337 S. Charles St Date signed 9/7/42 M D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8 8

F 95544

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 95544 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 158 West Hamburg Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT BUSH

3 (b) If veteran, name war: WWI

3 (c) Social Security Account No. 105-09-6238

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Sarah Johnson
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1891

8. AGE: Years	Months	Days	If less than one day
50 51	10	23	hr. min.

9. Birthplace MEMPHIS, TENN.
(Town, county, and state)
10. Usual Occupation FREIGHT HANDLER
11. Industry or business B & O RAILROAD

FATHER
12. Name MARTIN BUSH
13. Birthplace MISSISSIPPI

MOTHER
14. Maiden Name [redacted] MARTHA
15. Birthplace MISSISSIPPI

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 7 42 (month) (day) (year)
(c) Cemetery or crematory National Army
Location Balti
18 (a) Funeral director Walter B. Briggs
(b) Address 1398 W. Hamburg St.
19 (a) (Date) (Registrar) Huntington Williams, M.D.

SEP 7 1942
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH September 3, 1942, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18, 1942, to Sept. 3, 1942, and that I last saw him alive on Sept. 3, 1942.

Immediate cause of death	Duration
Bronchopneumonia	Terminal
Due to Hemiplegia, old, right	4 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. M. H. Anderson M. D.
Address US Marine Hospital Date signed 9/3/42
Baltimore, Maryland.

Correct age is especially important. Physicians: please write the causes of death clearly and fully.

95545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

309

F 95545

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1427 Light Sts.
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A. Co.
(c) City or town Glen Burnie
(If outside city or town limits, write RURAL and give town)
(d) Street No. 410 Light Street Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gehre, Martha (Martha A. Gehre)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: F.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Arno A. Gehre

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/10/1879

8. AGE: Years	Months	Days	If less than one day
62	9	26	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER
12. Name Wilhelm Loose
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Liebman
15. Birthplace Germany

16 (a) Informant Mr. Arno A. Gehre, Md.
(b) Address 410 Light St. Rd., Glen Burnie,

17 (a) Burial (b) Date thereof 9/9/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto.

SEP 7 1942 Huntington Williams M.D.
(Date rec'd) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6, 1942 at 6.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1- 1942 to 9-6- 1942, and that I last saw her alive on 9-6- 1942.

Immediate cause of death: Gastric Hemorrhage.

Due to

Due to

Other Conditions Cirrhosis III.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Macroscopic

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Manganaro M. D.
Address 213 Light Street Date signed 9/6/42

VS 8

95546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95546 Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 3023 Bungalow Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Matthew P. Wilson

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 213-07-6499

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of ~~husband or~~ wife: Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/18/1881

8. AGE: Years 60 | Months 8 | Days 18 | If less than one day hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Superintendent

11. Industry or business Bethlehem Steel Co.

FATHER 12. Name Matthew Wilson
13. Birthplace Ireland

MOTHER 14. Maiden Name Alice Sinclair
15. Birthplace England

16 (a) Informant Patient
(b) Address above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/42 (month) (day) (year)
(c) Cemetery or crematory Canonsburg, Pa. Cem.
Location Canonsburg, Pa.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) SEP 7 1942 (Date rec'd by Reg.) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1942 at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3 1942 to Sept 6 1942 and that I last saw him alive on Sept. 6, 1942

Immediate cause of death: Coronary Occlusion — Duration

Due to: Arteriosclerosis

Due to:

Other Conditions: Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Barthel Jr.
Address University Hosp. Date signed 9/6/42 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95547 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22nd & CALVERT STREETS
(c) Hospital or institution: UNION MEMORIAL HOSPITAL 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos 20 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PENNSYLVANIA County
(c) City or town YORK (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MRS HELEN MAYER HERSH

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOWED

6 (b) Name of husband or wife MR FRIED HERSH
6 (c) If alive, give age D years

7. Birth date of deceased (mo., day, yr.) SEPT 27, 1870

8. AGE: Years	Months	Days	If less than one day
71	11	9	hr. min.

9. Birthplace YORK PENNSYLVANIA (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business HOME

FATHER
12. Name MR JOHN L MAYER
13. Birthplace YORK PA

MOTHER
14. Maiden Name MRS JULIA LYNE
15. Birthplace SHEPPARDTOWN MD

16 (a) Informant Robert Torrence
(b) Address 110 Edgevale Road
17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept 7 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Road
18 (a) Funeral director John A. Mitchell & Sons
(b) Address 1900 Eutaw Place

(Date rec'd by Registrar) 9-7-1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1942 at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 14 1942 to Sept 6 1942, and that I last saw h alive on Sept 6 1942

Immediate cause of death	Duration
Cerebral vascular accident	5 days
Due to Cerebral arteriosclerosis	2 years
Due to Generalized arteriosclerosis	? years
Other Conditions Hypertension	? years

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Leslie
Address Union Memorial Hosp. Date signed 9/6/42 M. D.

Physicians: please write the causes of death clearly and legibly. Use no abbreviations or symptoms as causes of death. Do not report mode of dying, such as collapse, shock, or heart failure.

MERGEHENN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93V

Registered No. F 25548

~~25548~~

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 617 Carrington Rd (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) **FULL NAME** Mr Henry Mergehenn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Mergehenn

6 (c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.) 10/14/1866

8. AGE: Years 75 | Months 10 | Days 22 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business Surgical Supplies

FATHER
12. Name John Mergehenn
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Heinke
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Mergehenn
(b) Address 617 Carrington Rd

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9/8/42 (month) (day) (year)

(c) Cemetery or crematory Western
Location Edmondson & Longwood

18 (a) Funeral director F. B. Wiedefeld & Son
(b) Address 1300 Eutaw Place

19 (a) SEP 8 1942 (Date rec'd by Registrar) (b) Huntington Wills Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5 1942 at 8:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-30 1942 to 9-5 1942; that I last saw him alive on 9-5 1942

Immediate cause of death: Agranulocytic Angina — Duration

Due to

Due to

Other Conditions: Hypertensive C-V Disease

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation: None

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kraig M.D.
Address Bon Secours Hosp Date signed 9-8-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

95549 MPR 73275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 ✓ F 95549 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 22 70
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 22 N. Calverton Road (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sallie Anderson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) [illegible] widowed, or [illegible]
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1894

8. AGE: Years	Months	Days	If less than one day
48	1	27	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name	Nathaniel Watts
FATHER 13. Birthplace	Md.
MOTHER 14. Maiden Name	Ella Kyser
MOTHER 15. Birthplace	Maryland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Geo. L. Schwab
(b) Address 216 Frederick Avenue

19 SEP 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-6-42 19 , at 1:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-14-42 19 , to 9-6- 1942, and that I last saw her alive on 9-6-42 19 42

Immediate cause of death — Duration

Pylmonary tuberculosis — 20. years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred S Hartz
Address Balto City Hosp Date signed 9/7/42

VS 3

F 95550

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160a

F 95550

1. PLACE OF DEATH Bon Secours Hospt.

Registered No.

CITY OF BALTIMORE: (No. 2025 W. Fayette St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harris

If U. S. Veteran specify WAR

(a) Residence: No. 2500 Holland St., Ward. Baltimore Md.
(Usual place of abode) (Birth F-5766) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/6/42

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Edward Oliver Harris

14. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

MOTHER

15. MAIDEN NAME Eleanor May Paul

16. BIRTHPLACE (city or town) Lenbrook - Penna.
(State or country)

17. INFORMANT Hospital Records
(Address) Bon Secours

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date Sept 8, 1942

19. UNDERTAKER George L. Schwab
(Address) 3101 Hedwick Avenue

20. FILED SEP 8 1942 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9—6—1942

22. I HEREBY CERTIFY, That I attended deceased from September 6, 1942, to September 6, 1942

I last saw [illegible] alive on September 6, 19.. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Wallace J. McClafferty M. D.
(Address) Bon Secours Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 95551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

469

F 95551 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Fairmont St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 14
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL, and give town)
(d) Street No. 2346 Eutaw Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No) Yes
If yes, name country

3 (a) FULL NAME Moritz Norman

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 213-16-1498

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years 59 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Office Work

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Wife
(b) Address

Burial (Burial, cremation, or removal) (b) Date thereof 9/8-42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Har Sinai
Location Rosedale

18 (a) Funeral director Jos. Levin Inc
(b) Address 1439 E. Balto St

19 (a) SEP 8 1942 (b) Huntingtown Williams Md Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 1942, at 1.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1942 to Sept 7 1942 and that I last saw h~~im~~ alive on Sept 7 1942

Immediate cause of death Uremia — Duration 1 week

Due to Cachexia — 2 mo.

Due to Carcinoma of the Body of the pancreas

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Emaciation, ascites, Ca of Pancreas

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Katz

Address Sinai Hosp. Date signed 9/2/42 M. D.

F 95552

Dr Mahone 821 McAleer Ct ✓ Ch. 95552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 McAleer Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 821 McAleer Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Robert L Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 24 1907

8. AGE: Years 35 | Months 4 | Days 11 | If less than one day: hr. min.

9. Birthplace England
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Jowett
13. Birthplace England

MOTHER
14. Maiden Name Elizabeth Wade
15. Birthplace England

16 (a) Informant Elizabeth Jowett
(b) Address 826 Norwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Fulton Funeral Home
(b) Sept 8 1942 Huntington Williams, M.D.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1942, at 9:25 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939 to Sept 5 1942
and that I last saw h[illegible] alive on June 29 1942

Immediate cause of death
Pneumonia
Influenza
Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration: 18 Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. W. Jr Jefferson

Address 827 N. Chester St Date signed 9/3/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95553 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden and Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 Madison Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna M. White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 12, 1872

8. AGE: Years	Months	Days	If less than one day
70	3	24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Charles W. White
13. Birthplace ? Md.

MOTHER
14. Maiden Name Sarah Jones
15. Birthplace ? Md.

16 (a) Informant Next Friend
(b) Address Md. Gen. Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Wilson & Son
(b) Address 1317 E. Baltimore St. (Signature or Address)

SEP 9 1942 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6 1942, at 7:36 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942 to Sept 6 1942, and that I last saw her alive on Sept 6 1942.

Immediate cause of death	Duration
Circulatory collapse	
Due to Strangulated femoral Hernia-left	
Due to	
Other Conditions Hypertension (Include pregnancy within 3 months of death)	

Major findings:
Of operations Strangulated femoral hernia-left
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Hermann Williams M. D.
Address Maryland General Hosp. Date signed Sept 6 1942

F 95554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95554 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 E. Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 72 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 Park Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Lucy Treadwell Stonestreet

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1. 1869

8. AGE: Years	Months	Days	If less than one day
72 73	11	5	hr. min.

9. Birthplace Baltimore City, Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name Wilson Stonestreet,
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Treadwell
15. Birthplace Md.

16 (a) Informant Henrietta D. Stonestreet
(b) Address 802 Park Ave, City

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9/9/42 (month) (day) (year)
(c) Cemetery or crematory Rockville
Location Rockville Md

18 (a) Funeral director Shelton & Son Inc
(b) Address Big Load Md

19 (a) — (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar) SEP 8 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6 1942, at 1:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1942 to Sept. 6 1942 and that I last saw h— alive on Sept. 6 1942.

Immediate cause of death Cardiac failure

Due to Cachexia

Due to Abdominal Malignant Disease

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature James M.C. Finney M. D.
Address Union Memorial Hospital Date signed 9-6-42

F 95555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95555

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 Deram St., 7-1107 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aubrey Armstrong

(a) Residence: No. 902 Deram St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

If U.S. Veteran specify WAR .....

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col-	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 15 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	10	1920	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berkley Va

FATHER

13. NAME Lewis Armstrong

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lillie Wilson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Rosie Armstrong

(Address) 1311 Penna Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va. Date Sept-8 1942

19. UNDERTAKER Walter D. Phillips

(Address) 734 Whitelock St

20. FILED Huntington Williams, M.D. SEP 8 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 4, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1942 to Sept 4, 1942

I last saw him alive on Sept 4, 1942 Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchopneumonia Primary	Aug 6
+ Pleurisy	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Sputum neg t.b.t.b.c. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dan Trundle M. D.

(Address) 1111 - Lee

VS 3

information should be carefully supplied. AGE should be stated EXACTLY. Please give state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

F 95556

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1314 F 95556

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked before correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3606 Reisterstown Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 Yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3606 Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Solomon Borshay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Sonia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business Merchant

FATHER
12. Name Samuel Borshay
13. Birthplace Russia

MOTHER
14. Maiden Name Jeannette Pollack
15. Birthplace Russia

16 (a) Informant Alex Borshay
(b) Address 3606 Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8. 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Hamilton Ave

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) Filed by registrar SEP 8 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

9.20

20. DATE OF DEATH Sept 7, 1942, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Sept 7 1942 and that I last saw him alive on Sept 7 1942

Immediate cause of death Chronic nephritis — Duration 5 yrs.

Due to

Due to

Other Conditions Emphysema
Chr. Bronchitis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

7 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jean Cohen M. D.
Address 1804 Eutaw Place Date signed 9/8/42

VS 3

F 95557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83 N Registered No. F 95557

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Do not omit any. Physicians: please write the causes of death clearly and legibly. Be sure that age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 169 N. Mount St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 169 N. Mount St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Matthews

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 28, 1914

8. AGE: Years	Months	Days	If less than one day
28	-	6	hr. min.

9. Birthplace Charles Co Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Frank Mathews
13. Birthplace Charles Co. Md

MOTHER
14. Maiden Name Amelia Brawner
15. Birthplace Charles Co Md

16 (a) Informant Amelia Mathews
(b) Address 169 N. Mount St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location
18 (a) Funeral director Mrs. Katie P. Williams
(b) Address 322 N. Schroeder St
19 (a) (Date received by registrar) SEP 8 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1942 at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1942 to Sept 4 1942 and that I last saw h[illegible] alive on Sept 4 1942.

Immediate cause of death Cerebral Embolism — Duration 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. J. Hatcher M. D.
Address 1725 Pentz Date signed 9/7/42

F 95558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 ✓ F 95558 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Ditto marks not allowed. Spell out full name and address. Do not abbreviate. Use Arabic numerals (1, 2, 3, etc.) except in stating age when fractions are used. Give exact date of birth in all cases where obtainable. If not exactly known, the age must be stated as accurately as possible. If deceased was less than one day old, give age in hours or minutes. If less than one hour old, give age in minutes. The space for "Usual Occupation" is to be filled in with the word which will show the trade, profession, or particular kind of work done during the greater part of working life, even though deceased may have been retired from active work at the time of death. Do not use the terms laborer, clerk, etc., unless accompanied by a word indicating the character of the business in which employed. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 N. Bond Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phillip Gadsden

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-14-0577

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	married

6 (b) Name of husband or wife Rebecca

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19, 1887

8. AGE: Years	Months	Days	If less than one day
55	5	15	hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Seamen

11. Industry or business Buel Line

FATHER
12. Name Thomas Gadsden
13. Birthplace S.C.

MOTHER
14. Maiden Name Hanna?
15. Birthplace S.C.

16 (a) Informant Rebecca Gadsden
(b) Address 1217 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph B. Locke
(b) Address 1304 N. Central Ave.

19 (a) SEP 8 1942 (Date received by registrar) Huntington [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1942 at 1930 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Cardiac failure — Duration

Due to aortic insufficiency

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally, Per Medical Examiner. M.D.
Date signed 9-8-42

Howard J. Malden M.D.

VS 6

419076

F 95559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

Registered No. F 95559

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Give correct age in years. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Harford

(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)

(d) Street No. 552 Revolution St
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Perry Williams

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ella

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 10-15-85

8. AGE: Years 56 | Months 10 | Days 22 | If less than one day: hr. ____ min. 21

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER

12. Name John Williams

13. Birthplace Ala.

MOTHER

14. Maiden Name Minnie Barry

15. Birthplace Md.

16 (a) Informant Ellace Williams

(b) Address Havre de Grace Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 1942 (month) (day) (year)

(c) Cemetery or crematory St. Johns

Location Havre de Grace Md.

18 (a) Funeral director R. Madison Mitchell

(b) Address Havre de Grace, Md.

19 (a) SEP 8 1942 (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1942 at 12 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1942 to Sept 6 1942 and that I last saw him alive on Sept 6 1942.

Immediate cause of death Heart failure

Due to arteriosclerotic heart disease.

Due to

Other Conditions Ca of Prostate w metas to ribs; Secondary anemia.
(Include pregnancy within 3 months of death)

Date of operation 7/20/42 + 7/28/42

Major findings of operation: Ca of Prostate (Ewing's Type)

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John S. Ewing

Address Johns Hopkins Hosp. Balto. Md. Date signed 9/6/42

Huntington Williams M.D.

F 95560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

M.O.C

F 95560 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1401 N. Fremont St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Otis Flemming

3 (b) If veteran, name war

3 (c) Social Security Account No. 237-12-8972

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1920

8. AGE: Years	Months	Days	If less than one day hr.	min.
21 22	9	17		

9. Birthplace Ga. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Otis Flemings
13. Birthplace Ga.

MOTHER
14. Maiden Name Carrie McCurry
15. Birthplace Ga.

16 (a) Informant Otis Flemings
(b) Address 144 N. Fremont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1393 Pennsylvania Ave

19 SEP 8 1942 (Date rec'd by Registrar) (b) Harrington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1942 at 3 25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said partial autopsy and that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Communicated fracture of skull — Duration

Due to struck by truck

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 5 1942 at 1 P M
(c) Where did injury occur Bayard & Hamburg Sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? Yes (Specify type of place)
(e) Means of injury Struck by truck

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 6 1942

F 95561

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95561 — Registered No. 5C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 820 N. Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 853 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alphonsus Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Frank E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48	4	1		

9. Birthplace Royal Oak, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Alfred Goldborough
13. Birthplace Royal Oak, Md

MOTHER
14. Maiden Name Elizabeth Thomas
15. Birthplace Royal Oak, Md.

16 (a) Informant Frank E. Smith
(b) Address 853 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1611 Druid Hill Ave.

19 (a) SEP 8 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1942 at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1941 to Sept 5 1942 and that I last saw him alive on Sept 5 1942.

Immediate cause of death: Organic Heart Disease — Duration: Many months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
Signature D. Garland Abiandl, M.D.
Address 1534 Druid Hill Ave Date signed Sept 7 1942

VS 3

Spec.—1-10-21—M&T—1500 Blks.

F 95562

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95562

CERTIFICATE OF DEATH.

8th a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5710 Maple Ave. (St.) 27-19 (Ward)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Virginia Lee Kenoyer

(a) RESIDENCE NO. 5710 Maple Ave ST., WARD (Birth F. 44217)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year): Feb. 14, 1942

7 AGE — Years: — Months: 6 — Days: 22 — If LESS than 1 day, hrs. or min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work:

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

PARENTS

10 NAME OF FATHER: Wm. D. Kenoyer

11 BIRTHPLACE OF FATHER (city or town) (State or country): Bloomingdale Indiana

12 MAIDEN NAME OF MOTHER: Gloria Mayor Rammelkamp

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Glendale California

14 Informant: Family & Children's Soc.

(Address) 204 East Lanvale St.

15 SEP 8 1947

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): Sept 5 19 47

17

I HEREBY CERTIFY, That I attended deceased from Feb. 24 1942 to Sept 5 1947

that I last saw her alive on Sept 1 1947

and that death occurred, on the date stated above, at 10 P.M.

The CAUSE OF DEATH* was as follows:

Mongoloid - Malnutrition

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Unknown

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

9/5 1947 (Signed) Gustav A. Woloveck, M.D.

(Address) 10 E. Biddle St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore

DATE OF BURIAL: 9/8 19

20 UNDERTAKER: Wm. Cook & Co

ADDRESS: St Paul St

mation should be carefully supplied. AGE should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

95563

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9440 Registered No. F 95563

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 W. Chase St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Barrett

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17 1860

8. AGE: Years	Months	Days	If less than one day
82	6	20	— hr. — min.

9. Birthplace Baltimore City Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business —

FATHER
12. Name James J. Barrett
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Browne
15. Birthplace Baltimore, Md.

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. J. Mears & Son
(b) Address 805 Washington Street, Hollidaysburg, Pa.

19 (a) SEP 8 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1942, at 10:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1942 to Sept 6 1942 and that I last saw her alive on Sept 6 1942

Immediate cause of death	Duration
Cardiac failure	
Due to Coronary occlusion	
Due to	
Other Conditions Generalized arteriosclerosis Cystitis. (Include pregnancy within 3 months of death)	

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James McC. Finney M. D.
Address Union Memorial Hospital Date signed 9-8-42

VS 3

Physicians: please write the causes of death clearly, correct age is especially important.

F 95564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 95564 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as far as possible. Items 1 to 19 are especially important. Physicians: please write the causes of death clearly and report accurately.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lunerans Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 897 Park ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond J. Bumphers

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Married

6 (b) Name of husband or wife Eglentine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1921

8. AGE: Years	Months	Days	If less than one day
21	5	29	hr. min.

9. Birthplace Roxboro N. Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Clyde Bumpberg
13. Birthplace Roxboro N.C.

MOTHER
14. Maiden Name Anna Smith
15. Birthplace Roxboro N. Ca.

16 (a) Informant James Bumphus
(b) Address 426 E Chase St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 8, 1942 (month) (day) (year)
(c) Cemetery or crematory St.
Location Roxboro N. Carolina

18 (a) Funeral director Mrs Robert [illegible]
(b) Address 1129 N. Caroline St.

19 (a) SEP 8 19[illegible] Filed by [illegible] for Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4- 1942 at 4:20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Gun shot of heart & lungs — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9-4-42 at 4:20 P. M
(c) Where did injury occur? In front of 602 N. Barre St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Firearm - gun

23. Signature Howard J. Mahoney M.D.
Medical Examiner.
Date signed 9-5-42

F 95565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95565 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Baltimore Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 First St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DEWEY GRIFFITH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
24	4 2		hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alfred Griffith
13. Birthplace Maryland

MOTHER
14. Maiden Name Ella Bartley
15. Birthplace Maryland

16 (a) Informant Harry Griffith
(b) Address Washington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/42 (month) (day) (year)

(c) Cemetery or crematory
Location Washington D C

18 (a) Funeral director J. H. Chamberlain Co
(b) Address Washington D C

SEP 3 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1942 at 11 15 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cirrhosis of liver atrophic	
Due to	
Due to	
Other Conditions Chronic alcoholism	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D. Medical Examiner.
Date signed 8-31-42

F 95566

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95566 Registered No. 1710

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 7. St. S.W. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John T. Gatewood (Charles)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Myrtle A. Gatewood
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1886

8. AGE: Years	Months	Days	If less than one day
56 55	2		hr. min.

9. Birthplace District of Columbia (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Self

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant James E. Gatewood
(b) Address 2939 M. St. S.E. Washington D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-42 (month) (day) (year)
(c) Cemetery or crematory Woodmont
Location Washington D.C.

18 (a) Funeral director W. H. Chambers
(b) Address Washington D.C.

(c) (Date received) SEP 8 1942 (Registrar) Huntington Millington

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Correct age is especially important. Physicians: please write the causes of death clearly and legibly

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7-1942 at 6.12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Coronary Thrombosis
Due to
Due to
Other Conditions Fractured ribs, fractures of pelvis, multiple lacerations, abrasions, bruised body
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-7-42 at 4.45 P M
(c) Where did injury occur? Home Co. ½ miles south of Waterloo (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto (Specify type of place) While at work? No
(e) Means of injury Auto collision

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 9-8-42

95567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95567

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle E. Chenoweth (Schenoweth)

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife John E. Schenoweth
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1892

8. AGE: Years	Months	Days	If less than one day
50	6	—	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Peter Miller
13. Birthplace Unknown

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs. Schenoweth
(b) Address Mountain View & Frederick

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Balto Md

18 (a) Funeral director Philip J. Herwig Funeral
(b) Address 2024 Eutaw Pl

19 (a) (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION 45

20. DATE OF DEATH Sept. 6 1942, at 8 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection + inquiry thereon, and from the evidence (Autopsy or Inquiry)
obtained by said inspection + inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bronchial pneumonia	
Due to amputation of right leg.	
Due to auto accident	
Other Conditions Obesity, marked	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 31 1942 at 11 P M
(c) Where did injury occur? near Edgewood, Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? On road While at work? no
(Specify type of place)
(e) Means of injury known from automobile

23. Signature Robert Lee Yeatman M.D.
Medical Examiner.
Date signed Sept. 6 1942

VS 9

Physicians: please write the causes of death clearly

95568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6 ✓

Registered 95568

1. PLACE OF DEATH:
(a) Baltimore City, Maryland —
(b) Street address
(c) Hospital or institution: Sydenham Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10d
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3506 E. Fairmount Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elsie I. Groth ✓

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Geo. E. Groth Sr.
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1892

8. AGE: Years	Months	Days	If less than one day
49 50	11	1	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Hugh O. Galston
13. Birthplace Maryland

MOTHER
14. Maiden Name Nellie I. Mitchell
15. Birthplace Maryland

16 (a) Informant Geo. E. Groth, Sr.
(b) Address 3506 E. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto.

18 (a) Funeral director Philip Herwig Inc
(b) Address 2024 Orleans St

19 (a) SEP 8 1942 (Date rec'd by Registrar) (b) Harry [illegible] for Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1942, at 2.27 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1942, to Sept 6 1942, and that I last saw her alive on Sept 6 1942

Immediate cause of death	Duration
Cerebro spinal Meningitis	
probably Meningococcic	
Due to	
Due to	
Other Conditions Acute Cardiac failure	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hyman S. Lee, M.D.
Address Sydenham Hosp Date signed 9/6/42

95569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95569

No soc. sec. no.

CERTIFICATE OF DEATH 94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 321 N. Montford Ave. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 65 yrs. mos. ds.

2. FULL NAME Benjamin T. Mann

(a) Residence: No. 321 N. Montford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Victoria

6. DATE OF BIRTH (month, day, year) March 8, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired sea captain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Walker Co. Texas

FATHER

13. NAME Thrasley Mann

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Gwynn

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Florence Mann

(Address) 321 N. Montford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Crmtrl A. Redeemer Date Sept. 10 19 42

19. UNDERTAKER Martin W. J. Dippel's Sons

(Address) Lombard & Ann Sts.

20. FILED SEP 8 19 42 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 7, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1942 to Sept 7, 1942

I last saw h[illegible] alive on Sept 7, 1942 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?

Other contributory causes of importance:

arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leo L. Kubacki M. D.

(Address) 1265 Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

95570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ 370

F 95570

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2840 Mayfield Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Hatter

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 3 1869

8. AGE: Years 73 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Barber
11. Industry or business Retired

FATHER
12. Name Lawrence Hatter
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Lawrence Hatter
(b) Address Maiden Choice Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9 '42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Mark K. Doppel
(b) Address 378 S. Carey St

19 (a) Date received by Registrar SEP 8 1942 (b) Huntington Williams Jr. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/7/42 19 , at 305 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/3/42 19 , to 9/7/42 19 , and that I last saw h[illegible] alive on 9/7/42 19

Immediate cause of death	Duration
uremia	1 day
Due to acute nephritis	2 days
Due to hypertrophied prostate	unknown
Other Conditions arrhythmia fibrillation, moderate hypertension	

(Include pregnancy within 3 months of death)

Date of operation 9/3/42
Major findings of operation: hypertrophied prostate
of autopsy: (No)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Andrew Zepp MD.
Address South Balto Gen. Hosp Date signed 9/7/42

correct age is especially important. Physicians: please write the causes of death clearly, and

F 95571

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92b

F 95571
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Gaspar Shipley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary Landskager
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 64

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Shipley
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 9. 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Lida Wardefeld
(b) Address 911 N Arm Court

19 (a) SEP 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7 1942 . at 2 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 . to Sept 7 1942. and that I last saw him alive on Sept 6 1942 .

Immediate cause of death	Duration
Extensive Lungs	1 day
Due to Mitral Stenosis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 9/8/42

VS 3

F 95572

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

176 F 95572 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 38 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Chester Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph P. Taranski (Taranski)

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-2584

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1910

8. AGE: Years 32 | Months 6 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Shipfitter

11. Industry or business Bethlehem Shipbuilding Corp

FATHER
12. Name Albert Taranski
13. Birthplace Poland

MOTHER
14. Maiden Name Sophie Kozera
15. Birthplace Poland

16 (a) Informant Stanley Taranski
(b) Address 215 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Anne Arundel Co.

18 (a) Funeral director M. F. Radasky Son
(b) Address 1808 Eastern Ave

19 (a) (b) Registrar

SEP 8 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5-1942, at 6:40 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Extra-dural Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-3-42 at 11 A.M.
(c) Where did injury occur Bethlehem S. B. Corporation
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial (Specify type of place) While at work? Yes
(e) Means of injury Struck on head with die, from unspecified

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 9-5-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 95573 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" inserted where it cannot be ascertained. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1030 Franklin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 W. Franklin (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Fannie Gaines

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widowed

6 (b) Name of husband or wife Stephen Gaines
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr) Feb. 7, 1868

8. AGE: Years	Months	Days	If less than one day hr.	min.
74	6	27		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Geraldine Landon
(b) Address 1030 W. Franklin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 522 N. Calvert St

19 (a) [illegible] (b) [illegible]
(Date received by Registrar) SEP 8 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/4/42 19 2:30 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 7/14/42 to 9/4/42 19 , and that I last saw [illegible] 19 .

Immediate cause of death [illegible]
Due to [illegible]
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed

F 95574

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

F 95574
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6420 Reisterstown Road
(c) Hospital or institution: Mount Hope Retreat
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Arunah Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lydia A Gradon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Louis L Gradon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5 1889

8. AGE: Years	Months	Days	If less than one day
53	8	1	hr. min.

9. Birthplace Westminster, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Marsh
13. Birthplace Carroll Co Md

MOTHER
14. Maiden Name Susan Kemper
15. Birthplace Carroll County Maryland

16 (a) Informant Mount Hope Retreat
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10-42 (month) (day) (year)
(c) Cemetery or crematory Loraine Cem
Location

18 (a) Funeral director Charles P Powell
(b) Address 2727 Edmondson Ave

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

SEP 8 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1942, at 11.00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 2d 1942, to Sept 1942, and that I last saw her alive on Sept 1942.

Immediate cause of death: Carcinoma of left breast — Duration: 3 yrs
Due to: Carcinomatosis — Duration: 1 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Damian P Glazen M. D.
Address 336 Cathedral St (Physician whose name is signed)

F 95575

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

F 95575 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 326 S. Wolfe Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 326 S. Wolfe St (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Josephine Konias (Dreyka)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 19 1890

8. AGE: Years	Months	Days	If less than one day hr.	min.
52	5	16		

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Szwarcbach
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Kozlak
15. Birthplace Poland

16 (a) Informant Genevieve Blitz Daughter
(b) Address 326 S. Wolfe Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 9 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem.
Location Baltimore Md.

18 (a) Funeral director John M. Welby
(b) Address 401 S. Chester Street

19 (a) Filed SEP 8 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep. 5 1942, at 1:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Sept 5 1942 and that I last saw h.r alive on Sept 5 1942

Immediate cause of death Coronary occlusion — Duration sudden

Due to Cardiac decompensation — 1 year

Due to

Other Conditions Left Bronchial Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maris A Kramer M. D.
Address 1705 E. Baltimore Date signed Sept 7. 1942

F 95576

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95576 Registered No. 169

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. Be correct; age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County 9
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1416 F St. N.E.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willie Byrd

3 (b) If veteran, name war

3 (c) Social Security Account No. 579-07-7525

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Pearl Byrd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1906

8. AGE: Years	Months	Days	If less than one day
36		23	hr. min.

9. Birthplace Orangeburg (Town, county, and state) S.C.
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name John Byrd
13. Birthplace S.C.

MOTHER 14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Pearl Byrd (wife)
(b) Address 1416 F. St. N.E. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-8-42 (month) (day) (year)
(c) Cemetery or crematory Payne's Glen
Location Wash D. C.

18 (a) Funeral director Sam'l W. Chase Inc.
(b) Address 638 N. Eutaw St

19 (a) Rec'd (b) SEP 8 1942 Huntington Williamsport Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1942, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of skull

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 5 1942 at 3 AM
(c) Where did injury occur? Pennsylvania State
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Fell off train

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept 6 1942

95577 ✓ X F 95577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63b

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 N Broadway.
(c) Hospital or institution:
Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md. (b) County Balto City
(c) City or town Balto City (Dundalk)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3223 Dundalk Ave (If rural give location)
(e) Citizen of foreign country? Not (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Annye Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.
None.	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband or wife Henry A Smith.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1871

8. AGE: Years	Months	Days	If less than one day
50	10	13	hr. min.

9. Birthplace South Carolina (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Allen Abbott
13. Birthplace South Carolina

MOTHER
14. Maiden Name Alice Logan
15. Birthplace South Carolina.

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/42 (month) (day) (year)
(c) Cemetery or crematory Cedarhill Cemetery
Location Govans Pikesville Blvd.

18 (a) Funeral director John E. Connelly
(b) Address 4801 Eastern Ave

19 (a) SEP 8 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 6 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1942 to Sept 6 1942, and that I last saw her alive on Sept 6 1942.

Immediate cause of death Thyroid Storm.

Due to Hyperthyroidism

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9/5/42

Major findings of operation: Toxic goiter

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Turner Runyon M. D.
Address Church Home & Hosp Date signed 9/7/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95578 ✓ F 95578

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 117 N. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 117 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth M. Byrnes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1887

8. AGE: Years	Months	Days	If less than one day
55	1	25	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Edward J. Byrne
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie O'Reilly
15. Birthplace Ireland

16 (a) Informant Mrs E. J. Byrne
(b) Address 117 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Logan & Son
(b) Address 901 Gladden St.

19 (a) Huntington Maryland (Date received by registrar) (Registrar)

SEP 8 1942

VS F

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6th 1942, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5, 1942 to Sept. 3, 1942 and that I last saw her alive on Sept. 3, 1942.

Immediate cause of death	Duration
Carcinoma of st. breast with metastasis to	1 yr.
Due to lungs and abdomen	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Willis Guyton, M.D.
Address 3963 Greenmount Ave. Date signed 9/8/42

Correct age is especially important. Typewriting, ink or indelible pencil required. Use Permanent Ink. Do not write in spaces marked "Registrar"

F 95579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 F 95529 Registered No. 11

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found in harbor near Pier 6, Key Highway
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. no 18 Cherokee County (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MILES G. ABERNATCHEY

3 (b) If veteran, name war

3 (c) Social Security Account No. 251-05-2217

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
30 yrs			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business

FATHER
12. Name August Abernathy
13. Birthplace N.C.

MOTHER
14. Maiden Name Ettie Ramsay
15. Birthplace Baltimore Md

16 (a) Informant August Abernathy
(b) Address Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-42 (month) (day) (year)
(c) Cemetery or crematory Oakland Lawn
Location Baltimore Md

18 (a) Funeral director Phil E Miller Inc
(b) Address 2425 Huntington Ave Baltimore

SEP 8 1942 (Date received) (Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7th 1942 at 11:12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 1942 at 2½ M
(c) Where did injury occur? Harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Harbor While at work? (Specify type of place)
(e) Means of injury drowned

23. Signature H. J. Wallenmeyer M.D. Medical Examiner.
Date signed 9-7-42

Correct age is especially important. Physicians please write in words. Order of death, also urgently.

95580 W1

AB-17359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 95580 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 18
(e) Length of stay in Baltimore (yrs., mos., or days) 26 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 719 Park Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary or Margaret Rust

3 (b) If veteran, name war N

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. ?, 1876

8. AGE: Years 66 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Raider
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md

18 (a) Funeral director Williams Sons Inc.
(b) Address 1217 St. Paul St.

19 SEP 9 1942 (Date rec'd by reg.) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/5/42 19 , at 6:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/27 1926 to 9/5 1942 and that I last saw h[illegible] alive on 9/5 1942.

Immediate cause of death BRONCHO PNEUMONIA — Duration 10 Days

Due to

Due to

Other Conditions Arteriosclerosis — 6 years
Accident c pregnancy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mattran M. D.

Address BALTIMORE CITY Date signed 9/7/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

95581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H F 95581 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 752 W. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lindsey L. Smith

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1916

8. AGE: Years	Months	Days	If less than one day
26	3	5	hr. min.

9. Birthplace Scottsburg, Virginia (Town, county and state)
10. Usual Occupation
11. Industry or business Retired G.A.

FATHER
12. Name William Smith
13. Birthplace Va.

MOTHER
14. Maiden Name Martha Ashby
15. Birthplace Va.

16 (a) Informant Mrs. W. H. King
(b) Address 850 W. Fayette St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept. 9 1942 (month) (day) (year)
(c) Cemetery or crematory Family Grounds
Location Scottsburg, Va.

18 (a) Funeral director Wilkins Cook Inc.
(b) Address 1217 W. Fayette St.

19 (a) SEP 9 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6 1942 at 10.25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest & inspection thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest & inspection found that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Asphyxiation due to illuminating gas.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Sept. 6 1942 at M
(c) Where did injury occur? 752 W. Fayette St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhaled gas.

23. Signature Robert Lee G. Latham M.D. Medical Examiner.
Date signed Sept. 6 1942

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 95582

AB-76568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95582 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15Min.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1221 N. Curley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Garrie Robert Davis Sr.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	216-01-9737	Male	White	Married

6 (b) Name of husband or wife Ethel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27-1888

8. AGE: Years	Months	Days	If less than one day
54	1	10	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name John William Davis
13. Birthplace Va.

MOTHER
14. Maiden Name Sophia Hodges
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Sept. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore, Md.

18 (a) Funeral director Sullivan Cook, Inc.
(b) Address 1247 Ost. Pkwy. Huntington Williamsport, Md.

19 (a) Date rec'd by Reg. SEP 9 1942 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/7. 19 42. 12:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/7 19 42 to 9/7 19 42
and that I last saw h alive on 19

Immediate cause of death	Duration
Peritonitis	12 hrs
Due to Intestinal Tuberc.	?
Due to Pulmonary Tbc.	2 mos.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. S. Hayes
Address Balto City Hosp. Date signed 9/8/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and report correct age is especially important.

95583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95583
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Calvert and Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 Gorsuch
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kathleen Garvey (Ruth F 40584)

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: N N C

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife:

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1941

8. AGE: Years	Months	Days	If less than one day
0	8	28	hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Infant

11. Industry or business:

FATHER
12. Name: John J. Garvey
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Helen K. Schallhorn
15. Birthplace: New York City

16 (a) Informant: Mother
(b) Address: Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 10, 1942 (month) (day) (year)
(c) Cemetery or crematory: New Cathedral
Location: Baltimore, Md.

18 (a) Funeral director: William Cook & Son
(b) Address: 1217 W. Pratt St.

19 SEP 9 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8 1942 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7- 1942 to 9-8- 1942 and that I last saw her alive on 9-7- 1942

Immediate cause of death: Bronchopneumonia — Duration: Hours

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: William C. Lawn M. D.
Address: Mercy Hospital Date signed 9-8-42

95584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95584

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 19 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 2105 St Paul St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sue Ann Feddon

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	[illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13. 1940

8. AGE: Years	Months	Days	If less than one day
1	10	24	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name	Walter Lee Feddon
13. Birthplace	Baltimore Md
MOTHER 14. Maiden Name	Mary Jane Bruch
15. Birthplace	Baltimore Md

16 (a) Informant Walter Feddon
(b) Address 2105 St Paul St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudmond
Location Parkville Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 St Paul St

19 SEP 9 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7-42 19 , at 7.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-19-42 19 , to 9-7-42 19 , and that I last saw her alive on 9-7-42 19 .

Immediate cause of death	Duration
Meningitis Mc?	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. L. Beverley Jr.
Address University Hospital Date signed 9-7-42 M. D.

VR 3

95585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C Registered No. E 95585

PLEASE WRITE PLAINLY, WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of street or number, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 240 Pearl St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Jentsins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 9 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) SEP 9 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 2 1942 at 9 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

	Duration
Immediate cause of death Acute fibrino purulent peritonitis	
Due to Rupture of small in testine	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 1 1942 at 11 P M
(c) Where did injury occur? Roy Highway + Eden St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No.
(Specify type of place)
(e) Means of injury Struck by taxi

23. Signature Robert Ten Eyck Graham M.D.
Medical Examiner.

Date signed Sept. 3 1942.

1940

95586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862 Registered No. B 95586

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S. Sharp St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Maranspy

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 9 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Williamsport, Md.

19 SEP 9 1942 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1942, at 3 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Hemorrhage

Due to deep laceration of right side of neck

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Aug. 31 1942 at 3 P M
(c) Where did injury occur? 701 W. Baltimore St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? In Office While at work? no
(Specify type of place)
(e) Means of injury fell three years 3 floors

23. Signature Richard Lee Gratacap M.D.
Medical Examiner.
Date Signed Sept. 1 1942

9498

F 95587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95587

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 917 Booth Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milbus Wilson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 9 1942
Commissioner of Health

18 (a) Funeral director
(b) Address Huntington Williams, M.D.

19 SEP 9 1942 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-23- 1942, at 5.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Chronic Osteomyelitis	
Due to	
Due to	
Other Conditions Acute dilatation of heart; Edema. Congestion of lungs	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 8-24-42

9409

95588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95588

Registered No. 1710 C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Unknown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50?			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 9 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 SEP 9 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-26-1942 at 2.20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Fractured skull

Due to

Due to

Other Conditions Crushed chest.
Comp. Fracture Right leg.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following: S/I
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 8-26-42 at 1 A M
(c) Where did injury occur Lexington St. 20 E. Baltimore
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Pedestrian struck by auto.
23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 8-26-42

9410

VS 6

F 95589
E.S. (76541)

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95589
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2042 E. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Warlitz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Herman Warlitz (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1875

8. AGE: Years	Months	Days	If less than one day
67	6	14	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Saffer
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (b) Date thereof Sept. 10-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North-

18 (a) Funeral director Jno. H. Valentine
(b) Address 2326 Aisquith St.

19 (a) SEP 9 1942 Huntington Williams, M.D.
(Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6 1942 at 7.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5 1942, to 9-6 1942
and that I last saw her alive on 9-6 1942

Immediate cause of death Adeno-carcinoma Duration
Cancerous colon &
metastases

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herman Haas M. D.
Address Balt. City Hosp. Date signed 9-7-42

F 95590

E.S. (75829)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95590

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr. & 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1346 Whetstone St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-9054

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1918

8. AGE: Years	Months	Days	If less than one day
23 24	10	18	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER

12. Name Raleigh Washington

13. Birthplace Virginia

MOTHER

14. Maiden Name Virginia Dunley

15. Birthplace Virginia

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/1942 (month) (day) (year)

(c) Cemetery or crematory Mount Calvary

Location

18 (a) Funeral director Adolphus Halsted

(b) Address 9 S. Bond St. Balto.

19 (a) (Registrar) (b) Date received SEP 9 1942 Huntington Williams, M.D.

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7-42 19 42 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-3 19 42 to 9-7 19 42. and that I last saw him alive on 9-7 19 42.

Immediate cause of death: Pulmonary Tuberculosis — Duration: 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Pulm. + Endobronchial Tuberculosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. L. Hartz

Address Balto. City Hosp. Date signed 9/7/42

F 95591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2137 E Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2137 E Federal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM H. KELLY

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-20-5743

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Mable Kelly

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 20, 1887

8. AGE: Years	Months	Days	If less than one day
54	11	18	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Jogl Crit Clerk
11. Industry or business Glenn L. Martin

FATHER
12. Name James Kelly
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Laura Steward
15. Birthplace Baltimore Md.

16 (a) Informant Mable Kelly
(b) Address 2137 E. Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk Cem.
Location Frederick Rd.

18 (a) Funeral director Chas F. Miller
(b) Address 2634 E. Monument St

19 (a) SEP 9 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1942, at 8P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Cerebral hemorrhage — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 9-7-42

VS 6

F 95592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95592 Registered No. 554

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 419 N. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 N. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles W. Spence Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-0578

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Nettie M. Spence
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 17-1895

8. AGE: Years	Months	Days	If less than one day
46	8	24	hr. min.

9. Birthplace Queen Ann Co. Md. (Town, county, and state)
10. Usual Occupation Buss Operator
11. Industry or business

FATHER
12. Name Charles W. Spence
13. Birthplace Caroline Co. Md.

MOTHER
14. Maiden Name Sarah E. Lowe
15. Birthplace Queen Ann Co. Md.

16 (a) Informant Nettie M. Spence
(b) Address 419 N. Ellwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9/42 (month) (day) (year)
(c) Cemetery or crematory Mackall Memorial Pk
Location Taylor Ave.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) [illegible] (Name of hospital) Huntington Mills MD
[illegible] 9 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7 1942 at 2:54 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to Sept 1942 and that I last saw him alive on Sept. 7, 1942

Immediate cause of death Melanotic Sarcoma & Carcinal Lymph Nodes

Due to sarcoma

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation March 23, 1942

Major findings of operation: Melanotic Sarcoma & Carcinal Lymph Nodes

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Eugene Arrington M.D.
Address 3201 N. Charles St. Baltimore Md. Date signed 9-8-42

F 95593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 95593
Registered No.

PLEASE WRITE PLAINLY; WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1425 Myrtle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) Always

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Myrtle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Eleanor Cecilia Mays

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-17-24

8. AGE: Years	Months	Days	If less than one day
17 18	9	13	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Joseph Thomas Mays
13. Birthplace Md

MOTHER
14. Maiden Name Eleanora Manns
15. Birthplace Balto. Md.

16 (a) Informant Eleanora Mays
(b) Address 1425 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Louis Davenport
(b) Address 1996 Pa. Ave

19 (a) SEP 9 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 30 1942, 9 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 28 1942, to Aug 30 1942, and that I last saw h[illegible] alive on Aug 30 1942.

Immediate cause of death: Coronary Thrombosis — Duration 30 hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 745 Park Date signed 9/[illegible]/42 M. D.

VS 3

F 95594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95594 Registered No.

AB-76524

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 518 St. Marys St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mabel Florence Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widowed

6 (b) Name of husband or wife George Lee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 9-1885

8. AGE: Years	Months	Days	If less than one day
57	9	26	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Richard Chambers
13. Birthplace Maryland

MOTHER
14. Maiden Name Ada Dett
15. Birthplace Maryland

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 9-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans

18 (a) Funeral director Louis Davenport & Son
(b) Address SEP 9 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 4 1942, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4 1942 to Sept. 4 1942 and that I last saw h[illegible] alive on Sept. 4 1942

Immediate cause of death Septicemia — Duration 4 days

Due to Appendicular Abscess

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Henry Haase M. D.
Address Balto City Hosp. Date signed 9/5/42

VS 3

F 95595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95595 Registered No. 93

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balt. ?
(c) City or town Govans, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Rogers

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-7337

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1874

8. AGE: Years	Months	Days	If less than one day
67	11	20	hr. min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Rogers
13. Birthplace unknown

MOTHER
14. Maiden Name unknown
15. Birthplace unknown

16 (a) Informant Pt.
(b) Address Govans, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Govans

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Lafayette St. Huntington Station, Md.

19 (a) Rec'd SEP 9 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7, 1942, at 6:25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942 to Sept 7 1942, and that I last saw h alive on Aug 2 1942

Immediate cause of death Cardiac failure — Duration ?

Due to Pneumonia c. v — Duration 4 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature T. E. Davies M. D.
Address Mercy Hosp Date signed 9-9-42

F 95596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 95596 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1067 Ellicott Driveway

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1067 Ellicott Driveway (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANTONIA W. SCHMIEDICKE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	widow

6 (b) Name of husband or wife Paul S.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1869

8. AGE: Years	Months	Days	If less than one day
72	9	5	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Johannus Hafemeister

13. Birthplace Germany

MOTHER 14. Maiden Name Wilhelminia Roehl

15. Birthplace Germany

16 (a) Informant Mrs. Milly Peters

(b) Address 1067 Ellicott Driveway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address North & Pa. Aves., Balto., Md.

19 (a) Received by Huntington Williams M.D. Registrar

SEP 9 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1942 to Sept 7 1942, and that I last saw h[illegible] alive on Sept 7 1942.

Immediate cause of death	Duration
Cardiac dilatation, acute.	12 h.
Due to Arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard F. Warner M. D.

Address 1004 Garrison Blvd Date signed 9-8-42

F 95597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1110 F 95597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 Edmondson Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence J. Reed.

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-6675

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 6, 1881

8. AGE: Years	Months	Days	If less than one day
60 6#	11	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Night Watchman

11. Industry or business

FATHER 12. Name Robert Reed

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Rebecca Gray

15. Birthplace Baltimore, Md.

16 (a) Informant Edna Reed Kearse

(b) Address 5510 Wyalusing Ave. Phila. Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Lena M. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) SEP 9 1942 (Date rec'd by Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 6 1942, at 6.50 A.M

21. I HEREBY CERTIFY, That I took charge of the ~~remains~~ described above, held an Autopsy & inspection thereon and from the evidence obtained by said Autopsy & inspection find that said deceased came to his death on the day stated above.

Immediate cause of death Acute pulmonary edema.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gratton M.D. Medical Examiner.

Date signed Sept. 6 1942

F 95598

AB-76501

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95598 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 12 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 W. Montgomery St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Irene Wright

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Willie Wright
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7-1899

8. AGE: Years 43 | Months 6 | Days 28 27 | If less than one day hr. min.

9. Birthplace Alabama
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name David Vond
13. Birthplace Alabama

MOTHER
14. Maiden Name Dora ?
15. Birthplace Alabama

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (b) Date thereof 9-9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W Montgomery St

19 (a) SEP 9 1942 (b) Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-4 1942; at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3 1942 to 9-4 1942 and that I last saw her alive on 9-4 1942

Immediate cause of death: Diabetic acidosis — Duration: 8 days?
Due to: Diabetic mellitus — ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun
Address Balto. City Hosp. Date signed M.D. 9-5-42

VS 3

F 95599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93d

F 95599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 638 W. Franklin Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 638 W. Franklin Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lennie Burrell

3 (b) If veteran, name war —

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Cameronville N. C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Charles Magee
13. Birthplace N. C

MOTHER
14. Maiden Name Mary Lee
15. Birthplace N C

16 (a) Informant James Burrell
(b) Address 638 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Zion

18 (a) Funeral director Ellery Wilson
(b) Address 1000 Bradbury Ave

19 (a) SEP 9 1942 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-5-19 42 at 11 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and that said deceased came (Autopsy or Inquiry)
to Her death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio - Vas Disease

Duration: Cular

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Am

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 9-5-42

VS 6

F 95600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 95600

Registered No.

AB-75387

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 23

(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 511 S. Wolfe Street (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julianna Blaiewicz Blusiewicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Teddie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?-?-[illegible] 1896

8. AGE: Years	Months	Days	If less than one day
[illegible]	?	?	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Stanley ?

13. Birthplace Poland

MOTHER

14. Maiden Name Anna ?

15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11/42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary

Location Baltimore

18 (a) Funeral director Fred W Ozarowski

(b) Address 1930 Eastern Ave

19 (a) SEP 9 1942 (b) Huntington Hilligoss M.D. Registrar

(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-7 1942 at 5-40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1942 to 9-7 1942, and that I last saw her alive on 9-7 1942.

Immediate cause of death: Bronchopneumonia — Duration 3 days

Due to: Cerebral arteriosclerosis — Duration ?

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy: not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. K. Rattlem M.D.

Address Balto. City Hosp. Date signed 9-7-42

Brookville 2703 Edmondson Ave

F 95601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 95601 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2568 W Balto St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2568 W Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Charles W. Hubbard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Maggie J. Hubbard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 17 1855

8. AGE: Years	Months	Days	If less than one day
87	5	24	hr. min.

9. Birthplace Rockville Md
(Town, county, and state)

10. Usual Occupation Farmer (Retired)

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace Md

MOTHER
14. Maiden Name Rosa Kirwan
15. Birthplace Md

16 (a) Informant Mrs. Allie W Hubbard
(b) Address 2568 W. Balto St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11-42 (month) (day) (year)
(c) Cemetery or crematory St. John's Cemetery
Location Cambridge Md

18 (a) Funeral director Granville S Taylor
(b) Address Cambridge Md

19 (a) (Date received by Registrar) (b) Huntington Williams M.D.

SEP 9 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7 1942 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 19 41 to 9-7-42 19 ; and that I last saw h. alive on 9-7 19 42

Immediate cause of death Bronchopneumonia — Duration 2 days

Due to

Due to

Other Conditions Hardened arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry S. Trundel M. D.
Address 2703 Edmondson Date signed 9-9-42

F 95602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95602

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 S. Monroe St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) (70)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 S. Monroe St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME John Tolle

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 1st 1859

8. AGE: Years 83 | Months 8 | Days 6 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name John Tolle Sr
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs A. J. Lenfest Sr
(b) Address 3525 W. Lexington St. Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-42 (month) (day) (year)
(c) Cemetery or crematory Druid Hill
Location Edmondson Ave.

18 (a) Funeral director F. S. WIPPERT - SON
(b) Address 1300 Eutaw Place

19 SEP 9 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1 1942 to Sept 7 1942 and that I last saw h alive on Sept 7, 1942

Immediate cause of death: Malignant papilloma of bladder — Duration: 6 mons.
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Benjamin Miller M. D.
Address 203 N. Wolfe Date signed 9/8/42

VS 3

F 95603

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1931 Registered No. F 95603

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (~~yrs., mos., or~~ days) 3
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 41

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2236 E. Balto St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Miller

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex F
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widow
6 (b) Name of husband or wife Abraham
6 (c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) 1878
8. AGE: Years 64 Months Days If less than one day ____ hr. ____ min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife
FATHER 12. Name Unknown
13. Birthplace Russia
MOTHER 14. Maiden Name Unknown
15. Birthplace Russia
16 (a) Informant Joe Miller
(b) Address 2236 E. Balto St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-9-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mikro Kodesh
Location Herring Run
18 (a) Funeral director Jack Louis Lee
(b) Address 1439 E. Balto St
19 (a) Date rec'd by local reg. 9-9-1942 (b) Signature of Registrar Thomas Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9 1942 at 10 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 9/6 1942 to 9/9 1942 and that I last saw her alive on 9/4 1942

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Hypertension & arteriosclerosis
Mt. Dis.
Due to
Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Saul J. Farber M.D.
Address Sinai Hosp. Date signed 9/9

VS 3

F 95604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95604 Registered No.

MARGIN RESERVED FOR BINDING

"PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2222 Essex Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2222 Essex Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCISZKA HELINSKA

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1847

8. AGE: Years	Months	Days	If less than one day
95	5	28	hr. min.

9. Birthplace Przeslow, Austria (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Kocol
13. Birthplace Przeslow, Austria

MOTHER
14. Maiden Name Maryanna Suderjanka
15. Birthplace Przeslow, Austria

16 (a) Informant Adam Helinski
(b) Address 2222 Essex Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski
(b) Address 1808 Eastern Ave.

19 (a) SEP 9 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/7/42 19 . at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1942 to Sept. 7 1942 and that I last saw h[illegible] or alive on 9/7/42

Immediate cause of death
Apoplexy
Cardio-vascular renal
Due to Senesce

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester Stanislawski
Address 3549 Eastern Ave. Date signed 9/8/42 M. D.

VS 8

95605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 f

F 95605 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 weeks
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 London Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MAY P. FREIDBERG (MAY P. FREIDBERG)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1875

8. AGE: Years 67 | Months 5 | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Benjamin Platt
13. Birthplace Poland

MOTHER
14. Maiden Name Leah Friedberg,
15. Birthplace Poland

16 (a) Informant Mr. Maurice Freidberg
(b) Address 2900 London Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/42 (month) (day) (year)
(c) Cemetery Topeka Cem. Location Topeka, Kansas.

18 (a) Funeral director Baird Sonnheim & Co.
(b) Address 1902 Eutaw Place

19 (d) (Date rec'd by registrar) Huntington, Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1942 to 9/9 1942 and that I last saw her alive on 7/9 1942

Immediate cause of death: Carcinoma of Gallbladder & intestines. — Duration

Due to

Due to

Other Conditions Secondary anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Saul J. Farber, M.D.
Address Sinai Hosp. Date signed 9/9

VS 3

F 95606

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95606 Registered No. 938

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hosp
(c) Hospital or institution: Caton Ave & Wilkens
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4017 Walnut Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas D Dodds

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Ethel M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29 1880

8. AGE: Years	Months	Days	If less than one day
61	9	11/10	hr. min.

9. Birthplace Illinois (town, county, and state)
10. Usual Occupation Retired R. R. Clerk
11. Industry or business B & O. RR

FATHER
12. Name Wm. Dodds
13. Birthplace Goslin Ohio.

MOTHER
14. Maiden Name — Caudle
15. Birthplace Gosling Ohio

16 (a) Informant Mrs. Ethel M. Dodds
(b) Address 4017 Walnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12/42 (month) (day) (year)
(c) Cemetery or crematory
Location Goslin Ohio

18 (a) Funeral director Henry H. Weltz
(b) Address 4101 Edmondson Ave

19 (a) SEP 9 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 1942, at 12 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 6 PM - 9/8 1942 to 11 30 PM - 9/8 1942, and that I last saw h. alive on 11 30 PM 9/8 1942.

	Duration
Immediate cause of death Coronary Thrombosis	48 hrs.
Due to Arterio sclerotic cardio vascular disease	10 yrs.
Due to —	
Other Conditions none	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation: —
of autopsy: none obtained

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature J. R. Rhoyer
Address Saint Agnes Hospital Date signed 9/9/42 M. D.

F 95607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95607 Registered No. 83W

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3421 Dupont Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3421 Dupont Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles C. Redsecker

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Laura Straughn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1869

8. AGE: Years 73 | Months -- | Days 3 2 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Clerk, retired
11. Industry or business Penna. RR

FATHER
12. Name Abraham R. Redsecker
13. Birthplace Pa.

MOTHER
14. Maiden Name Mattie Pheffer
15. Birthplace Pa.

16 (a) Informant Abraham R. Redsecker
(b) Address 3340 Mondawmin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/42 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Centerville
Location Centerville, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) Date rec'd SEP 9 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7, 1942 at 12 M M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1, 1942 Sept 7 1942, and that I last saw him alive on Sept 7 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 7 Days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. R. Redsecker M. D.
Address 2757 W. North Ave. Date signed 9/9/42

F 95608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1566 F 95608

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. A.
(c) City or town Severn Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Anne Arundel Co.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME STANISLAWA Mrs Elizabeth Nowicki

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife Joseph Nowicki
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Sept 15 1893

8. AGE: Years	Months	Days	If less than one day
48	11	23	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Walenty Lechert
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes Bodek
15. Birthplace Poland

16 (a) Informant Joseph Nowicki
(b) Address Severn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11 '42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Balto County
18 (a) Funeral director John M Wiley
(b) Address 4[illegible] S. Chas St Baltimore Md
19 (a) SEP 9 1942 (Date rec'd by registrar) (b) Huntington Hillandale Md Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1942. 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942 to Sept 7 1942 and that I last saw her alive on Sept 7 1942

Immediate cause of death
Pulmonary Embolism (Post Operative)
Due to Fibroid Uterus
Due to Functional Uterine Bleeding
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 9-4-42
Major findings of operation: Fibroid Uterus
of autopsy:

Duration: 6 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L J Krieg M D M. D.
Address Bon Secours Hosp Date signed 9-4-42

F 95609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 F 95609 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Fill out all items. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hours

(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Unknown

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 208 Calvin Street (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Chaby

3 (b) If veteran, name war: Unknown

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24, 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50 51	1	27		

9. Birthplace Near Mexico (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Unknown

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL SEP 9 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 SEP 9 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

1944

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH August 21 1942 at 12.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from August 20 1942, to August 21 1942, and that I last saw him alive on August 21 1942.

Immediate cause of death: Shock

Due to Intestinal Obstruction

Due to Strangulated Epigastric Hernia

Other Conditions Cardiac Arrhythmia

(Include pregnancy within 3 months of death)

Date of operation August 20, 1942

Major findings of operation: Epigastric Hernia

of autopsy: None.

Duration
24 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James G. Stegmaier M. D.

Address Mercy Hospital Date signed September 2, 1942

E 95610 (B-75671)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 95610 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 Hrs. 35 Min.
(e) Length of stay in Baltimore (yrs., mos., or days) 24 Hrs.-35 Min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2649 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME (Ward # 7) Baby Boy Garrettson (Birth F 54635)
3 (b) If veteran, name war infant
3 (c) Social Security Account No. infant

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife infant.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5-1942

8. AGE: Years	Months	Days	If less than one day
X	X	X 1	24 hr. 35 min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation infant
11. Industry or business infant.

FATHER
12. Name Edward Garrettson
13. Birthplace Md

MOTHER
14. Maiden Name Mildred Hoil
15. Birthplace Md

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-4-42 (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Balto. City Hosp.
(b) Address 4940 Eastern Ave.

19 (a) SEP 9 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8 Hosp. disposal.

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6th 1942 at 4:48 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5th 1942 to Aug 6th 1942 and that I last saw h[illegible] alive on Aug 6th 1942.

Immediate cause of death: Congenital Atelectasis — Duration: 24 hours.
Due to: Prematurity — Duration: 24 hours.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis C. Garris M.D.
Address Balto. City Hospitals Date signed 8.8.42

F 95611

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95611

AB-76339

160C Registered No. 1173

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 Hr. 04 Min.

(e) Length of stay in Baltimore (yrs., mos., or days) 20 Hr.-04 Min.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

Street No. 840 Edmondson Ave (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Taylor (Twin A.)

(Birth F 57550)

3 (b) If veteran, name war: infant

3 (c) Social Security Account No. infant

4. Sex: M

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: infant

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 26-1942

8. AGE: Years | Months | Days | If less than one day: 20 hr. 4 min.

9. Birthplace Baltimore, Md (Town, county and state)

10. Usual Occupation infant

11. Industry or business infant

FATHER

12. Name William West

13. Birthplace Md.

MOTHER

14. Maiden Name Ruby Taylor

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-4-42 (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director Balto. City Hosp.

(b) Address 4940 Eastern Ave.

19 (a) SEP 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1942, at 10:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 26 1942, to Aug. 26 1942, and that I last saw him alive on Aug 26 1942.

Immediate cause of death: Congenital Atelectasis. — Duration 20 hrs.

Due to Premature Placental Separation — Unknown

Due to

Other Conditions Premature Labor. — Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Louis C. Garcia, M. D.

Address Balto. City Hosp. Date signed 8-28-42

F 95612

AB-76340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160 CF 95612 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Hr.-13 Min.

(e) Length of stay in Baltimore (yrs., mos., or days) 12 Hr.-13 Min.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 840 Edmondson Ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Taylor (Twin B.) (Kurtt F 57549)

3 (b) If veteran, name war: infant

3 (c) Social Security Account No. infant.

4. Sex: M

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife infant.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 26-1942

8. AGE: Years | Months | Days | If less than one day: 12 hr. 13 min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation infant

11. Industry or business infant.

FATHER

12. Name William West

13. Birthplace Md.

MOTHER

14. Maiden Name Ruby Taylor

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-4-42 (month) (day) (year)

(c) Cemetery or crematory

Location Balto City Hosp

18 (a) Funeral director Balto City Hosp. Morgue

(b) Address 4940 Eastern Ave

19 (a) (Date rec'd by registrar) Thomas Williamson M.D. (Registrar)

VS 3 Hosp. Hospital

MEDICAL CERTIFICATION

20. DATE OF DEATH August 26 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 26 1942 to Aug. 26 1942 and that I last saw him alive on Aug. 26 1942

Immediate cause of death: Congenital Atelectasis — Duration: 12 hours

Due to Premature Separation of Placenta — Duration: Unknown

Due to

Other Conditions: Premature Labor — Duration: Unknown

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis L. Sacco M. D.

Address Balto. City Hosp. Date signed 8-28-42

F 95613

T.N 75870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95613 Registered No. 159

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) less 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2649 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Garrettson Twin # 1 (Full Given)

3 (b) If veteran, name war	3 (c) Social Security Account No.
X	X

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	infant.

6 (b) Name of husband or wife infant.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5th 1942

8. AGE: Years	Months	Days	If less than one day
N.B			3 hr. 47 min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation infant
11. Industry or business infant.

FATHER
12. Name Edward Garrettson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mildred Hoil
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director Balto. City Hosp.
(b) Address 4940 Eastern Ave.

SEP 9 - 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 5 1942 at 5 56 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5th 1942 to Aug. 5th 1942 and that I last saw h alive on Aug. 5th 1942.

Immediate cause of death Congenital Atelectasis — Duration 4 hours.
Due to Prematurity.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M.D.
Address Baltimore City Hosp. Date signed 8-8-42 M.D.

VS 3

F 95614

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95614 Registered No.

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be checked or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Northern
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Glen Ridge Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Charles Ruff

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Mary Ruff
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Aug 18 - 1870

8. AGE: Years	Months	Days	If less than one day
72		619	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Straw hat blocker
11. Industry or business

FATHER
12. Name Frank Ruff
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mary Ruff
(b) Address 1217 Glen Ridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location Edmondson Ave

18 (a) Funeral director John Meany
(b) Address 124 Lexington

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1942, at 1 22 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942, to Sept 7 1942, and that I last saw him alive on Sept 7 1942.

Immediate cause of death: Intestinal Obstruction — Duration 3 days
Due to Post-operative adhesions
Due to Carcinoma of colon — 2 years
Other Conditions Pelvic adhesions

(Include pregnancy within 3 months of death)
Date of operation Sept 3, 1942
Major findings of operation: Post-operative adhesions
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. McClafferty M. D.
Address Bon Secours Hosp. Date signed 9-7-42

SEP 9 - 1942

VS 3

95615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. E 95615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE MELVIN FARRIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 420-12-3331

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife Edith Farris

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Oct 17, 1910

8. AGE: Years	Months	Days	If less than one day
31	10	22	hr. min.

9. Birthplace Alabama (Town, county, and state)

10. Usual Occupation Ship Yard Worker
11. Industry or business Beth. Fair. Co.

FATHER
12. Name Willis
13. Birthplace Ala.

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Beth. Fair. Co.
(b) Address Fairfield, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/42 (month) (day) (year)
(c) Cemetery or crematory Lyon's
Location Alabama

18 (a) Funeral director J. J. McCardle
(b) Address 306 E. Fort Ave.

19 (a) SEP 9 1942 (Date rec'd by registrar) (b) Huntingtown Williamsburg Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1942; at 6 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said I, (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of 5th cervical vertebra — Duration

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-9-42 a.m. 6 M
(c) Where did injury occur? Bethlehem Steel. (City or town) (County) (State)
Key Highway
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury struck by steel plate

23. Signature H. L. Wollenweber M.D. Medical Examiner.

Date signed 9-9-42 in rush

VS 6

F 95616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 95616 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3040 E. Monument Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3040 E. Monument St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Lee Davis Turner

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-14-1314

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mamie T. Turner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 10th, 1863

8. AGE: Years	Months	Days	If less than one day
79	7	20	hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Zechariah Turner
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Louise Bennett
15. Birthplace Baltimore, Maryland

16 (a) Informant Harry M. Turner
(b) Address 3040 E. Monument Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Reisterstown Road, Pikesville, Md.

18 (a) Funeral director Frederick D. Miller, Inc.
(b) Address 3012 E. Monument Street
(c) Date received by registrar SEP 9 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH February 8 1942 at 9:25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to Sept 8 1942 and that I last saw h alive on Sept 8 1942.

Immediate cause of death Cardiac Failure.
Coronary Occlusion

Duration 2 yrs 48 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alan C. Bentham M. D.
Address 3139 E. Baltimore Date signed 9-9-42

95617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95617 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Montgomery
(c) City or town Rural - Burtonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Daniel Snyder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual Occupation Farmer.
11. Industry or business

FATHER
12. Name John.
13. Birthplace Maryland.

MOTHER
14. Maiden Name Emma Hobbs.
15. Birthplace Maryland.

16 (a) Informant self
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1942 (month) (day) (year)
(c) Cemetery or crematory Union, Gem.
Location Burtonsville Md.

18 (a) Funeral director Warren E. Humphreys
(b) Address Silver Spring

19 (a) Date received by registrar Huntington Williams M.D. Registrar

SEP 10 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-9 1942 at 7:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Sept 9 1942, and that I last saw him alive on Sept 9 1942.

Immediate cause of death	Duration
Pulmonary edema	
Due to Cardiac failure	
Due to	
Other Conditions Ca of stomach.	

(Include pregnancy within 3 months of death)
Date of operation 9-8-42
Major findings of operation: Ca of stomach
of autopsy Pulmonary edema.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. H. Leitch M. D.
Address University Hospital Date signed 9/8/42

M. D. B. 1268-9

95618 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 95618

CERTIFICATE OF DEATH

83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2509 Morgan St., (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Simpson

(a) Residence: No. 2509 Morgan St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Bel Air Md

FATHER

13. NAME Robert Hopkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Ann Morrill

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alex Hopkins
(Address) 2509 Morgan St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/11 19 42
Mt Auburn

19. UNDERTAKER Donald R Brown Sons
(Address) 1000 Monty gomery St

20. FILED SEP 10 1942 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/7/42

22. I HEREBY CERTIFY, That I attended deceased from 9/4/42 to 9/7/42
I last saw h[illegible] alive on 9/7/42. Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days

Other contributory causes of importance: Arteriosclerosis 2 years

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Reginald Dragon M. D.
(Address) 1322 Boston St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

95619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C

F 95619

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1614-Eareckson Pl.

(c) Hospital or institution: --

(d) Length of stay in hospital or inst. (yrs., mos., or days) --

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1614-Eareckson Pl.
(If rural give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country --

3 (a) FULL NAME William C. McClaskey

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine E. (Leimbach)

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Feb. 3rd, 1870

8. AGE: Years	Months	Days	If less than one day
72	7	6	- hr. - - - min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired - Brass Molder)

11. Industry or business

FATHER

12. Name William McClaskey

13. Birthplace Maryland

MOTHER

14. Maiden Name Sarah McCamley

15. Birthplace Ireland

16 (a) Informant Wife-Catherine McClaskey

(b) Address 1614-Eareckson Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Baltimore, Md.

18 (a) Funeral director Geo. J. Ruth Inc.

(b) Address 1735-Harford Ave.

19 (a) SEP 10 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1942 to Sept 9 1942; and that I last saw h[illegible] alive on Sept 9 1942.

Immediate cause of death: cardiac thrombosis

Duration: 9

Due to: arteriosclerosis

Due to:

Other Conditions: (none)

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Samuel Cohen M. D.

Address 1616 E North Ave Date signed 9/9/42

F 95620

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 95620

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 255 W. Hoffman Street
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME James Haywood Dunlap, Jr. (Birth F-56924)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 1, 1942

8. AGE: Years	Months	Days	If less than one day
			15 hr. 58 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Haywood Dunlap
13. Birthplace North Carolina

MOTHER
14. Maiden Name Mary Johnson
15. Birthplace North Carolina

16 (a) Informant records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL SEP 9 1942
Location

18 (a) Funeral director Commissioner of Health
(b) Address

19 SEP 9 1942 Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 2 1942, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sep. 1 1942 to Sep. 2 1942 and that I last saw him alive on September 2 1942

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nicholson J. Eastman M. D.

Address Johns Hopkins Hospital Date signed

VS 3

9412

95621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. F 95621

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM YANCEY

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 215-05-7064

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widow

6 (b) Name of husband or wife: Mary Yancey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 15, 1907

8. AGE: Years	Months	Days	If less than one day
35	1	23	hr. min.

9. Birthplace: Greenville N.C. (Town, county, and state)
10. Usual Occupation: Laborer
11. Industry or business

FATHER
12. Name: Berry Yancey
13. Birthplace: N.C.

MOTHER
14. Maiden Name: Maggie Yancey
15. Birthplace:

16 (a) Informant: Amanda Moss
(b) Address: 1317 E. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory: Greenwill N C
Location: N E

18 (a) Funeral director: Elroy O Wilson
(b) Address: 1000 Brentlee

19 SEP 10 1942 (b) Hewitt for Wilson M.D. Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1942 at 7 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. L. Wallenmeyer M.D. Medical Examiner
Date signed: 9-9-42

VS 6

Please write plainly in ink. Entry of information must be complete and correct. Physicians: please write the causes of death clearly and legibly. Age is especially important.

F 95622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95622 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2805 Bowman Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2805 Bowman Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME KENNETH B. LARRABEE

3 (b) If veteran, name war World War #1

3 (c) Social Security Account No. 212-16-5597

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Grace

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1900

8. AGE: Years 42 | Months 2 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Vaughn Haver

FATHER 12. Name Harrison Klay Larrabee

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Harriett Colidge

15. Birthplace Havre de Grace, Md

16 (a) Informant Grace Larrabee

(b) Address 2805 Bowman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville, Md.

18 (a) Funeral director Williams Cook, Inc

(b) Address 1212 St. Paul St

19 (Date rec'd by registrar) SEP 10 1942 Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1942 at 9 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic Nephritis — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Wallenmeyer M.D. Medical Examiner.

Date signed 9-9-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95623

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 95623 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3620 Keystone Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Mayes

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-8828

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edith G. Mayes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 52 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore County, Maryland
(Town, county, and state)

10. Usual Occupation: Engineer

11. Industry or business: Penna. Railroad

FATHER
12. Name: John Grant Mayes
13. Birthplace: Balto. County, Maryland

MOTHER
14. Maiden Name: Olivia Bell
15. Birthplace: Maryland

16 (a) Informant: Patient
(b) Address: Above

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 11/42 (month) (day) (year)
(c) Cemetery or crematory: Hereford
Location: Balto Co. Md.

18 (a) Funeral director: Shemonski & Donovan
(b) Address: 3615-17 Edmondson Ave.

19 SEP 10 1942 (date rec'd) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 9, 1942, at 3 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 27, 1942, to Sept. 9, 1942, and that I last saw h[illegible] alive on Sept. 9, 1942.

	Duration
Immediate cause of death: Congestive Heart Failure	
Due to: Arteriosclerotic Cardio-Vascular Disease	
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Date of operation: None	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Robert A. Barthel Jr. M.D.
Address: University Hosp. Date signed 9/9/42

95624

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 170C Registered No. F 95624

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Middle River (If outside city or town limits, write RURAL and give town)
(d) Street No. Box 66 Route 16 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME THOMAS M. STEVENS

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 234 16 4417

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Evelyn ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years 50 | Months | Days | If less than one day hr. min.

9. Birthplace West. Va. (Town, county, and state)

10. Usual Occupation Body Finisher

11. Industry or business Glo. L. Martin Co.

FATHER
12. Name Unknown
13. Birthplace West Va.

MOTHER
14. Maiden Name Unknow
15. Birthplace West Va.

16 (a) Informant Friend.
(b) Address Phila. Ave.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Sept. 12/42 (month) (day) (year)
(c) Cemetery or crematory Cabell Co.
Location Milton West Va.

18 (a) Funeral director Lilly & Zeiler Sons
(b) Address 403 S. Wolfe St.

19 SEP 10 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9, 1942 at 3 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fracture of base of skull — **Duration**

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 9, 1942 at 3 PM
(c) Where did injury occur? Glen Martin Rd. (City or town) Balt County (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Martin (Specify type of place) While at work? —
(e) Means of injury pedestrian struck by auto car

23. Signature H. J. Wallenmeyer M.D. Asst Medical Examiner.

Date signed 9-9-42

VS 6

F 95625

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

462

F 95625 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3109 Presbury St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 27 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3109 Presbury St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDNA W. PHILLIPS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Harry C. Phillips
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28, 1889

8. AGE: Years	Months	Days	If less than one day
53	4	10	hr. min.

9. Birthplace Golden Hill, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Galen Shenton
13. Birthplace Golden Hill, Md.

MOTHER
14. Maiden Name Frances Fallin
15. Birthplace Bishops Head, Md.

16 (a) Informant Mr. Harry C. Phillips
(b) Address 3109 Presbury St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/42 (month) (day) (year)
(c) Cemetery or crematory East New Market Cemetery
Location East New Market, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (Date received by registrar) SEP 10 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/8/ 1942 at 8:00PM

21. I certify that death occurred on the date above stated; that I attended deceased from August 31, 1942 to Sept. 8, 1942, and that I last saw her alive on Sept. 8, 1942

Immediate cause of death	Duration
Left femoral Thromb. Phlebitis	one day
Due to	
Due to	
Other Conditions Cancer of colon	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Maurice E. Shannon M. D.
Address 3300 W. Northern Date signed 9/10/42

VS 3

F 95626

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95626 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 901 Walnut Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris John (John Walter Morris)
3 (b) If veteran, name war
3 (c) Social Security Account No. 213 - 07 - 2952

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/27/1905

8. AGE: Years 37 | Months 0 | Days 11 | If less than one day hr. min.

9. Birthplace California (Town, county, and state)
10. Usual Occupation Steel Worker
11. Industry or business

FATHER 12. Name Ernest Morris
13. Birthplace W. Va.

MOTHER 14. Maiden Name Mary E. Lupstetter
15. Birthplace

16 (a) Informant Mrs. Margaret Morris, wife
(b) Address 901 Walnut Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/12/42 (month) (day) (year)
(c) Cemetery or crematory Mears, Accomac Co., Va.
Location Mears, Accomac Co., Va.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) SEP 10 1942 Registered by (Signature) Hilliard W.P. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept - 8 1942, at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 1942, to Sept 8 1942, and that I last saw h[illegible] alive on Sept. 8 1942.

Immediate cause of death Respiratory Failure — Duration
Due to Atelectasis & Pneumonitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation [illegible]
Major findings of operation:
Autopsy [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Averell Stowell M. D.
Address University Hospital Date signed 9-8-42

correct age is especially important. Physicians, please

F 95627

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a F 95627 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1204 N. Luzerne Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1204 N. Luzerne Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN PENSMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Elizabeth Farrell
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov.28.1858

8. AGE: Years	Months	Days	If less than one day
83	10	10	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Restaurant Keeper
11. Industry or business retired 20 years

FATHER
12. Name John Pensmith - deceased
13. Birthplace Germany

MOTHER
14. Maiden Name Mary ?
15. Birthplace Germany

16 (a) Informant Mrs. Elizabeth Pensmith
(b) Address 1204 N. Luzerne Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept.10.1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cemetery
Location Baltimore Co.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) (Date rec'd by registrar) Huntington Williams M.D.
SEP 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept.8.1942 at 8.15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to Sept.8 1942 and that I last saw h/m alive on Sept.7 1942.

Immediate cause of death Uremia — Duration 3 days

Due to chronic nephritis — E

Due to Hemiplegia, Cerebral Sclerosis, Hypertension — 1 mo.

Other Conditions myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Schneider M. D.
Address 1101 N Milton Ave Date signed 9-8-42

correct age is especially important

F 95628

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a

F 95628
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Fleet St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GLENN DAVID RIFFLE

3 (b) If veteran, name war

3 (c) Social Security Account No. 236-16-4423

4. Sex	5. Color or race	6 (a) Single, Married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Cora Belle Alkire

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/29/1898

8. AGE: Years	Months	Days	If less than one day
54 ~~55~~	4	7	hr. min.

9. Birthplace Upshur Co. W. Va (Town, county, and state)

10. Usual Occupation Engineer
11. Industry or business Kanawha Coal Co.

FATHER
12. Name David Riffle
13. Birthplace

MOTHER
14. Maiden Name Sara Jane Armstrong
15. Birthplace Upshur Co. W. Va

16 (a) Informant Poling Funeral Home
(b) Address Buchanan, W. Va.

17 (a) Removal (b) Date thereof 9/10/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Buchanan, W. Va. R.F.D.

18 (a) Funeral director Poling & Dean
(b) Address Buchanan, W. Va.

19 (a) SEP 10 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 6 1942 at 11:50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Subarachnoid hemorrhage	
Due to Accidental fall	
Due to Coronary occlusion	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 6 at M
(c) Where did injury occur? home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury fall to floor
23. Signature J. H. Wolfenmeyer M.D.
Medical Examiner.
Date signed 9-7-42

correct age is especially important

VS 6

F 95629

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

932

F 95629 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1828 Laurens St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1828 Laurens St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MURPHY BASKERVILLE

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-1350

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Nellie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15 1902

8. AGE: Years 40 | Months 5 | Days 23 | If less than one day hr. min.

9. Birthplace Drakes Branch, Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name T. Baskerville
13. Birthplace Va.

MOTHER
14. Maiden Name ? Roberts
15. Birthplace Va.

16 (a) Informant Nellie Baskerville
(b) Address 1824 Laurens Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Md

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Preastman St

19 (a) SEP 10 1942 Huntington Williams MD
(b) Date received by registrar Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1942 at 5 55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardiovascular disease — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenwebber M.D.
Medical Examiner

Date signed 9-4-42

correct age is especially important

F 95630 HEALTH DEPARTMENT—CITY OF BALTIMORE F 95630

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2439 Woodbrook St., 124 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
2. FULL NAME Alease Parrish 13
If U. S. Veteran specify WAR
(a) Residence: No. 2439 Woodbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced (or) WIFE of Lucian Parrish
6. DATE OF BIRTH (month, day, year) 5-17-1906
7. AGE: Years 36; Months 3; Days 20; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

FATHER
13. NAME Ernest Holley
14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER
15. MAIDEN NAME Albidore Madden
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Lucian Parrish
(Address) 2439 Woodbrook St.
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 9/10 42, 19
19. UNDERTAKER Geo. G. Kelson
(Address) 1203 Pressman St
20. FILED 19 Huntington Mill Registrar

SEP 10 1942

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 7 – 1942
22. I HEREBY CERTIFY, That I attended deceased from 7-18-42 to 9-7-42
I last saw h alive on 9/7 – 1942 Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Duration
Hypertrophic Hepatitis	7/18/42
Thrombosis	7/18
Phlebitis	7/18
Other contributory causes of importance:	
Hepatitis	1/1/42

Was an operation performed? Date of
For what disease or injury?
Name of operation
What test confirmed diagnosis? Was there an autopsy?
Signs & Symptoms Yes.
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Jas. R. Blake M.D.
(Address) 1327 N. Caroline

F 95631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126

F 95631 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Calvert & 33rd Sts.
(b) Street address 153 W. Lafayette ave. City
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 153 W. Lafayette ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Carter George (Charles Henry Carter George)

3 (b) If veteran, name war	3 (c) Social Security Account No.
?	?

4. Sex	5. Color or race	6 (a) Single, (married) widowed, or divorced.
Male	Wt.	Married

6 (b) Name of husband or wife Louise Dugan George
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Nov - 8 - 1866

8. AGE: Years	Months	Days	If less than one day
75	10	0	..... hr. ..... min.

9. Birthplace Howard Co. Md (Town, county, and state)
10. Usual Occupation Trust Clerk of Supreme
11. Industry or business Bench of Balto.

FATHER 12. Name Samuel K. George
13. Birthplace Baltimore, Md

MOTHER 14. Maiden Name Ella Carter
15. Birthplace Prince George Co. Md

16 (a) Informant Mrs. Henry Duffy (sister)
(b) Address 110 W. North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Stewart & Mowan Company
(b) Address 108 W. North Avenue

19 (a) SEP 10 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-8- 1942, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-25 1942 to 9-8 1942 and that I last saw him alive on 9-8 1942.

	Duration
Immediate cause of death Septicemia	
Due to Ulcerative Endocarditis & staphylococcus	?
Due to	
Other Conditions Generalized arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation 7-30-42
Major findings of operation: Chronic cholecystitis & cholelithiasis
of autopsy: hypertrophy - ulcerative endocarditis, staphylococcus aureus

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt Jr. M.D.
Address University Hosp. Date signed 9-8-42

F 95632

AB-74125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1864

F 95632

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 14

(e) Length of stay in Baltimore (yrs., mos., or days) 12 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1717 Linden Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Conner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20-1868

8. AGE: Years	Months	Days	If less than one day
74	3	16	hr. min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER

12. Name James Conner

13. Birthplace England

MOTHER

14. Maiden Name Mary Linthitum

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/42 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart Cem

Location Dundalk Md. P.O. Baltimore Co. Md.

18 (a) Funeral director Thos. J. Fahey Sons

(b) Address 1308 Fulton St

19 (a) SEP 10 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 5 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-22-1942 to 9-5-1942 and that I last saw her alive on 9-5-1942

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Fract. neck of femur	3 Mos.
Due to	
Other Conditions Generalized arteriosclerosis (Include pregnancy within 3 months of death)	

Date of operation 6-1-42

Major findings of operation: Fracture. Hip nailed

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 5/15/42

(c) Where did injury occur? Baltimore Linden Ave. M. (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Fell in home - chair

23. Signature J. N. Hann M. D.

Address Balto City Hosp. Date signed 9-9-42

VS 3

Huntington Williams M.D. Robert Lee Graham M.D. S.M.E.

95633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47d ✓ F 95633 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 No Wolff St
(c) Hospital or institution:

6-14

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 No Wolff St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mayer Lehman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Heyman
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah
15. Birthplace Russia

16 (a) Informant Ida Lehman
(b) Address 114 N. Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location

18 (a) Funeral director Jack Lewis, Inc
(b) Address 1429 E. Baltimore St Attorney for Williams, M.D.

19 (a) SEP 10 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep 10 19 42 at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 19 41 to Sep 10 19 42, and that I last saw h[e] alive on Sep 9 19 42

Immediate cause of death Carcinoma of Lungs — Duration 1y

Due to Chron Bronchitis — Duration 5y

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Bayless M.D.
Address 3940 Eastern Date signed 9/10-42

VS 3

95634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 95634 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Avenue
(c) Hospital or institution: Fountain Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 wks.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 223 N. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin Francis Hickey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 67 | Months | Days | If less than one day hr. min.

9. Birthplace County Galway, Ireland (Town, county and state)

10. Usual Occupation Brakeman

11. Industry or business B & O. R.R.

FATHER
12. Name Edward Hickey
13. Birthplace Ireland

MOTHER
14. Maiden Name Maria [illegible] MARIE COLMAN
15. Birthplace Ireland

16 (a) Informant Fountain Memorial Hosp
(b) Address 1000 Eaton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Conway Son
(b) Address 901 Hollins St.

19 (a) SEP 10 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1942 at 3 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942 to Sept 8 1942 and that I last saw h[illegible] alive on Sept 8 1942

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertension

Due to:

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosenberg
Address St. Agnes Hosp. Date signed 9/10/42

VS 8

F 95635

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

99

F 95635 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Homewood Apt.
(b) Street address Charles + 31st St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Charles + 31st St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella V. Mortimer

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 6 - 1863

8. AGE: Years 78 | Months 11 | Days 2 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name Patrick J. Dunphy
13. Birthplace Ireland

MOTHER
14. Maiden Name Sofia Morland
15. Birthplace England.

16 (a) Informant Harry Dunphy
(b) Address 2306 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Rd.

18 (a) Funeral director Wm H. Valentine
(b) Address 3326 Aisquith St.

19 (a) SEP 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1942 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 to Sept 8 1942 and that I last saw h.w. alive on Sept 7 1942

Immediate cause of death (a) Cerebral Hemorrhage
Due to arteriosclerosis
Due to Senile arteriosclerosis
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration: 3d.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Carroll Packard M. D.
Address 2925 N. Charles St. Date signed Sept 9 1942

VS 3

F 95636

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 462 F 95636

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 14 E. Preston St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 14 E. Preston St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN B. Brady WHITE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Francis P. White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15, 1882

8. AGE: Years	Months	Days	If less than one day
60	7	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Hugh A. Brady
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Annie Burns
15. Birthplace Wheeling, W. Va.

16 (a) Informant Mrs. Lillian Gleichmann
(b) Address 1101 St. Paul Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Road

18 (a) Funeral director Chas. F. Evans & Son
(b) Address 102 W. Mt. Royal Ave

19 (a) SEP 10 1942 (b) Huntington
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8, 19 42 9:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said I, (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Carcinoma of rectum — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation May 1st, 1942
Major findings of operation: No done
Was autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. K. Wollenweber M.D.
Medical Examiner.
Date signed 9-8-42

VS 6

F 95637

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

59a

Registered No. F 95637

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Eaton Avenue
(c) Hospital or institution: Lanhaven Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 days

2. USUAL RESIDENCE OF DECEASED:
(a) State District of Columbia (County)
(c) City or town Washington (If outside city or town limits write RURAL and give town)
(d) Street No. 5th & Butte N.W. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Trinkaus, Rev. Chas. J.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-15-1874

8. AGE: Years	Months	Days	If less than one day
68	4	25	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and State)

10. Usual Occupation R.C. Priest

11. Industry or business

FATHER
12. Name Henry J. Trinkaus
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Anna Domer
15. Birthplace

16 (a) Informant Lanhaven Memorial Hospital
(b) Address 1000 Eaton Avenue

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 16 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Washington D. C.

18 (a) Funeral director Wm. H. Tuckerman Son
(b) Address 900 F & Pa Ave.

19 (a) SEP 10 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10, 1942, at 9:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942 to Sept. 10 1942.
and that I last saw him alive on Sept. 9 1942

Immediate cause of death	Duration
Acute rheumatoid arthritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Arthur Rossberg M. D.
Address St. Agnes Hosp. Date signed 9/10/42

Please write plainly. Every item of information is important. Physicians: please write the causes of death clearly and legibly.

F 95638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13d

F 95638 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 42

15 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2936 Clifton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Edna Virginia White

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 212 - 07 - 2246

4. Sex: F

5. Color or race: W

6 (a) (Single) married, widowed, or divorced.

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 9/10/1885

8. AGE: Years: 56 | Months: 11 | Days: 29 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: Bookkeeper

11. Industry or business: Landay Sales-Service Co.

FATHER
12. Name: Lee A. White
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Annie Harten
15. Birthplace: Delaware

16 (a) Informant: Mr. Paul E. White
(b) Address: 212 Westshire Rd.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 9/12/42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn Cem.
Location: Woodlawn, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: North & Pa., Balto., Md.

19 (a) SEP 10 1942 (Date rec'd by registrar) **(b)** [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9/42 19 . at 8:38 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/8/42 19 . to 9/9/42 19 . and that I last saw her alive on 9/9/42 19 .

Immediate cause of death — **Duration**
Cerebral Hemorrhage
Due to
Hypertensive C.V. Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address Franklin Square Hosp. **Date signed** 9/9/42

VS 3

F 95639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95639 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Gilman Apts.
(b) Street address Calvert & 31st. St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Gilman Apts. Calvert & 31Sts.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kate B. Webb

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Herbert L. Webb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/1/1857

8. AGE: Years	Months	Days	If less than one day
85	1	7	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John Lippincott
13. Birthplace Pa.

MOTHER
14. Maiden Name Rebecca Pearce
15. Birthplace Balto. Co. Md.

16 (a) Informant Mr. Frank W. Webb
(b) Address 5014 Greenleaf Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cemy.
Location Balto. Md.

18 (a) Funeral director John O. Mitchell Sons Inc
(b) Address 1900 Eutaw Place

SEP 10 1942
19 (a) (Date received by registrar) Hamilton Lewis Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8, 1942, at 10 20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942, to Sept 8th 1942, and that I last saw her alive on Sept. 8th 1942

Immediate cause of death: Carcinoma of the uterus. — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation not
Major findings of operation: —
of autopsy: not

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature W. Mitchell White M. D.
Address 3005 St. Paul St. Date signed

VS 3

F 95640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95640 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-0A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1053 N. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hester Jewell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace St Marys Co Md
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 9- 10-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Sandtown, Md

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Pennsylvania Ave

19 (a) 9-10-1942 (b) Katie R. Williams
(Date rec'd by registrar) Registrar

SE

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-8- 1942, at 30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereof and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Apoplexia

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Green M.D.
Medical Examiner.
Date signed 9-8-42

VS 6

F 95641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or institution (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town Washington (If outside city or town limits, write RURAL and give town)
(d) Street No. 1247 Monroe Street N.E. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva T. Andrews

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	married

6 (b) Name of husband ~~or wife~~ Carl R. Andrews
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Washington, D.C. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business ?

FATHER
12. Name ?
13. Birthplace

MOTHER
14. Maiden Name ?
15. Birthplace

16 (a) Informant ?
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/10/42 (month) (day) (year)
(c) Cemetery or crematory
Location Washington, D.C.

18 (a) Funeral director Wm. Leis Sons
(b) Address 300-4th St. S.E.

19 (a) SEP 10 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9, 1942, at 5:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death Multiple fractures of skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-7-42 at 4:45 P.M.
(c) Where did injury occur? 1½ mile other side of Laurel (City or town) Howard Co. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public bldg. (Specify type of place) While at work? no
(e) Means of injury collision (auto. accident)

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 10 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 95642 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be made in permanent ink. Use no abbreviations. Physicians: please write the cause of death clearly and legibly. Be sure and answer correctly every question where an answer is required or the certificate will be returned for correction. Information as to cause of death is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw + Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1924 N. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Baby Bremer (Female) F-56800

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9 6

8. AGE: Years Months Days | If less than one day hr. min.
3 days

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Frantz

13. Birthplace Va.

MOTHER 14. Maiden Name Mabel Richardson

15. Birthplace Va.

16 (a) Informant Frank Bremer
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL SEP 10 1942
Location Commissioner of Health

18 (a) Funeral director
(b) Address

19 SEP 10 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

VS 3 OVER ↓

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-9 1942, at 5 D 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/6 19 to 9/9 19, and that I last saw h[illegible] alive on 9/9 1942.

	Duration
Immediate cause of death Perforation, gangrenous appendicitis.	1
Due to Acute intestinal obstruction	
Due to Volvulus of ileum	
Other Conditions Congenital anomaly of ileum 41143	

(Include pregnancy within 3 months of death)

Date of operation 9/9/42

Major findings of operation: Perforated appendix; generalized peritonitis

of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James R. Evans M. D.
Address St. Agnes' Hosp. Date signed 9/10/42

9418

F 95643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1931 Registered No. F 95643

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered or "unknown" inserted where it cannot be correctly stated. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Date of death is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Sydney Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 E. Hoffman Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Maria Frisch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race.	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife Jacob Frisch (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1861

8. AGE: Years	Months	Days	If less than one day
72	73	9	13	hr. min.

9. Birthplace Germany (Town, County, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER
12. Name Mrs. Catherine Fredericks
13. Birthplace Germany

FATHER
14. Maiden Name Elizabeth Schmidt
15. Birthplace Germany

16 (a) Informant Mrs. Catherine Fredericks
(b) Address 2623 Boyd Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St. City

18 (a) Funeral director John Wehrmann
(b) Address 2008 Orleans St.

19 SEP 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9, 1942, at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31, 1942, to Sept. 9, 1942, and that I last saw her alive on Sept. 9, 1942.

Immediate cause of death: Cardiac Failure — Duration 15 Hours

Due to: Uremia — Duration Unknown

Due to: Chronic Interstitial Nephritis — Duration Unknown

Other Conditions: Congenital Syphilis (Includes pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert H. Thomas M. D.
Address Sydney Hospital Date signed 9/11/42

421996

F 95644 BALTIMORE CITY HEALTH DEPARTMENT F 95644

CERTIFICATE OF DEATH

Registered No. 1570

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County
(c) City or town Portsmouth
(If outside city or town limits, write RURAL and give town)
(d) Street No. 314 Washington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald Stuart Amdusky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-2-42

8. AGE: Years	Months	Days	If less than one day
	8	8	hr. min.

9. Birthplace Portsmith Va
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Martin Amdusky
13. Birthplace Va

MOTHER
14. Maiden Name Ruby Cohen
15. Birthplace Va

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Portsmouth Va

18 (a) Funeral director John O. Mikell
(b) Address 1900 Linden Place

19 (a) (b)
(Date received) SEP 10 1942 Hunting Hill Cemetery

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1942 at 5 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1942 to Sept 10 1942 and that I last saw h alive on Sept 6 1942

Immediate cause of death: Congenital hydrocephalus — Duration 8 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 9-8-42

Major findings of operation: Incised untreated process

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 514 14 Date signed 9/10/42

F 95645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1186a F 95645 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 541 N. Washington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Augusta Pohlman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Edgar Pohlman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31, 1862

8. AGE: Years	Months	Days	If less than one day
60	7	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name August Ritz
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Spaller
15. Birthplace Baltimore

16 (a) Informant Lafayette Ritz
(b) Address 541 N. Washington

17 (a) buried (Burial, cremation, or removal) (b) Date thereof Sept 12 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director John Ulmer
(b) Address 1 E. Oakdale St.

19 (a) SEP 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9, 1942; at 3:07 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Pulmonary embolism — Duration
Due to fracture of right femur
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 8-17-42 at 12 P.M.
(c) Where did injury occur? 541 N. Washington St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work?
(e) Means of injury fell in home on floor

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 10 1942

V8 6

F 95646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95646 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4816 Gwynn Oak Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4816 Gwynn Oak Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Ellsworth Hamilton

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Anna Hamilton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 7, 1863

8. AGE: Years	Months	Days	If less than one day
78	11	2	hr. min.

9. Birthplace Chestertown, Md. (Town, county, and state)
10. Usual Occupation Painter and Decorator
11. Industry or business Self

FATHER
12. Name William H. Hamilton
13. Birthplace Maryland

MOTHER
14. Maiden Name Frances A. Pritchard
15. Birthplace Maryland

16 (a) Informant Miss Frances A. Hamilton
(b) Address 4816 Gwynn Oak Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Miles Lamotte
(b) Address 1003 W. Baltimore St.

19 (a) (Date received by registrar) (b) Huntington Md.
SEP 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9 19 42, at 4.15P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 42, to 9-9 19 42, and that I last saw him alive on 9-9-19 42.

Immediate cause of death, Primary Carcinoma of Intestines
Due to
Due to
Other Conditions - Cerebral Hemorrhage
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

Duration
9 months ?
4 years

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ford L. Hamilton M. D.
Address 4108 Liberty Hgts Ave. Date signed

Physicians: please write the causes of death clearly and legibly. Cause of death which is especially important.

F 95647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 95647 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 S. Albemarle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles J. Bozonier

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	?

6 (b) Name of husband or wife UNKNOWN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace UNKNOWN (Town, county, and state)
10. Usual Occupation SEAMAN
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name UNKOWN
15. Birthplace UNKOWN

16 (a) Informant PAPERS ON BODY
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 11/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART OF MARY
Location GERMAN HILL ROAD.
18 (a) Funeral director Lilly & Sailerton
(b) Address 403 S. WOLFE ST.
19 (a) 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-8-1942, at 9 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Trauma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 9-8-42

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 95648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95648 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da
(e) Length of stay in Baltimore (yrs., mos., or days) 12 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 26 N. Pearl St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL AINTON

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 218 09 8294

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: LOUISE ANTON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 28 1894

8. AGE: Years 47 | Months 11 | Days 9 10 | If less than one day hr. min.

9. Birthplace SPAIN (Town, county, and state)
10. Usual Occupation PAINTER
11. Industry or business FOR SELF

FATHER
12. Name RAYMOND ANTON
13. Birthplace SPAIN

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace SPAIN

16 (a) Informant LOUISE ANTON (WIFE)
(b) Address 26 N. PEARL ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 11/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Sealer Inc
(b) Address 403 S. WOLFE ST.

19 (a) SEP 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1942 at 10 55 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I, (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Meningitis, acute purulent	
Due to: Fracture of base of skull	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: #2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-3-42 at 2 30 PM
(c) Where did injury occur? 626 W. Fayette St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Private home (Specify type of place) While at work? Yes.
(e) Means of injury Fell from roof

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 9-5-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X F 95649 / 61

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Dorchester
(c) City or town Cambridge, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Elzey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife George Elzey
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct. 15 1887

8. AGE: Years	Months	Days	If less than one day
54 55	10	25	hr. min.

9. Birthplace Cambridge, Md.
(Town, county, and State)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name Samuel Carr
13. Birthplace Cambridge, Md.

MOTHER
14. Maiden Name Mary Tuzy
15. Birthplace Balt., Md.

16 (a) Informant Pt.
(b) Address Cambridge, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13 / 42 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Cambridge, Md.

18 (a) Funeral director Lewis, Ed Boynton
(b) Address Cambridge, Md.

SEP 10 1942
(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9, 1942 at 6 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31, 1942 to Sept 9 1942 and that I last saw h[er] alive on Sept 7 1942

Immediate cause of death Pulmonary Embolism — Duration

Due to Breast abscess

Due to

Other Conditions Diabetes

(Include pregnancy within 3 months of death)

Date of operation Sept 2, 1942

Major findings of operation: abscess of left breast

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas E. Lewis M. D.
Address Mercy Hosp Date signed 9/10/42

VS 8

Please write plainly, with ink or indelible pencil. Physicians: please write the causes of death clearly and legibly; correct age is especially important.

F 95650

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95650 Registered No. 47a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County Barbour
(c) City or town Belington, W. Va.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route 4
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Ramsey

3 (b) If veteran, name war: No
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced:

6 (b) Name of husband or wife: Dora Ramsey
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug. 25 1868

8. AGE: Years 74 | Months - | Days 15 | If less than one day: hr. min.

9. Birthplace Barbour County, W. Va.
(Town, county, and state)

10. Usual Occupation Farmer

11. Industry or business

FATHER
12. Name Phillip Ramsey
13. Birthplace Barbour County

MOTHER
14. Maiden Name Louisa Hills
15. Birthplace Barbour County

16 (a) Informant Dora Ramsey (Wife)
(b) Address Belington, W. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10 1942 (month) (day) (year)
(c) Cemetery or crematory Laurel Chapel
Location Belington W. Va.

18 (a) Funeral director Olive Kendal-?
(b) Address Elkins W. Va.

19 SEP 10 1942 (Date received by local registrar) (b) Huntington Williamson

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10 1942, at 8:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4 1942 to Sept. 1942, and that I last saw h. alive on Sept. 10 1942

Immediate cause of death: Lobar pneumonia — Duration
Due to: Carcinoma of larynx
Due to:
Other Conditions: Hypertensive cardio renal vascular disease.
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: Carcinoma of larynx (extrinsic?)
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. E. McMillan M. D.
Address University Hospital Date signed Sept 10

F 95651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95651

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted]
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr. 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4734 Pimlico Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lloyd F. Kiel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12 37

8. AGE: Years	Months	Days	If less than one day
5	2	27	hr. min.

9. Birthplace Baltimore md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Chas F Kiel
13. Birthplace Baltimore md

MOTHER
14. Maiden Name Anna Owings
15. Birthplace Tilton Harford Co

16 (a) Informant Chas F Kiel
(b) Address 4734 Pimlico Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore md

18 (a) Funeral director H C Brauning Sons
(b) Address 2924 Edmondson Ave

SEP 10 1942 Huntington Williams (Date filed) (Signature of Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9, 42 19 20 at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to h... death on the day stated above.

Immediate cause of death edema of brain

acute pulmonary edema

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept 9 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95652 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st S.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Caroline
(c) City or town Greensboro
(If outside city or town limits, write RURAL and give town)
(d) Street No. North Main Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES RICHARD LAKE

3 (b) If veteran, name war: WW
3 (c) Social Security Account No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Pauleen Goberschia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1885

8. AGE: Years 56 | Months 11 | Days 15 | If less than one day: hr. min.

9. Birthplace San Francisco, California
(Town, county, and state)

10. Usual Occupation SALESMAN

11. Industry or business

FATHER
12. Name George lake
13. Birthplace England

MOTHER
14. Maiden Name Catherine Hutson
15. Birthplace England

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/42 (month) (day) (year)
(c) Cemetery or crematory Greensboro Cemetery
Location Greensboro, Md.

18 (a) Funeral director P. B. Rawlings
(b) Address Greensboro, Md.

19 (a) ..... (b) Entered
(Date received by registrar)
SEP 10 1942 VA

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10, 1942 at 2:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7, 1942 to Sept. 10 1942, and that I last saw him alive on Sept. 10, 1942.

Immediate cause of death: Cerebral hemorrhage, left — Duration: Terminal

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Clinton M. D.
Address US Marine Hospital Baltimore, Maryland
Date signed 9/10/42

95653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 95653
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) Washington
(d) Street No. 1323 Emerson Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Robert Harding Lumpkin

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1925

8. AGE: Years	Months	Days	If less than one day
17	6	10	hr. min.

9. Birthplace Washington, D. C. (Town, county, and state)
10. Usual Occupation Coast Guard Reserve
11. Industry or business

FATHER
12. Name Herbert L. Lumpkin
13. Birthplace Md.

MOTHER
14. Maiden Name Nettie M. Harding
15. Birthplace Md.

16 (a) Informant Herbert L. Lumpkin
(b) Address 1323 Emerson St. N.E. Washington, D. C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Washington, D. C.
Location

18 (a) Funeral director W. W. Chaney Co.,
(b) Address Washington, D. C.

19 SEP 11 1942 (Date rec'd by registrar) Walter Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 10, 1942, at 9:15 A. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inspection & inquest thereon and from the evidence obtained by said inspection & inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence September 10 1942 9:15 A.M.
(c) Where did injury occur? Pier #4, Pratt Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Ship (Specify type of place) While at work? Yes
(e) Means of injury Fell from ship into harbor

23. Signature [illegible] M.D. Medical Examiner.
Date signed Sept 10 1942.

VS 6

PERSONS WHO SIGN CERTIFICATES ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 95654 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2046 E. Federal St.
(c) Hospital or institution: 8-6
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 32 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2046 E. Federal St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEE LOUIS BOTTOM

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-09-9447

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Married

6 (b) Name of husband or wife: Ella M. Bottom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 22, 1880

8. AGE: Years	Months	Days	If less than one day
61	11	17	hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Glazer
11. Industry or business: Jno. M. Busby & Son

FATHER
12. Name: Samuel D. Bottom
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Hester Baughman
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Ella M. Bottom
(b) Address: 2046 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/42 (month) (day) (year)
(c) Cemetery or crematory: Baltimore, Cem.
Location: Baltimore, Md.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: North & Pa. Aves., Balto., Md.

19 (a) SEP 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION A

20. DATE OF DEATH Sept. 9, 1942, at 11:40 M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1, 1942, to Sept 9 1942; and that I last saw h[illegible] alive on Sept 9 1942

Immediate cause of death: Carcinoma of Stomach and Intestines

Duration: 2 yrs 3 Days

Due to: Secondary Carcinoma of Lungs, Myocardial Insufficiency

Other Conditions: Cardiac Dilatation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Albert Ansberg, M. D.
Address: 2046 E. Federal St. Date signed: 9/10/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95655

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95655 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 400 S. Bond St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Felix MATCZUK

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Mar. 10, 1889

8. AGE: Years	Months	Days	If less than one day
53	5	28	hr. min.

9. Birthplace Polubicze, Poland (Town, county, and state)

10. Usual Occupation Baker

11. Industry or business

FATHER
12. Name Motczuk
13. Birthplace Polubicze, Poland

MOTHER
14. Maiden Name Urbanczyk
15. Birthplace Poland

16 (a) Informant Mrs. Rose Motczuk
(b) Address 400 S. Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Mt. Carmel Road

18 (a) Funeral director M. J. Bodnicki & Son
(b) Address 1808 Eastern Ave

19 (a) SEP 11 1942 (Date received by Registrar) Huntington for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 8. — 1942, at 1250 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7- 1942 to 9-8- 1942 and that I last saw him alive on Sept 8 1942.

Immediate cause of death	Duration
Generalized carcinomatosis	1 mo.
Due to Bronchiogenic carcinoma.	5 mos
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Wisniak M.D.
Address 526 S. Bond St Date signed 9/9/42 M. D.

CORRECTED WHITE PLAINLY, WITH UNFADING INK. Erasures or mutilations cannot be corrected. Please write the causes of death clearly and legibly.

F 95656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 95656
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1928 EASTERN AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-1
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 EASTERN AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ADAM CWALINA

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	MALE	WHITE	WIDOWER

6 (b) Name of husband or wife MARYANNA CWALINA
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV. 25 1857

8. AGE: Years	Months	Days	If less than one day
84	9	10	14 hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business

FATHER
12. Name UNKNOWN
13. Birthplace POLAND

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace POLAND

16 (a) Informant ANTONE CWALINA (SON)
(b) Address 1928 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 12/42 (month) (day) (year)
(c) Cemetery or crematory HOLY CROSS NAT. CEM.
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. HOLLIN ST. Williamsport, MD.

19 (a) SEP 11 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 9 1942 at 3 PM M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to Sept 9 1942 and that I last saw h. alive on Sept 9 1942.

Immediate cause of death	Duration
Hypostatic Pneumonia	9/7/42
Due to Ch. Myocarditis	1939
Due to Arteriosclerosis	1933
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

(Signature) William J. Rocmore M. D.
Address 201 N. Kenmore St. Date signed Sept 10 1942

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

421943

F 95657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 95657 Registered No.

PLEASE WRITE PLAINLY, with ink or indelible pencil. Every item of information should be given. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 26-9
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 008 S. Oldham St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Carpenter (Both) 5-9-42

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-8-42

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ref Carpenter
13. Birthplace

MOTHER
14. Maiden Name Margaret ? [illegible]
15. Birthplace

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11 42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Connell st

18 (a) Funeral director Lilly & Sanford
(b) Address 403 [illegible]

19 (a) [illegible] (b) [illegible]
(Signature of Registrar) Registrar

SEP 11 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1942 12:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1941 to Sept 9 1942 and that I last saw h[illegible] alive on Sept 9 1942.

Immediate cause of death	Premature	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Marshall C. Sanford M. D.
Address Johns Hopkins Hosp Date signed 9/11/42

F 95658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1149

F 95658 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 947 Penna Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 947 Penna Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH BELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Bettie Easley
(b) Address 947 Penna Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location A. A. Co. Md.

18 (a) Funeral director M's Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Person acting as undertaker) (b) Huntington Williams, M.D.

SEP 11 1942

VS 5

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9, 1942 19 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 19 42 and that I last saw alive on Sept 9 19 42.

Immediate cause of death

Duration

Lung Abscess 4 wks

Due to

Due to Cancer

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Bettie Easley
Address 947 Penna Ave. Date signed 9/10/42

F 95659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √121

F 95659 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hospital
(c) Hospital or institution Caton & Walkers 2057
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 189 Kossuth St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara Metz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 1940

8. AGE: Years 2 | Months 4 | Days 6 | If less than one day: hr. min.

9. Birthplace Balt md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John D Metz
13. Birthplace Westernport md

MOTHER
14. Maiden Name Bernice Jones
15. Birthplace Va

16 (a) Informant John D Metz
(b) Address 189 Kossuth St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1942 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Washington Blvd.

18 (a) Funeral director Harry H Ritzke
(b) Address 4101 Edmondson ave

19 (a) SEP 11 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9 1942 at 10 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/9 1942 to 9/9 1942 and that I last saw h E R alive on 9/9 1942

Immediate cause of death: General peritonitis — Duration: 1 day
Due to: Ruptured appendix — a days
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 9/9/42
Major findings of operation: Ruptured appendix
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J H Dwyer M.D.
Address St. Agnes Hosp Date signed 9/9/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95660

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95660 Registered No.

correct age is especially important. If necessary, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1553 Homestead St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1553 Homestead (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Ethel Hamell

3 (b) If veteran, name war World War

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Henrietta H. Hamell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 19, 1881

8. AGE: Years 61 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Bowling Green, Kentucky (Town, county, and state)

10. Usual Occupation Army Retired Captain

11. Industry or business

FATHER
12. Name George Hamell.
13. Birthplace Kentucky

MOTHER
14. Maiden Name Francis
15. Birthplace Kentucky

16 (a) Informant Mrs. Henrietta Hamell
(b) Address 1553 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11 1942 (month) (day) (year)
(c) Cemetery or crematory Dulaney Valley Memorial Gardens
Location Baltimore

18 (a) Funeral director Wm. Cook Bros.
(b) Address 1217 W. Baltimore St.

19 (a) SEP 11 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 0 1942 to Sept 9 1942
and that I last saw him alive on Sept 8 1942

Immediate cause of death Coronary Thrombosis — Duration 2 Days
Due to Myocardial Disease — 5 Yrs
Due to Chronic Endocarditis — 12 Yrs
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest Summerseat
Address 2053 Hollins St Date signed 9/11/42 D.

F 95661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 95661 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3412 Lyndale Ave
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOR
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3412 Lyndale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FREDERICK L. BENNETT

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Garnet E. Walston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16-1880

8. AGE: Years	Months	Days	If less than one day
62	10	24	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Wm. Bulkeit
(b) Address 3412 Lyndale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Gay Lot Row

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Road

19 (a) (Date received by registrar) SEP 11 1942 Acting for Williams Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1942, at 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. L. Wollenweber M.D. Medical Examiner.
Date signed 9-11-42

F 95662

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 95662

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4209 LaSalle Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4209 LaSalle Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MYRTLE MALINDA HOBBS

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married, separated

6 (b) Name of husband or wife Victor Hobbs
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Nov. 25. 1896

8. AGE: Years	Months	Days	If less than one day
45	9	14	hr. min.

9. Birthplace Baltimore County Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business - - -

FATHER
12. Name Amos Wells Clayton-deceased
13. Birthplace Maryland

MOTHER
14. Maiden Name Theodate Knott
15. Birthplace Maryland

16 (a) Informant Mrs. Theodate Andrews (Mother)
(b) Address 4209 LaSalle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12. 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) SEP 11 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9. 1942 at 11.00 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 5 19 4x to Sept 9, 19 4x and that I last saw h alive on Sept 8 19 4x.

Immediate cause of death	Duration
Renal Disease	8 mo.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel A. Mc
Address 1331 E North Ave M. D.
Date signed 9-10-42

VS 3

F 95663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 95663

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Provident Hospital 10

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days

(e) Length of stay in Baltimore (yrs., mos., or days) 20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1105 E. Madison St.

(If rural give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country

3 (a) **FULL NAME** John Jerome Butler (Birth F. 55451)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-19-42

8. AGE: Years	Months	Days	If less than one day
—	—	20	— hr. — min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business

FATHER

12. Name Allen Butler

13. Birthplace Baltimore Md.

MOTHER

14. Maiden Name Mildred Hinton

15. Birthplace Baltimore Md.

16 (a) Informant Mildred Butler

(b) Address 1105 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11-1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cem.

Location Balto. Co. Md.

18 (a) Funeral director Benjamin H. Haigh

(b) Address 72 Talbot St.

19 (a) (Date received by Registrar) SEP 11 1942 Huntingtown Williams Md. Registrar

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 8 1942, at 9 ~~P~~ AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 19 1942, to Sept 8 1942, and that I last saw h alive on Sept 8, 1942.

Immediate cause of death Malnutrition

Due to Debility of the Newborn

Due to Prematurity (30 wks.)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration
20 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature G. H. Bayuela

Address Provident Hospital Date signed 9-8-42 M. D.

F 95664

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 95664

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 330 S. Payson St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 330 S. Payson St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Poller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 7-1862

8. AGE: Years	Months	Days	If less than one day
79	10	1	hr. min.

9. Birthplace St. Louis Mo.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Schreitle
13. Birthplace Germany

MOTHER
14. Maiden Name Julia
15. Birthplace Germany

16 (a) Informant Miss Adelaide May Poller
(b) Address 330 S. Payson St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 11-1942 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Baltimore

18 (a) Funeral director George L. Schmidt
(b) Address 2101 Frederick Ave.

19 SEP 11 1942 (Date received by local Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 8 1942, at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to Sept. 8 1942 and that I last saw her alive on Sept 8 1942.

Immediate cause of death	Duration
Arterio sclerotic cardio vascular disease	2 yrs
Due to	
Due to	
Other Conditions Bronchopneumonia	3 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Benjamin Millan M. D.
Address 2070 Arlington Ave Date signed 9/8/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and plainly.

95665

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30E

F 95665

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 14.5. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth Yasel.

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Charles [redacted]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 21. 1988

8. AGE: Years	Months	Days	If less than one day
64.	07	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles. Johnson
13. Birthplace Norway

MOTHER
14. Maiden Name Cathrine Dale
15. Birthplace Germany

16 (a) Informant Catherine Sabbiend.
(b) Address 14.5. Wolfe St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept 12. 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel. Cem
Location Oldend. St.

18 (a) Funeral director Wendell J. Lippel
(b) Address 312.5. Highland Ave

19 (a) Filed SEP 11 1942 Harrington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 1942 at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942 to Sept 9 1942, and that I last saw h[illegible] alive on Sept. 9 1942.

Immediate cause of death Myocardial Insufficiency E Right + Left Hh. Due to Uretic Arthritis

Due to Acute C.V. Lues

Other Conditions Healed posterior myocardial infarct + Chalal stasis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above.

Duration
4 5 min
?
?
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E. Goodsley
Address Sinai Hospital Date signed 9/10

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 95666
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 790 Grantley Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 790 Grantley St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Ohr Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Grace Wolfe Johnson

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 3, 1872

8. AGE: Years 70 | Months 3 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Cumberland, Md.
(Town, county, and state)

10. Usual Occupation Retired Government Auditor

11. Industry or business

FATHER
12. Name Thomas Johnson
13. Birthplace Mt. Savage, Md.

MOTHER
14. Maiden Name Mary S. McDonald
15. Birthplace Mt. Savage, Md.

16 (a) Informant Mrs. F. W. Hopkins
(b) Address 107 Hartsdale, Rd., White Plains, N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Rose Hill Cemetery
Location Cumberland, Md.

18 (a) Funeral director Miller Lamoreau
(b) Address 1003 E. Baltimore St.

19 (a) SEP 11 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1942, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-8 1942 to 9-10 1942 and that I last saw him alive on 9-10 1942

Immediate cause of death: Coronary thrombosis

Due to: Arteriosclerosis

Due to: Hypertension Cardiac Disease

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: None.

Duration: 5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irwin L. Payne M. D.

Address 5508 Edmondson Ave Date signed

VS 3

95667

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95667 Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 N. University P'kway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 832 N. Carey Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Walker

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1888

8. AGE: Years	Months	Days	If less than one day
54	3 m	1 d	hr. min.

9. Birthplace Augusta, Ga.
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Charles Foster
(b) Address 832 N. Carey St.

17 (a) Burial (b) Date thereof Sept. 14, 1942
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory —
Location Augusta, Ga.

18 (a) Funeral director Jno. Geo. H. Holland
(b) Address 163 Druid Hill Ave.

19 (a) SEP 11 1942 (b) Huntington Williams MD
(Date received by Registrar) (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-6- 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Worden M.D.
Medical Examiner.
Date signed 9-8-42

F 95668

420922 F 95668 BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 N. Ann (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) 4-13-13

8. AGE: Years	Months	Days	If less than one day
29	4	27	hr. min.

9. Birthplace MD (Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Alexander Peterson
13. Birthplace VA ?

MOTHER 14. Maiden Name Susie Jones
15. Birthplace VA ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Rhangtley Ave

19 SEP 11 1942 (b) Huntington Williams M.D. Registrar
(Date rec'd (by registrar))

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1942, at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 19 1942 to Sept 10 1942, and that I last saw him alive on Sept 10 1942.

Immediate cause of death	Duration
Hodgkin Disease	1½ yrs
Due to	
Due to	
Other Conditions Terminal pulmonary oedema	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 9/10/42

F 95669

F 95669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 102

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address .....

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7days

(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 413 N Eden St. (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No) If yes, name country .....

3 (a) FULL NAME Richard Dickerson

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 9, 1900

8. AGE: Years	Months	Days	If less than one day
42	5	1	hr. ..... min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business .....

FATHER 12. Name not known

13. Birthplace .....

MOTHER 14. Maiden Name not known

15. Birthplace .....

16 (a) Informant James Frazier

(b) Address 602 N. Eden st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/42 (month) (day) (year)

(c) Cemetery or crematory .....

Location Petersburg, Va.

18 (a) Funeral director Elroy (Wilson

(b) Address 1000 Brantley Ave

19 (a) SEP 11 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-10 1942, at 4:22 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-4 1942, to 9-10 1942, and that I last saw h[illegible] alive on 9-10 1942.

Immediate cause of death Malignant hypertension — Duration 6 months

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature H. Emmanuel Warden M. D.

Address 844 N. Carey St. Date signed 9-10-42

F 95670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95670 Registration No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 McCulloh St.
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 25yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 McCulloh St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Eugene Noble

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-03-0881S

4. Sex: M.

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gladys

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1896

8. AGE: Years 46 | Months 8 | Days 2322 | If less than one day hr. min.

9. Birthplace Hawkinsville, Ga. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Armstead Noble
13. Birthplace Hawkinsville, Ga.

MOTHER
14. Maiden Name Unknown
15. Birthplace Hawkinsville, Ga.

16 (a) Informant Gladys Noble
(b) Address 1621 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Ceme.
Location Balto. Md.

18 (a) Funeral director Charles H. Harper
(b) Address 514 N. Calhoun St.

19 (a) Filed SEP 11 1942 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/10/42, 19 6 at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6 1942 to Sept 9 1942. and that I last saw h[illegible] alive on Sept 8 1942.

Immediate cause of death
(a) Bronchopneumonia
Due to (b) Partially Obstruction to atmosphere Thorax.
Due to
Other Conditions

Duration (a) 4 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Garland Abernathy
Address 1534 Druid Hill Ave Date signed

Correct age is especially important. Physicians, please write the cause of death clearly and legibly.

F 95671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 126

Registered No. F 95671

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 710 McCabe Av.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mrs. Margaret Blaine

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W.
6 (a) Single, (Married), widowed, or divorced.
6 (b) Name of husband or wife: Claude Blaine
6 (c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Jan 10 - 42
8. AGE: Years 55 | Months 8 | Days 7 | If less than one day: hr. min.
9. Birthplace: Balt. (Town, county, and state)
10. Usual Occupation: H. D.
11. Industry or business

FATHER
12. Name: William Mayfield
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Mary ?
15. Birthplace: Ireland

16 (a) Informant: Claude Blaine
(b) Address: 710 McCabe Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 14-42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Road
18 (a) Funeral director: William Cook Inc
(b) Address: 1217 St Paul Street
19 (a) Filed SEP 19 1942 (b) Registrar: Washington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/10 1942, at 5.50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/27 1942 to 9/10 1942 and that I last saw h[er] alive on 9/10 1942.

Immediate cause of death: Pulmonary embolism
following cholecystectomy
Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operation Chronic Adenocystic
& Cholelithiasis
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm. J. McKinnon M. D.
Address Md. Gen. Hosp. Date signed 9/10/42

95672

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X / 93D

F 95672

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland,
(b) Street address Sinai Hospital
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 Years
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Balto
(c) City or town White Marsh Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hilda Knight

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Clarence E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC 29-1868

8. AGE: Years	Months	Days	If less than one day
73	8	12	hr. min.

9. Birthplace Harford Co Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name L. Benton
13. Birthplace Harford Co Md

MOTHER
14. Maiden Name Elizabeth Knight
15. Birthplace Harford Co Md

16 (a) Informant Clarence E. Knight
(b) Address White Marsh Balto Co

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept 14-42 (month) (day) (year)
(c) Cemetery or crematory Abingdon M. E. Cemetery
Location Harford Co Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street

19 (Date received by registrar) SEP 12 1942 (Signature of registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/11 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/9 1942 to 9/11 1942 and that I last saw h.e. alive on 9/11 1942.

Immediate cause of death Cerebral hemorrhage accidental — Duration

Due to Hypertension cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morton D. Hamburger M.D.
Address Sinai Hospital Date signed 9/14/42

95673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95673

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 527 Baine St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Rupp

3 (b) If veteran, name war: None

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife: Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 26, 1875

8. AGE: Years	Months	Days	If less than one day
67	7	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Laborer (Retired)

11. Industry or business D. A. D.

FATHER
12. Name William Rupp
13. Birthplace (?)

MOTHER
14. Maiden Name Mary Myers
15. Birthplace (?)

16 (a) Informant Mrs Mary Rupp
(b) Address 527 Baine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 12 1942 (month) (day) (year)

(c) Cemetery or crematory Parkwood
Location Parkville, Md.

18 (a) Funeral director William Cook Inc
(b) Address 127 St. Paul St.

19 (Date rec'd by registrar) SEP 12 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/9 1942 at 3:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/8 1942 to 9/9 1942 and that I last saw h[illegible] alive on 9/9 1942

Immediate cause of death: Gastric & Oesophageal Hemorrhage — Duration

Due to: Cirrhosis of Liver (Alcoholic) — 5 Yrs?

Due to:

Other Conditions: Chronic Alcoholism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. V. Umpleby

Address West Balto Gen Hospital Date signed 9/9/42

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

F 95674 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 Parish Pl. (Parish)
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 14

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 524 Parish Pl (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Eddie Tyson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Widower

6 (b) Name of husband or wife Ollie Anne Tyson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10 1886

8. AGE: Years	Months	Days	If less than one day
56	3	10	hr. min.

9. Birthplace Farmville N. C (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John Tyson
13. Birthplace N. C

MOTHER
14. Maiden Name Matilda Joyner
15. Birthplace N. C

16 (a) Informant Ellen. Tyson
(b) Address 1337 N. Carey Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14-42 (month) (day) (year)
(c) Cemetery or crematory
Location Farmville N. C

18 (a) Funeral director Sam. M. Chase & Son
(b) Address 638 N. Gilmor St

19 SEP 12 1942 (Date received by local registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/10 1942 at 8:1 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/7 1942 to 9/10 1942.
and that I last saw h[illegible] alive on 9/10 1942.

Immediate cause of death — Duration

Aortic Incompetency

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. M Routh M. D.
Address 134 Dunn Ave Date signed

correct age is especially important. Physicians: please write the causes of death clearly.

VS 8

95675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 95675 Registered No.

PLEASE WRITE LEGIBLY WITH UNFADING INK. Use typewriter if possible. Do not abbreviate. Give full name of deceased. Do not use initials. Be sure that the cause of death is entered correctly and completely. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Please write the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2839 Remington Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2839 Remington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Butler

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	widow

6 (b) Name of husband or wife Elias Butler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years	Months	Days	If less than one day
85			hr. min.

9. Birthplace Wash. D. C.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Phillip Smith
13. Birthplace unknown

MOTHER
14. Maiden Name Sophia Deal
15. Birthplace unknown

16 (a) Informant Lillian Carter
(b) Address 2839 Remington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. City

18 (a) Funeral director Samuel W. Chase & Son
(b) Address 638 N. Gilmor

19 SEP 12 1942 (Date received by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 1942, at 2.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942 to Sept 9 1942, and that I last saw h[illegible] alive on Sept 8 1942.

Immediate cause of death
Cerebral Hemorrhage — Duration 3 mths 18 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Garland Arundell

Address 1134 Dulaney Valley Date signed Sept 10 1942

95676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95676
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Riverside Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME: Charles R. Helder

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 705-09-1092

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Anna G. Helder
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.): January 4, 1886

8. AGE: Years	Months	Days	If less than one day
56	8	6	hr. min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Carpenter
11. Industry or business: B & O Railway Co.

FATHER
12. Name: William Helder
13. Birthplace: Germany

MOTHER
14. Maiden Name: Christina Helder
15. Birthplace: Germany

16 (a) Informant: Mrs. Anna G. Helder
(b) Address: 1516 Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/42 (month) (day) (year)
(c) Cemetery or crematory: Cedar Hill Cemetery
Location: Annapolis Road

18 (a) Funeral director: Howard W. Blight, Jr.
(b) Address: 4914 Belair Road

19 (a) SEP 12 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10, 1942, at 9:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pulmonary hemorrhage — Duration

Due to: Rupture of syphilitic aneurysm of aorta into left main bronchus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Robert Lee Graham M.D. Medical Examiner.
Date signed Sept 10 1942

Cross out any words not specially important. Physicians: please write the causes of death clearly and legibly.

95677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95677

Registered No. F95677

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 145 N. Streeper St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ARTHUR P. CHENOWETH

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215-04-4196

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Mae Chenoweth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 20, 1904

8. AGE: Years	Months	Days	If less than one day
38	7	21/30	hr. min.

9. Birthplace: Balto County, Md (Town, county, and state)
10. Usual Occupation: Lineman
11. Industry or business: Gas & Electric Co.

FATHER
12. Name: Richard T. Chenoweth
13. Birthplace: Balto. County, Md

MOTHER
14. Maiden Name: Margaret Rich
15. Birthplace: Balto. County, Md

16 (a) Informant: Mrs. Mae Chenoweth
(b) Address: 145 N. Streeper St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 | 13 | 42 (month) (day) (year)
(c) Cemetery or crematory: Oakland Cemetery
Location: Eastern Ave

18 (a) Funeral director: Howard W. Blight Jr.
(b) Address: 4914 Belair Road

19 (a) SEP 12 1942 (Date received by Registrar) (b) Huntington Williams M.D. (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 10 1942, at 8 50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration:
Due to
Due to
Other Conditions: No

(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1/2
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: Sept 10, 1942 12 50 P.M
(c) Where did injury occur? Rear of 41 E. Monument St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Pedestrian (Specify type of place) While at work? Yes
(e) Means of injury: Left footing and fell to pavement

23. Signature: H. L. Waldmueller M.D. Medical Examiner.
Date signed 9-11-42

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-95678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

159

Registered No. F 95678

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 W. Lexington St.
(c) Hospital or institution:
Volunteers of America Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Eutaw Place
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Twin 1 ESTELLE JANE ROUSE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
----------	None	Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1942.

8. AGE: Years	Months	Days	If less than one day
		8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Wilbur Rouse,
13. Birthplace Greendale, Ohio.

MOTHER
14. Maiden Name Dorothy Simpson,
15. Birthplace Jackson, Ohio.

16 (a) Informant Mr. Wilbur Rouse,
(b) Address 1605 Eutaw Place.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/42. (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Balto. Md.

18 (a) Funeral director ~~Harold Amerman & Son~~
(b) Address 1902 Eutaw Place.

SEP 12 1942 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1942 at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3, 1942 to Sept 11, 1942 and that I last saw h[illegible] alive on Sept 11, 1942.

Immediate cause of death

Duration

Due to Premature birth - 8 days
Due to Cardiac Weakness
(was kept in incubator plus Oxygen)
Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy /

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm Lunsford M. D.
Address 1821 Eutaw Place. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

95679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 95679
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3032 Harrison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE I. EATON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Effie P. Eaton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1882

8. AGE: Years	Months	Days	If less than one day
60	3	0	hr. min.

9. Birthplace Shrewsbury, Pa. (Town, county, and state)
10. Usual Occupation Hardwood Floor
11. Industry or business Own business

FATHER
12. Name Harry Eaton
13. Birthplace Pa.

MOTHER
14. Maiden Name Hettie Young
15. Birthplace Pa.

16 (a) Informant Mrs. Effie P. Eaton
(b) Address 3023 W. Garrison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/42 (month) (day) (year)
(c) Cemetery or crematory Lutheran Cemetary
Location Shrewsbury, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) SEP 12 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 1942, at 4 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions hs	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. T. Williams M.D.
Medical Examiner
Date signed

VS 6

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 95680
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 707 N. Mount Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 707 N. Mount Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William R. Rice

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Urcella Rice
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hr. min.

9. Birthplace Lancaster Co. Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Rice
13. Birthplace Lancaster Co Va.

MOTHER
14. Maiden Name Harriett Williams
15. Birthplace Lancaster Co. Va

16 (a) Informant Urcella Rice
(b) Address 707 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location West Port.

18 (a) Funeral director Wm Brooks
(b) Address 1163 N. Carey St Huntington Williams Md.

19 (Date rec'd by registrar) Registrar

SEP 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH September 10 1942, at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to Chronic myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept 12 1942

V8 6

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95681

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 83a

F 95681 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Entry must be complete and correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 Emory St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Emory St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marguriet Gilmer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Percy E. Gilmer

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Mar 5, 1907

8. AGE: Years 35 | Months 5 6 | Days 3 5 | If less than one day hr. min.

9. Birthplace Goldsboro N.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Frank Sykes
13. Birthplace N.C.

MOTHER
14. Maiden Name Elizabeth ?
15. Birthplace N.C.

16 (a) Informant Percy E. Gilmer
(b) Address 214 E mory pt

17 (a) removal (b) Date thereof 9 / 12 / 42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Goldsboro N.C.

18 (a) Funeral director Isaac L Brown Sons
(b) Address 1210 Montgomery St

19 (Date rec'd by registrar) SEP 12 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1942 to Sept 10 1942 and that I last saw him alive on Sept 9 1942

Immediate cause of death Cerebral Hemorrhage 4 days

Due to Unknown

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John W. Grimes M. D.
Address 668 W. Barrett Date signed 9/12/42

VS 8

95682

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95682
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Please see that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5031 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Johns Lane
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie E. Seicke

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Otto A. Seicke

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1874

8. AGE: Years 67 | Months 9 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore County Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Louis Ellingman

13. Birthplace Germany

MOTHER 14. Maiden Name Catherine Decker

15. Birthplace Germany

16 (a) Informant Otto A. Seicke

(b) Address Ellicott City Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 12, 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md.

18 (a) Funeral director Easton Sons

(b) Address Ellicott City

19 (a) Sept 12 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 9 1942, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1942 to Sept 9 1942 and that I last saw her alive on Sept 9 1942

Immediate cause of death Coronary Thrombosis — Duration 8 Days

Due to Hypertensive Cardio Vas. Disease — 4 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? No While at work? (Specify type of place)
(e) Means of injury

23. Signature James Stowell M.D.

Address Elkton Md. Date signed 9/9

95683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95683
Registered No.

PLEASE WRITE PLAINLY with UNFADING INK. Every item must be answered. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Dennison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Dennison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth E. Covington

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Charles F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 1857

8. AGE: Years	Months	Days	If less than one day
91	6	3	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name James M. Covington
13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth White
15. Birthplace unknown

16 (a) Informant J. M. Sachrest - Son
(b) Address 500 N. Main St High Point NC

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14-42 (month) (day) (year)
(c) Cemetery or crematory Lawson Park
Location Frederick Road

18 (a) Funeral director Wm. Regnier Funeral Home Inc
(b) Address 2117 Dennison St

19 SEP 12 1942 (Date rec'd by registrar) Huntington Hill Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11- 1942 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 8/31 1942 to 9/10 1942 and that I last saw h[illegible] alive on 9/10 1942

Immediate cause of death Cortical Collapse
Cerebral Thrombosis — Duration 10 yrs 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. G. Jones M.D.

Address 2818 A Pa Ave Date signed 9/10/42

95684

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

Registered No. F 95684

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto md.
(b) Street address 715 Mosher St
(c) Hospital or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Mosher St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen Shannon

3 (b) If veteran, name war

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) ~~Single, married, widowed, or divorced~~
Female	Col	yg

6 (b) Name of husband ~~or wife~~ Mitchell Shannon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/1906

8. AGE: Years	Months	Days	If less than one day
36	apl	—	hr. min.

9. Birthplace Lynchburgh S C
(Town, county, and state)
10. Usual Occupation Houseworker
11. Industry or business

FATHER
12. Name Eaton Shields
13. Birthplace S C

MOTHER
14. Maiden Name Della Smith
15. Birthplace S C

16 (a) Informant Minnie Dickey
(b) Address 715 mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 13, 42 (month) (day) (year)
(c) Cemetery or crematory Mariam L C.
Location L C.

18 (a) Funeral director Miss. Katie R. Williams
(b) Address 322 N. Fulton Ave

19 (a) [illegible] (Registrar) (b) Huntington Williams M.D. Registrar

SEP 12 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1942, at 6:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1942 to 9-10- 1942, and that I last saw h alive on 9-9- 1942.

Immediate cause of death Cardiac Dilatation — Duration 2
General Edema
Myocarditis
Due to Anemia
Due to
Other Conditions Gastritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm R. Boykin M. D.
Address 1136 N. Gilmor Date signed 9/12/42

95685

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95685

CERTIFICATE OF DEATH

√ 123

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 910 Gordon St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 8 mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Carrie Wright

(a) Residence: No. 910 Gordon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fem	colored	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Walter Wright

6. DATE OF BIRTH (month, day, year) Jan 9 1893

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	49	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home duties

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph Peterson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Susan

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Husband
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem Date Sept 12 1942

19. UNDERTAKER Wm Rafe R. Sullivan
(Address) 322 N. Schroeder St

20. FILED SEP 12 1942 Wm J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 10th, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 27th, 1942 to Sept 10th, 1942

I last saw her alive on Sept 9th, 1942 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auto intoxication	
Marked Stomatitis	

Other contributory causes of importance:

Deceased Tech & General pyorrhea of Tech

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) D Grantfoott M. D.

(Address) 1364 N Bidde St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

95686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95686
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5313 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Woodlawn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Montgomery Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY R. STRAUSS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife John J. Strauss
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1868

8. AGE: Years	Months	Days	If less than one day
74	1	12	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas R. Jones
13. Birthplace unknown

MOTHER
14. Maiden Name Susan Keller
15. Birthplace unknown

16 (a) Informant Mr. J. William Strauss
(b) Address 2301 Rolling Rd., Woodlawn, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olive Cemetery
Location Randallstown, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 SEP 12 1942 Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

A

20. DATE OF DEATH Sept. 11, 1942 at 12:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Sept 11 1942 and that I last saw her alive on Sept 11 1942

Immediate cause of death Diabetes Mellitus — Duration 5 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James Stowell M. D.
Address 2 Cleas Vale Date signed 9-12-42

95687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 95687

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 Harlem Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH SCHMIDT

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Peter Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1850

8. AGE: Years	Months	Days	If less than one day
92	4	2	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Albert Mihm
13. Birthplace Germany

MOTHER
14. Maiden Name Anna (?)
15. Birthplace Germany

16 (a) Informant Mr. Carl Schmidt
(b) Address Dulaney Valley Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) SEP 12 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1939 to Sept 11 1942 and that I last saw h[illegible] alive on Sept 11 1942

Immediate cause of death Uremia — Duration 5 days

Due to Chronic Intersticial Nephritis

Due to Myocarditis + Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas S. Bowyer M. D.
Address Medarts Bldg Signed 9-11-42

VS 3

correct age is especially important. Registrar please write

95688

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. E 95688

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 E Eager (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen West

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation House Wife.

11. Industry or business

FATHER
12. Name Henry Brooke
13. Birthplace Charollett. Co Va.

MOTHER
14. Maiden Name Bennett
15. Birthplace Charollett Co. Va.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept 13/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A A Co. Md.

18 (a) Funeral director R E Williams
(b) Address 1515 McElderry
(c) Date rec'd by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1942 at 245 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942 to Sept. 10 1942 and that I last saw h.r alive on Sept. 10 1942

Immediate cause of death Cerebral Hemorrhage into region of mid brain. — Duration

Due to Hypertension. — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Cerebral Hemorrhage.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Austrian
Address The Johns Hopkins Hosp Date signed 9/10/42

VS 3

F 95689

BALTIMORE CITY HEALTH DEPARTMENT X F 95689
Registered No.

CERTIFICATE OF DEATH 54a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 4
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Richwood
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charley, Elmer (Elmer E. Charles)

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	336 - 07 - 8795

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Wilma Tobey Ada Charles
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/4/1906

8. AGE: Years	Months	Days	If less than one day
35	11	7	hr. min.

9. Birthplace Richwood, Ohio (Town, county, and state)
10. Usual Occupation Ass't. Foreman
11. Industry or business Chicago Bridge & Iron Co.

FATHER
12. Name Sherman Charles
13. Birthplace Ohio

MOTHER
14. Maiden Name Dora Askens
15. Birthplace Ohio

16 (a) Informant Mrs. Wilma Tobey Charles
(b) Address Arundel Hotel, Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/42 (month) (day) (year)
(c) Cemetery or crematory
Location Marion Ohio

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) (b) Huntington Williams W.V.

SEP 13 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 1942, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/3 1942 to 9/11 19 , and that I last saw him alive on 9/11 1942

Immediate cause of death Infiltrating glioma of 3rd Ventricle — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9/10/42

Major findings of operation: Sample

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R K Thompson M. D.
Address Union Hospital Date signed 9/12

F 95690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. F 95690

95690

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 Grindon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Grindon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ulrica Sandner

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 9-1864
8. AGE: Years 78 Months 5 Days 3 If less than one day hr. min.
9. Birthplace Baltimor Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Louis S. Sandner
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth C. Kistner
15. Birthplace Maryland

16 (a) Informant Frank C. Sandner
(b) Address 2709 Grindon Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15-42 (month) (day) (year)
(c) Cemetery or crematory Baltimor City
Location East End North Ave
18 (a) Funeral director Wm. A. Cook Son
(b) Address 1217 St Paul Street
19 SEP 13 1942 (Date received by local registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12th 1942, at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1942 to Sept 11 1942 and that I last saw h[illegible] alive on Sept 11 1942.

Immediate cause of death	Duration
arteriosclerotic Heart Disease	unknown
Due to	
Due to	
Other Conditions, Bronchio-pneumonia	7 days

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George Dawson M. D.
Address 4808 Harford Rd. Date signed 9/12/42

VS 3

F 95691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

98

Registered No. F 95691

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2908 N. Calvert Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2908 N. Calvert St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Gardner

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Kate
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1853

8. AGE: Years	Months	Days	If less than one day
89	2	10	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation Salesman (Retired)
11. Industry or business

FATHER
12. Name Peter Gardner
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16. (a) Informant Preston M. Gardner
(b) Address 2908 N. Calvert Street

17 (a) Burial (b) Date thereof Sept. 14, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Maryland

18 (a) Funeral director William Cook, Inc.,
(b) Address 1217 St. Paul Street.

SEP 13 1942 Herrington for Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12 1942, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1942 to Sept 12 1942 and that I last saw h alive on Sept 11 1942

Immediate cause of death Cancer of Rectum

Duration 2 months

Due to Stenosis of

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Deuce M. D.
Address 2105 Clark Date signed Sept 12 42

VS 3

correct age is especially important. Physicians, please

F 95692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93F

F 95692 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3015 Windsor Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3015 Windsor Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary H. Miller,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife William H. Miller,
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) November 30, 1874

8. AGE: Years	Months	Days	If less than one day
67	9	11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Charles Greaver,
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hermann,
15. Birthplace Baltimore Md.

16 (a) Informant William H. Miller,
(b) Address 3015 Windsor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave.

19 (a) [illegible] (Local registrar) Huntington Williams M.D. Registrar

SEP 15 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11. 1942, at 2 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 26 1942, to Sept 11 1942, and that I last saw her alive on Sept 11 1942.

Immediate cause of death	Duration
Myocardial Insufficiency	16 days
Due to Arteriosclerosis	7 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. W. Billups M. D.
Address 2224 N. North Ave. Date signed

Correct age is especially important. Any error should be reported to the Registrar.

95693

BALTIMORE CITY HEALTH DEPARTMENT F 95693

CERTIFICATE OF DEATH 927

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 438 N. Bruce ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary F. Lamley

3 (b) If veteran, name war none | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	widowed

6 (b) Name of husband or wife Charles Lamley
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1-27-1864

8. AGE: Years	Months	Days	If less than one day
78	7	14	hr. min.

9. Birthplace Balt. Co. Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Edw. Lingan
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Wright
15. Birthplace Md

16 (a) Informant Albert Lamley
(b) Address RFD. 13 - Middletown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George J. Ruth Inc
(b) Address 1725 Harford Ave

SEP 13 1942 (b) Huntington Williams Registrar
(Date received by Local Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 1942 at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death acute pulmonary edema — Duration
Due to arteriosclerotic cardiovascular disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept 12 1942

correct age is especially important. Physicians: please write the cause of death plainly.

F 95694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 95694 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4616 Northwood Drive
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4616 Northwood Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Brother Thomas Blake O.P.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4th, 88

8. AGE: Years 53 | Months 0 | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Teacher at Providence
11. Industry or business College

FATHER
12. Name James W. Blake
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Annie E. Mullen
15. Birthplace Baltimore Md

16 (a) Informant Mr. Walter F. Blake
(b) Address 4616 Northwood Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Providence College cemetery
Location Providence Rhode Island

18 (a) Funeral director Elmer W. Conklin, Son
(b) Address 924 E. Eager St.

19 (a) Filed SEP 13 1942 (b) Registrar Huntington Williams M.D. Hospital

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12th 1942 at 3:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Cerebral Hemorrhage, spontaneous — Duration

Due to Hypertensive Cardio-Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 13 1942.

F 95695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95695 830 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Tudor Arms Apts.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Tudor Arms Apts.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Edith S. Medairy

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife George R. Medairy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1869

8. AGE: Years	Months	Days	If less than one day
73	3	21	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Samuel J. Soper
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah A. Hiss
15. Birthplace Md.

16 (a) Informant Judge Morris A. Soper
(b) Address 102 W. 39th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/42 (month) (day) (year)
(c) Cemetery ~~Crematory~~ Greenmount
Location North Ave. & Oliver St.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) SEP 13 1942 (b) Huntington Williams, M.D.
Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11, 1942 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1942, to Sept 11 1942, and that I last saw h[illegible] alive on Sept 8 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 3 hours

Due to Cerebral Sclerosis

Due to Hypertension

Due to Congenital Heart Disease

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. G. Cleland M. D.
Address 1300 N. Calvert St. Date signed

F 95696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95696 Registered No. 44 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County Mercer
(c) City or town Hightstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. 248 Stockton (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Marjorie Sexsmith Dennis

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30, 1912

8. AGE: Years	Months	Days	If less than one day
30	-	13	hr. min.

9. Birthplace Belmar, N. J.
(Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business County School

FATHER
12. Name George P. Dennis
13. Birthplace California

MOTHER
14. Maiden Name Mae Sexsmith
15. Birthplace New Jersey

16 (a) Informant Mrs George P. Dennis
(b) Address 248 Stockton St, Hightstown N. J.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Sept 15 1942 (month, day, year)
(c) Cemetery or crematory Cedar Hill
Location Hightstown N. J.

18 (a) Funeral director Phillips Funeral Home
(b) Address 204 Ashmore Ave Huntington West Virginia

SEP 12 1942 (Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13, 1942, at 8:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24-1942 to Sept. 13, 1942 and that I last saw he alive on Sept. 12, 1942

Immediate cause of death	Duration
Hodgkin's Disease	2 yrs ?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Church Home & Inf. Date signed 9/12/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M. D. S. 1268-9

F 95697 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 95697

CERTIFICATE OF DEATH 92 D

1. PLACE OF DEATH Balto Md

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~~1839~~ Eagle St., 19 - H Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael J Steinberg

(a) Residence: No. 1839 Eagle St St., ... Ward. Balto Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary A Poole

6. DATE OF BIRTH (month, day, year) May 12 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Abatony

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Steinberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbra Kestler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Rom Cathedral Date Sept 14 1942

19. UNDERTAKER Harry H. Witzke
(Address) 402 Edmondson ave

20. FILED SEP 13 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/11 1942

22. I HEREBY CERTIFY, That I attended deceased from July 2 1942 to Sept. 11 1942
I last saw h~~im~~er alive on Sept 12 1942 Death is said to have occurred on the date stated above, at 7.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteria sclerotic	6 mos
cardis vasula	2 yrs
disease	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Miller M. D.
(Address) 2030 Wilkens ave

v. s. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

95698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95698

Registered No.

PLEASE WRITE PLAINLY, with pencil. Physicians: please write the causes of death clearly and legibly. Be sure that the age is correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 313 N. Pulaski St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore City

(If outside city or town limits, write RURAL and give town)

(d) Street No. 313 N. Pulaski St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Marianna Pitz

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Harry Pitz

6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) May 23, 1912

8. AGE: Years	Months	Days	If less than one day
30	3	18	____ hr. ____ min.

9. Birthplace Carroll Co. Maryland. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Carroll D. Waltz

13. Birthplace Maryland.

MOTHER

14. Maiden Name Margaret Frizzell

15. Birthplace Maryland.

16 (a) Informant Harry Pitz

(b) Address 313 N. Pulaski St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1942 (month) (day) (year)

(c) Cemetery or crematory Taylorsville

Location Taylorsville, Carroll Co Md

18 (a) Funeral director C. M. Waltz

(b) Address Westfield Md.

19 (a) SEP 14 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11, 1942, at 10:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 15, 1942 to Sept 11, 1942, and that I last saw her alive on Sept 11, 1942

Immediate cause of death	Duration
Streptococcus Viridans Septicemia	
Due to ?	
Due to	
Other Conditions Chr. Endocarditis	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature George E. Shannon M.D. M. D.

Address 700 N. Fulton Ave Date signed 9/11/42

95699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 15 9

F 95693 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 430 Hamilton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Germanos John Francis III (Birth F 57013)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1942

8. AGE: Years	Months	Days	If less than one day
			5 hr. 48 min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Germanos John Francis.
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Lynch Stitt
15. Birthplace Baltimore, Maryland.

16 (a) Informant Germanos John Francis.
(b) Address 430 Hamilton Ave.

17 (a) Burial (b) Date thereof 9/14/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co. Md.

18 (a) Funeral director Pulliam & Doe
(b) Address 1217 E. Fond St.

19 (a) SEP 14 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 1942 at 7:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1942 to Sept 12 1942, and that I last saw him alive on Sept 12 1942

Immediate cause of death Eclampsia 30-32 wks.

Due to Toxemia of pregnancy, (Mother)

Due to Child delivered by Caesarian Section

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Sept 12 1942

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Gilman C. Depp M. D.
Address Mercy Hospital Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95700

T.N 25774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 95700 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 yrs

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 519 N. Washington St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Muscoe Barnes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Florida Barnes (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 22, 1860

8. AGE: Years	Months	Days	If less than one day
81	10	20	hr. min.

9. Birthplace Virginia

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Willie Barnes Sr. (D)

13. Birthplace Virginia

MOTHER 14. Maiden Name Evert Parsen (D)

15. Birthplace Virginia

16 (a) Informant Baltimore, City Hospitals

(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/42 (month) (day) (year)

(c) Cemetery or crematory St Matthews

Location Baltimore Md

18 (a) Funeral director Wilson Funeral Home

(b) Address 1210 Pont St

19 SEP 14 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-12 1942, at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 9-12 1942 and that I last saw h alive on 9-12 1942

Immediate cause of death Cardiac failure

Due to Hypertensive C.V. disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. K. Rathbun M. D.

Address Balto. City Hosp Date signed 7-18-42

F 95701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95701

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3806 Barrington Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3806 Barrington Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Elsworth Hurlock

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Harriet J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7-1862

8. AGE: Years	Months	Days	If less than one day
80		5	hr. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name James H. Hurlock
13. Birthplace Md.

MOTHER
14. Maiden Name Hester Ann White
15. Birthplace Md.

16 (a) Informant Harriet J. Hurlock
(b) Address 3806 Barrington Rd

17 (a) Burial (b) Date thereof Sept. 15-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director William Cole Sons
(b) Address 1217 St Paul St

19 (a) SEP 14 1942 (b) Huntington Williamsport
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1942, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/10 1942 to 9/13 1942, and that I last saw him alive on 9/13 1942

Immediate cause of death	Duration
Carcinoma of the colon	4 yr
Due to (a) Bladder	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 1941
Major findings of operation: Carcinoma
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. C. Hearn
Address 4904 Eastern Ave Date signed 9/13/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95702

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1940

Registered No. F 95702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Nyp

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1532 McKean Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Ryan

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	NHP	F	W	Married

6 (b) Name of husband or wife William R.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 2. 1884

8. AGE: Years	Months	Days	If less than one day
58	6	10	hr. min.

9. Birthplace Washington D C (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Cox
13. Birthplace Ireland

MOTHER
14. Maiden Name Kate Miller
15. Birthplace Baltimore Md

16 (a) Informant Wm A Ryan
(b) Address 1532 McKean Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilbur Col Inc
(b) Address 1210 Park St

19 (a) SEP 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12 1942 at 7 50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & inspection thereon (Autopsy or Inquiry) and from the evidence obtained by said inquiry & inspection (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 12 1942.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

95703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1244 F 95703

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Cheverly Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cheverly Home - N Broadway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma J Bowen

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife July 31, 1868
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 31, 1868

8. AGE: Years	Months	Days	If less than one day
74	1½	12	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Meads
13. Birthplace Virginia

MOTHER
14. Maiden Name Jane Taylor
15. Birthplace Pennsylvania

16 (a) Informant Mrs. Catalyn Bowing
(b) Address 731 Russell Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/42 (month) (day) (year)
(c) Cemetery or crematory Lakewood
Location Forestville Md

18 (a) Funeral director Wm Cook Jr
(b) Address 1219 E Pratt St

19 (a) SEP 14 1942 (Signature of Registrar) (b) Registered Sept 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14, 1942 to Sept 13, 1942 and that I last saw her alive on Sept 13 1942

Immediate cause of death: Hepatic Cirrhosis — Duration ? 3 mo

Due to

Due to

Other Conditions: Gangrene R. Foot.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature D. L. Reumann, M.D.
M. D.
Address Cheverly Home & Inf. Date signed 9/13/42

VS 3

95704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95704

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County
(c) City or town Meadows of the Dan
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cosby Dalton

3 (b) If veteran, name war: N
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 12. 1917

8. AGE: Years	Months	Days	If less than one day
24	9	1922	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business Self

FATHER
12. Name Isaac Dalton
13. Birthplace Va

MOTHER
14. Maiden Name Sallie (Unknown)
15. Birthplace Va

16 (a) Informant Hospital Acct
(b) Address Mercy Hosp

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/13/42 (month) (day) (year)
(c) Cemetery or crematory Hornsby Cemetery Va
Location Meadows of the Dan Va

18 (a) Funeral director Williamson & Doe
(b) Address 729 E Grace

19 SEP 14 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11 1942 at 4:30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture and anterior dislocation of cervical spine	
Due to	
Due to accident	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 11 1942 at 8:30 A M
(c) Where did injury occur? Route 235 Leonardtown St Mary's Co (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Road (Specify type of place) While at work? No
(e) Means of injury Collision with another truck

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept. 12 1942

VS 6

95705 MPR 76367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95705 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 Sharp Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Derry

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) [illegible] widowed, or divorced
M	C	

6 (b) Name of husband or wife Edith Derry (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7, 1878

8. AGE: Years	Months	Days	If less than one day
64	1 2	35 5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John W. Derry
13. Birthplace Md.

MOTHER
14. Maiden Name Vinie E. Gross
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director James A. Stamps
(b) Address 942 Light St

19 SEP 14 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-12 1942 at 3:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 8-27 1942 to 9-12 1942 and that I last saw him alive on 9-12 1942

Immediate cause of death	Duration
Myocardial failure	
Due to Arteriosclerotic C.V.D.	
Due to	
Other Conditions Cancer Lower 1/3 oesophagus (Include pregnancy within 3 months of death)	
Date of operation 9-9-42 - Resection Cancer	
Major findings of operation: Ca lower 1/3 of oesophagus	
of autopsy: Ca lower 1/3	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Nevin M. D.
Address Bell. City Hosp. Date signed 9-14-42

VS 3

F 95706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95706

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1914 BANK ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 57 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTO.

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 1914 BANK ST. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PETER CARSTENSEN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	MALE	WHITE	WIDOWER

6 (b) Name of husband or wife MARY CARSTENSEN

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 21 1863

8. AGE: Years	Months	Days	If less than one day
78	8	20	hr. min.

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation RETIRED BARBER

11. Industry or business FOR SELF

FATHER

12. Name UNKNOWN

13. Birthplace GERMANY

MOTHER

14. Maiden Name UNKNOWN

15. Birthplace GERMANY

16 (a) Informant MINNIE RITZ (DAUGHTER)

(b) Address 1914 BANK ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 14/42 (month) (day) (year)

(c) Cemetery or crematory WOODLAWN

Location WOODLAWN MD.

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. WOLFE ST Williams, M.D.

19 (a) SEP 14 1942 Huntington

(Signature of Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 10 1942, at 11 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4, 1942. to Sept. 10, 1942. and that I last saw him alive on Sept. 10, 1942

Immediate cause of death	Duration
Acute Myocardial Failure	2 months
Due to Chronic Myocarditis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Frank N. Ogden M. D.

Address 2701 N. Calvert Date signed Sept. 11, 42

VS 3

MPR 73593 F 95707

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95707 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 13
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 602 Baker St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Roy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex C | 5. Color or race F | 6 (a) [illegible] widowed, [illegible]

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, ? 1887

8. AGE: Years 54 | Months 4 | Days 6 | If less than one day hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Roy
13. Birthplace Va.

MOTHER 14. Maiden Name Sally Washington
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Geo. G. Nelson
(b) Address 803 Preston

19 (a) (b)
(Signature and title of registrar)
SEP 14 1942 Huntington Williams, Registrar
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-11 1942, at 8:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-28 1942 to 9-11 1942, and that I last saw h[illegible] alive on 9-11 1942.

Immediate cause of death: Pulmonary embolus — Duration: 2 days
Contributory thrombosis — 5 weeks ?
Due to
Due to
Other Conditions Decubitus ulcers — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: On above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rackham M. D.
Address Balto. City Hosp. Date signed 9-13-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

F 95708 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Driveway and 31st St.
(c) Hospital or institution: U.S. Marine Hospt. Wyman Park Driveway and 31st Street
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo27da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo.27da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 N. Caroline Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM NELSON PINKETT

3 (b) If veteran, name war: WW

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife: Cora M. Jones
6 (c) If alive, give age: 48 years

7. Birth date of deceased (mo., day, yr.): April 29, 1888

8. AGE: Years	Months	Days	If less than one day
53	16	12	hr. min.

9. Birthplace: SALISBURY, MARYLAND (Town, county, and state)
10. Usual Occupation: POSTOFFICE CLERK
11. Industry or business

FATHER
12. Name: WILLIAM PINKETT
13. Birthplace: SALISBURY, MARYLAND

MOTHER
14. Maiden Name: ALELIA GREEN
15. Birthplace: SALISBURY, MARYLAND

16 (a) Informant: RECORDS*US MARINE HOSPITAL
(b) Address: BALTIMORE, MARYLAND.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/42 (month) (day) (year)
(c) Cemetery or crematory: Balto. National Ave.
Location: Baltimore, Md.

18 (a) Funeral director: Joseph B. Lockard
(b) Address: 1634 N. Central Ave.

19 (a) SEP 14 1942 (Date rec'd by Registrar) Huntington Williams, MD Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 11, 1942 at 5:30a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 16, 1942 to Sept. 11, 1942 and that I last saw him alive on Sept. 11, 1942

Immediate cause of death: Toxemia and sepsis from abscess of left lung and pericarditis — Duration: 1 week

Due to: Carcinoma of left bronchus with atelectasis of left lung — 15 mo.

Due to:

Other Conditions: Metastases to kidneys — Unknown

(Include pregnancy within 3 months of death)

Date of operation: 7/22/42

Major findings of operation: Incision and implantation of stilbestrol subcutaneously

Findings of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: J. Warren M. D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed: 9/11/42

F 95709

BALTIMORE CITY HEALTH DEPARTMENT

T.N 76077

CERTIFICATE OF DEATH 1942

F 95709 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 S. Port St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Tieman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 28th, 1877

8. AGE: Years	Months	Days	If less than one day
65	5	13	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Peter Tieman
13. Birthplace ?

MOTHER
14. Maiden Name Elizabeth Winters
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4904 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Balto

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2028 Orleans St

19 SEP 14 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-11 1942 at 9:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14 1942 to 9-11 1942 and that I last saw him alive on 9-11 1942.

Immediate cause of death Probable cerebral hemorrhage

Due to Arteriosclerotic C.V.D.

Due to

Other Conditions Arteriosclerotic Pneumonia - rt. lung (Include pregnancy within 3 months of death)

Date of operation 9-11-42

Major findings of operation: No autopsy

of autopsy:

Duration 1 day

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Homan M. D.
Address Balto City Hosp Date signed 9-12-42

95710

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 95710
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 Myrtle Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALICE WHITE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Robert White

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years 28 | Months | Days | If less than one day hr. min

9. Birthplace Harrisburg Pa
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Will Ward

13. Birthplace n. c.

MOTHER 14. Maiden Name Mary Hill

15. Birthplace

16 (a) Informant Mrs Mary Ward

(b) Address n. c.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/14/40 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Q. A. County

18 (a) Funeral director Adolphus Holstead

(b) Address 918 Druid Hill Ave.

SEP 14 1940 (Date rec'd by Registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1940; at 1 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Stab wound of chest.

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Sept 9, 1940 at 1 40 M
(c) Where did injury occur? Lumbering & Myrtle Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury stabbed with knife during argument

23. Signature H. L. Williams M.D.
Medical Examiner.

Date signed

VS 6

Dr Geyer.

F 95711

F 95711

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13 1a

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1415 N. Montford Ave.

(c) Hospital or institution:

8 14

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1415 N. Collington Ave. (If rural give location)

(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Katherine M. Schaefer

3 (b) If veteran, name war ------

3 (c) Social Security Account No. -------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Jacob Schaefer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1866

8. AGE: Years	Months	Days	If less than one day
76	7	6	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Louis Rohlfing

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Young

15. Birthplace Germany

16 (a) Informant Florence Loos

(b) Address 1415 N. Collington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14-42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Balto. Md.

18 (a) Funeral director John C. Mullen Inc.

(b) Address 2735 E. Oliver St.

19 (a) SEP 14 1942 (Date rec'd by registrar) Huntingtown Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 11 - 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 - 1942 to Sept 11 1942 and that I last saw her alive on Sept 11 - 1942

Immediate cause of death	Duration
Cardio-Vascular-Renal Disease	1 yr.
Due to	
Due to	
Other Conditions Myocardial Insufficiency Pulmonary Edema. (Include pregnancy within 3 months of death)	5 days.

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address 1516 N. Milton Ave Date signed 9/15/42

VS 3

F 95712

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95712 Registered No. 15 19

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 Rappolla St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Joseph Rosetti, Jr. (Birth F 5734)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/3/42

8. AGE: Years	Months	Days	If less than one day
		10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Rosetti, Sr.
13. Birthplace Italy

MOTHER
14. Maiden Name Angella Francioni
15. Birthplace Baltimore, Md

16 (a) Informant Joseph Rosetti (Father)
(b) Address 804 Rappolla St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md

18 (a) Funeral director Frank Della Noce
(b) Address 52 N. Morley St.

19 (a) SEP 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13 1942, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-3 1942 to 9-13 1942 and that I last saw h[illegible] alive on 9-13-1942

Immediate cause of death: Atresia of Oesophagus — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 9/13/42

correct age is especially important. Physicians, please write the cause of death plainly and legibly.

VS 3

F 95713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1942

F 95713
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1113 Division
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 45

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 Division
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elijah Waters

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: M
5. Color or race: col.
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Henrietta
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/12/80

8. AGE: Years 61 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Hartford Co. Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name unknown
13. Birthplace md

MOTHER
14. Maiden Name Lettie Z
15. Birthplace Md

16 (a) Informant Margaret Kreuchen Cousin
(b) Address 1113 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md

18 (a) Funeral director Geo. B. Kelson
(b) Address 1303 Pennsylvania Ave

19 (a) Date received SEP 14 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1942 at 9 9 M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 27 1942 to Sept 9 1942 and that I last saw h[illegible] alive on Sept 9 1942.

Immediate cause of death: Uraemia

Duration: 10 months

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed Sept 10 1942

VS 3

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 95714 — CERTIFICATE OF DEATH 1942 — F 95714

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 N. Gilmor St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James E. Brown 15 — If U. S. Veteran specify WAR

(a) Residence: No. 1607 N. Gilmor St., Ward S.S. No. 213-01-7022

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothy Brown

6. DATE OF BIRTH (month, day, year) 12-12-1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24 ~~28~~	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) Sept. - 1942

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) Washington, D. C.

MOTHER

15. MAIDEN NAME Cornelia Tomlinson

16. BIRTHPLACE (city or town) (State or country) Washington, D. C.

17. INFORMANT Dorothy Brown (Address) 1607 N. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Calvary Date 9/14 1942

19. UNDERTAKER Geo. U. Nelson (Address) 1303 Pennsylvania Ave

20. FILED SEP 14 1942 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. - 11 - 1942 10 A.M.

22. I HEREBY CERTIFY, That I attended deceased from 9-11- 1942 to 9-11- 1942

I last saw h[illegible] alive on 9-11- 1942 Death is said to have occurred on the date stated above, at 1900 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Valvular Heart Disease	Aug. 42
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Rees M. D.

(Address) 1816 N. Mount St.

(OVER) H. L. Vollenweider M.D. Bond St.

VS 3

Transferred to Millwood, N.Y.

95715

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

120 B F 95715 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Be sure and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hosp.,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 E. Madison Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Matthias Mayr (Mayer)

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 103-10-4386

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Anna Mayr

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1902

8. AGE: Years	Months	Days	If less than one day
40	11	29	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business General Motors

FATHER
12. Name Matthias Mayr
13. Birthplace Germany

MOTHER
14. Maiden Name Berger
15. Birthplace Germany

16 (a) Informant Wife
(b) Address 2511 E. Madison Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street

19 (a) SEP 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13 1942 at 11 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1942 to Sept 13 1942 and that I last saw h alive on Sept 13 1942

Immediate cause of death: Hemorrhage — Duration: 4 days

Due to: Ulcers in lower ileum — ??

Due to: Gastro-intestinal bleeding — 1 week

Other Conditions: Bilat. Basal Bronchopneumonia — 1 day

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Ulcers in ileum.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Platz

Address Sinai Hosp. Date signed 9/13/42 M. D.

F 95716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46N F 95716 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave. & Madison St
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2008 E. 30th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James R. Malone

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nellie M. Malone
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 11, 1877

8. AGE: Years	Months	Days	If less than one day
65	1	2	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Asst. Track Supervisor
11. Industry or business Railroad

FATHER
12. Name James P. Malone
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Conoy
15. Birthplace Pa.

16 (a) Informant Mrs. Nellie M. Malone
(b) Address 2008 E 30th St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/16/42 (month) (day) (year)
(c) Cemetery or crematory Bugetto
Location Bugettetown Pa

18 (a) Funeral director Wm. J. Tickner & Son
(b) Address North & Pennsylvania Ave, Baltimore, Md.

19 (a) SEP 14 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 13, 1942, at 6.03 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7-1942 to 9-13, 1942, and that I last saw him alive on 9-13-1942.

Immediate cause of death: Pneumonia (Post operative) — Duration 9 Days

Due to Carcinoma of Rectum — Duration 1 Month +

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Colostomy
Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin W. Kreps, Jr. M. D.
Address Md. Gen. Hosp. Date signed 9/13/42

PRINT WRITE PLAINLY, with ink. Physicians will please fill in all items, and see that information is complete and correct. Every item is especially important. Physicians: please write the causes of death clearly and legibly.

VE 3

F 95717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 95717 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 930 Ridgely St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 930 Ridgely Street (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DOROTHEA CAROLINE MULLER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1875

8. AGE: Years 66 | Months 11 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Lewis Teves
13. Birthplace Md.

MOTHER
14. Maiden Name Madaline Schneppinger
15. Birthplace Md.

16 (a) Informant Mr. Michael Muller
(b) Address 930 Ridgely St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) SEP 14 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12, 1942, at 11:40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1941, to Sept. 12 1942, and that I last saw her alive on Sept. 12 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: July 4, 194 / Sept. 12 194
Due to: Cerebral arteriosclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A. Kupp, M.D.
Address 3030 Edmondson Ave. Date signed 9/14/42

VS 3

F 95718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 95218

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1422 W. Franklin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits write RURAL and give county)
(d) Street No. 1422 W. Franklin
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harvey Blake

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-7026

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1915

8. AGE: Years 29 | Months 1 | Days 30 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name James Blake

13. Birthplace Md

MOTHER 14. Maiden Name Helen Johnson

15. Birthplace Md

16 (a) Informant Leroy Gibson

(b) Address 1135 Hanford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-42 (month) (day) (year)

(c) Cemetery or crematory Arbutus Cemetery

Location Arbutus Md.

18 (a) Funeral director George T. G. Gibson Sr.

(b) Address 1135 Hanford Rd Balto

19 (a) (Signature by registrar) (b) Registrar

SEP 14 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1942 at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 19 42 to Sept 12 19 42 and that I last saw him alive on 9/12/42.

Immediate cause of death

Duration

Lobar

Due to Pneumonia 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature H. Gale Cook M.D.

Address 1131 Harkins Rd Date signed 9/13/42

F 95719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95719 Registered No. 183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address (If outside) 1100 E. Kay Highway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Alabama (b) County
(c) City or town Mobile Point (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Floyd Lee Kyzer

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years 29 Months Days If less than one day hr. min.

9. Birthplace Tuscaloosa, Alabama (Town, county, and state)

10. Usual Occupation Mess Boy

11. Industry or business U.S. Thomas Reynard

FATHER
12. Name Henry Kyzer
13. Birthplace Ala

MOTHER
14. Maiden Name (?)
15. Birthplace Alas

16 (a) Informant Mr. Judkins
(b) Address 1825 Balto. Trust Bldg

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 17, 1942 (month) (day) (year)
(c) Cemetery or crematory North Point Cem.
Location North Point Ala.

18 (a) Funeral director Williams Coffee Co.
(b) Address 1217 St. Paul St.

19 (a) 9-9-1942 (Date rec'd by registrar) (b) Huntington Williams III Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 9, 1942, at 7:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide found drowned
(b) Date of occurrence September 9, 1942 at 6:30 P.M
(c) Where did injury occur? 1100 E. Kay Highway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? harbor (Specify type of place) While at work? no
(e) Means of injury drowning

23. Signature Robert A. Graham M.D. Medical Examiner.
Date signed Sept 10 1942

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

95720 F 95720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 900 Shuter St. Ward) 48b

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Hall 7-4

If U.S. Veteran specify WAR .....

(a) Residence: No. 900 Shuter St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles Hall

6. DATE OF BIRTH (month, day, year): Feb 24/1880

7. AGE: Years: 62 | Months: 6 | Days: 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond Va

FATHER

13. NAME: Warner Wilson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Sarah Wilson

16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT: Esther Farris
(Address) 1004 N. E. Dorough St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date ... 19...

19. UNDERTAKER: Payne Sanders
(Address) 1403 E. Preston St

20. FILED SEP 14 1942 21. Huntington Hillsman, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 12, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1942 to Sept 12, 1942
I last saw h.. alive on Sept 12, 1942 Death is said to have occurred on the date stated above, at 11 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri	months

Other contributory causes of importance:

Was an operation performed? NO Date of ...

For what disease or injury? ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Francis H Leyle M. D.

(Address) 1741 E. Eager St.

OCCUPATION is very important. See instructions on back of certificate.

95721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93)

Registered No. E 95721

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospt.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1033 Somerset St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Mink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife. of the late George W. Mink

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May-1-1866

8. AGE: Years	Months	Days	If less than one day
76	4	12	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name ? Wetzel
13. Birthplace not known

MOTHER
14. Maiden Name not known
15. Birthplace " "

16 (a) Informant Mrs. Lillian Rich
(b) Address 2502 Jefferson St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Sept.-16-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd.

18 (a) Funeral director Henry Hoeck & Sons Inc.
(b) Address 1301 E. Eager St.

19 (a) (Date rec'd by registrar) (b) Huntington Ave Baltimore Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13, 1942 at 8:57 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2, 1942 to Sept 13 1942 and that I last saw h[illegible] alive on Sept 12 1942

Immediate cause of death Ruptured heart — Duration

Due to Myocardial degeneration

Due to Coronary thrombosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Ruptured heart

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm. E. Hance M.D.
Address Mercy Hosp Date signed 9/13/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95722

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 95722 (Registered No.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 331 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl Richardson (Birth F 57487)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-12-42

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: Clarence Edward Richardson
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden Name: Helen Floyd
15. Birthplace: Baltimore, Md.

16 (a) Informant: Helen Richardson
(b) Address: 331 N Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14, 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt. Lebanon
Location

18 (a) Funeral director: Mrs Kate R. Williams
(b) Address: 322 N. Schroeder St

(a) SEP 14 1942 (Date received by Registrar) (b) Huntington Williams, M.D. (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 9-14-42 19 , at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-12-42 19 , to 9-14-42 19 , and that I last saw her alive on 9-14-42 19 .

Immediate cause of death: Premature

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: W. L. Beverly Jr. M.D.
Address: University Hospital Date signed 9-14-42

VS 3

F 95723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95723 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 S Broadway
(c) ~~Hospital~~ or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 524 S Broadway
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Enna

3 (b) If veteran, name war Spanish-Am
3 (c) Social Security Account No.

4. Sex M
5. Color or race W
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Mary Enna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/23/1852

8. AGE: Years 89 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace N. S. (Town, county, and state)
10. Usual Occupation Seaman
11. Industry or business Merchant ship

FATHER
12. Name John Enna
13. Birthplace N. S.

MOTHER
14. Maiden Name Julia Bolan
15. Birthplace N. S.

16 (a) Informant Clifton Wear
(b) Address Dover

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St.

19 (a) (Signature of registrar) (b) Huntingtown Md

SEP 14 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/13/1942 19 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/10/1942 to 9/13/1942 and that I last saw deceased alive on 9/10/1942 19

Immediate cause of death Pneumonia — Duration Hours
Antecedent causes
Due to Pneumonia
Due to Chronic arterio sclerosis
Other Conditions

(Unstable pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lee Ellis M. D.
Address 324 Main St Date signed 9/14/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly

5724

Spec.—7-17-26—A Co.—200 Blks.

F 95724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

So-0084

1571

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1340 S. Charles St., Ward 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) South

2-FULL NAME Baby Gladies

(a) RESIDENCE NO. 360 S. Drew St. Ward (F 57299)

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. d

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Male	W	

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Sept 11 - 1942

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
			1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country)

PARENTS

10 NAME OF FATHER Joseph Gladies

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Penna

12 MAIDEN NAME OF MOTHER Anna J. Peters

13 BIRTHPLACE OF MOTHER (City or town) Penna

(State or country)

14 Informant

(Address)

15 SEP 14 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 9/12/42 19

17 I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

that I last saw h_____ alive on _____, 19__

and that death occurred, on the date stated above, at _____

The CAUSE OF DEATH* was as follows:

Congenital Heart disease

_____ (duration) _____ yrs. _____ mos. _____

CONTRIBUTORY (Secondary)

_____ (duration) _____ yrs. _____ mos. _____

18 Where was disease contracted

if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Andrew Kimbrough M.

. 19 (Address) 2529 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL JOHN HOPKINS MEDICAL SCHOOL Date of Burial SEP 14 1942 19

20 UNDERTAKER Commissioner of Health Huntington Williams, M.D. ADDRESS

9421

Very important. See instructions on back of certificates.

F 95725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

F 95725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 N. Gay St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES MUIYROE JACKSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years 22 | Months | Days | If less than one day hr. min.

9. Birthplace S. C. (Town, county, and state)

10. Usual Occupation Labor.

11. Industry or business

FATHER
12. Name James Jackson
13. Birthplace S. C.

MOTHER
14. Maiden Name Mamie Crafton
15. Birthplace Georgia

16 (a) Informant Mamie Jackson
(b) Address 921 13th St N.E. Washington D.C.

17 (a) Lincoln (Burial, cremation, or removal) (b) Date thereof Sept 16 1942 (month) (day) (year)
(c) Cemetery or crematory Lincoln Park
Location Washington D.C.

18 (a) Funeral director Rose Pate & R. Williams
(b) Address 322 N. Eutaw St.

19 (a) (b) Huntington Williams M.D. Registrar

SEP 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1942 at 12 05 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an enquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of head — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 13, 1942 at 11 05 AM
(c) Where did injury occur? Penn. R.R. near W. Balt. Ave. Bet. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Pedestrian struck by

23. Signature J. T. L. Wollenweber M.D. Medical Examiner.

Date signed 9-14-42

R.R. train

F 95726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1046

F 95726 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or Town Woodlawn (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Virginia Caperton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/23/26

8. AGE: Years	Months	Days	If less than one day
16	5	20	hr. min.

9. Birthplace W. Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Elmer Caperton
13. Birthplace W Va

MOTHER
14. Maiden Name Mary Keaton
15. Birthplace W Va

16 (a) Informant Elmer Keaton
(b) Address Woodlawn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-42 (month) (day) (year)
(c) Cemetery or crematory Princeton
Location Princeton W Va

18 (a) Funeral director Geo A Farley
(b) Address Linden & Fayette

19 (a) (Date rec'd by registrar) Huntington Williamson W.F.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/13 1942, at 10:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/31 1942, to 9/13 1942, and that I last saw her alive on 9/13 1942.

Immediate cause of death	Duration
Brain Abscess?	
Due to Ethmoidal sinusitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 9/4/42 & 9/7/42
Major findings of operation: Sub frontal pus on 9/4/42
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W W Maynor M. D.
Address Md. Gen. Hosp. Date signed 9/13/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95727

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 95727 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 Wyanoke Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — about
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 525 Wyanoke Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Thomsen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4 Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband ~~or wife~~: Alexander Thomsen

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1864.

8. AGE: Years 78 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation

11. Industry or business Housewife

FATHER 12. Name Thomas McGuire

FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Catherine Garvin

MOTHER 15. Birthplace Ireland

16 (a) Informant Mrs Katherine Thomsen

(b) Address 525 Wyanoke Ave

17 (a) Burial (Burial, cremation, or removal) — (b) Date thereof 9-14-1942 (month) (day) (year)

(c) Cemetery or crematory Catholic Cem —

Location —

18 (a) Funeral director Mary M. Wiedefeld

(b) Address 501 E. 32nd Sts.

SEP 14 1942 (Date rec'd) (Registrar) Victor Hollander (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 10 1942, at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 29 1942 to Sept 10 1942, and that I last saw h[illegible] alive on Sept 8 1942

Immediate cause of death: Chronic Myocarditis — Duration 3 mos.

Due to Arterio Sclerosis — 1 yr.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. M. Wiedefeld

Address 529 Williams St. Date signed 10/12/42 M. D.

VS 8

F 95728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95728 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 134 Jackson Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Berliner

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day
40			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Jailor

FATHER
12. Name Isaac Berliner
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/14/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Sharon Cemetery
Location Philadelphia, Pa.

18 (a) Funeral director Sol Levinson Bro
(b) Address 1124 W. North Ave

19 (a) (b) Huntington Williams M.D. Registrar

SEP 14 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1942, at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1942 to Sept 14 1942, and that I last saw h[illegible] alive on Sept 13 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Cerebral Thrombosis

Due to

Other Conditions Duodenal Ulcer

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Duodenal Ulcer - Cerebral Thrombosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Hurst M. D.
Address Sinai Hosp Date signed 9/14/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 95729

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1231 Battery Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1231 Battery Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Madeline Weiler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (d) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20-1866

8. AGE: Years 76 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Rochus Weiler
13. Birthplace Germany

MOTHER
14. Maiden Name Sofphia Beicher
15. Birthplace Germany

16 (a) Informant Miss Sofphia Weiler
(b) Address 1231 Battery Ave.

17 (a) Burial (b) Date thereof Sept. 15-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Ritchie Highway

18 (a) Funeral director Elizabeth Harle Fne
(b) Address 45 E. West St.

19 (a) SEP 14 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 12 1942 10:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1942 to Sept 12 1942 and that I last saw h[illegible] alive on Sept 11 1942

Immediate cause of death Uremia

Due to Nephritis

Due to

Other Conditions Arteriosclerosis

(Including pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John G. Schmuck

Address 137 S. Charles St Date signed 9/14/42 D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95730

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95730 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Don
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yr 12 da

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1612 Rutland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James J. Reynolds

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-09-9907

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2 1907

8. AGE: Years	Months	Days	If less than one day
35	0	12	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Chauffeur
11. Industry or business Bell Tele Taxi

FATHER
12. Name Jeremiah H. Reynoldt
13. Birthplace So Carolina

MOTHER
14. Maiden Name Ellen A. Healy
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Ellen A Reynolds
(b) Address 1612 Rutland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location 33rd Taylor Ave

18 (a) Funeral director Edgar W. Conklin, Son
(b) Address 92 1/2 E. Eager St
Huntington Williams M.D.

SEP 14 1942 (Date received by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14th, 1942 at 2a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Hx	

(Include pregnancy within 3 months of death)
Date of operation tw
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenweber M.D. amp Medical Examiner.
Date signed 9-17-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

9573 City

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95731

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County --
(c) City or town Ridgeway
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 Mill Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3 (a) FULL NAME Perry O. Stark

3 (b) If veteran, name war -

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) 1915 27 yrs

8. AGE: Years 27 | Months 8 | Days 14 | If less than one day -- hr. -- min.

9. Birthplace Ridgeway, Pa.
(Town, county, and state)

10. Usual Occupation Soldier

11. Industry or business Army of the United States

FATHER
12. Name Peter Stark
13. Birthplace Unknown

MOTHER
14. Maiden Name Mrs. Olive Stark
15. Birthplace Unknown

16 (a) Informant Service Record
(b) Address U. S. Army

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 15 1942 (month) (day) (year)
(c) Cemetery or crematory Unknown
Location Ridgeway, Pa

18 (a) Funeral director Howard Blicht
(b) Address 4914 Belair Rd. Baltimore, Md.

19 (a) Aug. 14/42 (b) Emma E. Allen
(Date received by Registrar) (Registrar)

SEP 15 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1942, at 7:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1942 to Aug 14 1942 and that I last saw him alive on Aug 14, 1942

Immediate cause of death: Fracture of Skull

Due to: Automobile accident

Due to:

Other Conditions --

(Include pregnancy within 3 months of death)

Date of operation --

Major findings of operation: --

of autopsy: Confirmed as above

Duration: 2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Aug 12/42 at -- M
(c) Where did injury occur? Governor Richie Highway, Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? -- While at work? --
(Specify type of place)
(e) Means of injury --

23. Signature Howard D. Maldeb, M.D.
Address 1213 Light St. Date signed 8/14/42 M. D.

Howard D. Maldeb, M.D. S.M.7.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully schedled; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C 95732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 95732

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4328 E.EAGER ST.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County BALTO.

(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)

(d) Street No. 4328 E.EAGER ST.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HAROLD D.FURLONG

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: LENA F.FURLONG

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV.18 1875

8. AGE: Years 66 | Months 9 | Days 25 | If less than one day hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation RETIRED R.R.MAN

11. Industry or business B & O RR.

FATHER
12. Name JOHN FURLONG
13. Birthplace BALTO.MD.

MOTHER
14. Maiden Name JOHANNA MEEKS
15. Birthplace BALTO.MD.

16 (a) Informant LENA F.FURLONG (WIFE)

(b) Address 4328 E.EAGER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT.15/42 (month) (day) (year)

(c) Cemetery or crematory BALTIMORE

Location END OF EAST NORTH AVE.

18 (a) Funeral director Lilly & Zailenga

(b) Address 403 S.WOLFE ST.

19 (a) [illegible] (b) Huntington Hollenger MD
(Registrar)

SEP 15 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT.12 1942 at 8/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1939 to Sept 12 1942 and that I last saw him alive on Sept 11 1942.

Immediate cause of death: Hypertension C.V. Disease

Due to: Chr Myocarditis

Due to: Myocardial Failure

Other Conditions: None

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: None

Duration
1-6-39
9-9-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence None at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature E A Schumunk M. D.

Address 842 E North Ave Date signed 9-14-42

F 95733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95733

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 201 Colgate Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Webster

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 21, 1942

8. AGE: Years	Months	Days	If less than one day
1	4	24 23	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Sidney Webster

13. Birthplace Maryland

MOTHER 14. Maiden Name Birdette Hall

15. Birthplace Delaware

16 (a) Informant Mrs. Sidney Webster

(b) Address 201 Colgate Ave, Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16 1942 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Baltimore Md

18 (a) Funeral director Johann Wellmann

(b) Address 1128 E Oliver St

SEP 15 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1942, at 11:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1942, to Sept 14 1942, and that I last saw him alive on Sept 14 1942.

Immediate cause of death: Intestinal obstruction — Duration 2 days

Due to Adhesions around pylorus plus colic anastomosis

Due to

Other Conditions ? Mongolism

Disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Intestinal obstruction

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Isabella Hansen M. D.

Address Church Home Infirmary Date signed Sept 15 1942

VS 3

F 95734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

9HA

F 95734 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3419 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALLEN Baxter SWANNER

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-0893

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	W	Married

6 (b) Name of husband or wife Sallie Hudnut
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10 1880

8. AGE: Years	Months	Days	If less than one day: hr.	min.
62	4	7		

9. Birthplace Anson Co. N.C. (Town, county, and state)
10. Usual Occupation Guard
11. Industry or business Continental Can Co.

FATHER
12. Name James Swanner
13. Birthplace N.C.

MOTHER
14. Maiden Name Lucy Tharty
15. Birthplace N.C.

16 (a) Informant Mrs. Ethel Keller
(b) Address 3419 Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate Md

18 (a) Funeral director John Lloyd
(b) Address 2808 Edmondson Ave

19 (a) SEP 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1942 at 4.45 p.m.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion
Due to
Due to
Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 9-14-42

VS 6

F 95735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

232 F 95735
Registered No. 930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Cold Spring Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 830 Powers St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah E. Gaines.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow.

6 (b) Name of husband or wife: Joseph T. Gaines

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1855

8. AGE: Years 86 | Months 10 | Days 16 | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edwin Flather
13. Birthplace England

MOTHER
14. Maiden Name Eliza Evans.
15. Birthplace Md.

16 (a) Informant Mrs. Bertha Lindemann
(b) Address 830 Powers St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15/42 (month) (day) (year)
(c) Cemetery or crematory Poplar
Location Balto Co. Md.

18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Edmondson Ave.

19 (a) SEP 15 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13, 1942 at 4 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942 to Sept 13 1942, and that I last saw her alive on Sept 11 1942.

Immediate cause of death: Myocarditis

Duration

Due to

Due to

Other Conditions senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. N. Cutterman M. D.
Address 2324 Reisterstown Rd Date signed 9/14/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 1

F 95736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

412 F 95736 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Madison
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3156 Keswick Rd. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles H. Dunkle

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-3762

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Bessie M. Dunkle

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Feb 9, 1879

8. AGE: Years 63 | Months 7 | Days 4 | If less than one day hr. min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Wm H. Dunkle
13. Birthplace Penn.

MOTHER
14. Maiden Name Mary Ellen Baker
15. Birthplace Md.

16 (a) Informant Charles M. Dunkle
(b) Address 3156 Keswick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Edmonds + Bowman
(b) Address 3615 Baltimore Ave

19 (a) SEP 15 1942 (Date rec'd by registrar) (b) Registrar

Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 13 1942. at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/2 1942. to 9/13 1942 and that I last saw him alive on 9/13 1942.

Immediate cause of death — Duration

Due to Probable Carcinoma of lung

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M.D.
Address Md. Gen'l Hosp. Date signed 9/23/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. E 95737

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Inf.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Glenarm.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mt. Vista Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clifton De Royce Schaub

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Hannah Schaub
6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) May 14 1896

8. AGE: Years	Months	Days	If less than one day
36	4	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Contractor

FATHER
12. Name John H. Schaub
13. Birthplace Baltimore Co.

MOTHER
14. Maiden Name Betsy Simon
15. Birthplace Baltimore City

16 (a) Informant Hannah Schaub
(b) Address Mt. Vista Rd. Glenarm Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 15 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem
Location Woodlawn, Md.

18 (a) Funeral director Leonard J. Buck
(b) Address 5305 Belford Rd

SEP 15 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12, 1942 at 6-05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 12 1942 to Sept 12 1942, and that I last saw him alive on Sept. 12, 1942

Immediate cause of death	Duration
Cerebral Vascular Accident	6 hrs.
Due to: Hypertension	?
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. J. Leonard, M.D. M. D.
Address Church Home & Inf. Date signed 9/14/42

FILL IN THE PLAINLY, WITH UNFADING INK. Every item of information should be correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

Dr Davis @ 3 Kirkley Rd.

F 95738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a ✓ F 95738 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Edgewater Ave

(c) Hospital or institution: Colgate Creek. 26-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. Box 558 Edgewater Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME James Henry Love

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-03-4975

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rose Anna Love

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Dec 28-1893

8. AGE: Years	Months	Days	If less than one day
48 49	8	15	hr. min.

9. Birthplace Baltimore Md.

(Town, county, and state)

10. Usual Occupation Structural Iron Worker

11. Industry or business

FATHER

12. Name William Love

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Rose Anna Love

(b) Address Box 558 - Edgewater Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept 15-42 (month) (day) (year)

(c) Cemetery or crematory Oakdale

Location Balto. Md.

18 (a) Funeral director John C. Tyler

(b) Address 1425 E. Oliver St.

19 (a) SEP 15 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12 1942 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1940 to Sept 12 1942 and that I last saw him alive on Sept 12 1942

Immediate cause of death Hypertensive C-V-R. Disease — Duration 4 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. F. Davis M.D.

Address Sudbrook, Md. Date signed 9-14-42

VS 3

READ WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MFR F 95739 ✓848 Hayfd 95739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1029 Somerset St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Kordlander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) [illegible], widowed, [illegible]

6 (b) Name of husband or wife Sophie (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1859

8. AGE: Years 83 | Months 7 | Days 24 | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Confectionary

FATHER 12. Name Henry Kordlander

13. Birthplace N. C.

MOTHER 14. Maiden Name Louise Hienzer

15. Birthplace N. C.

16 (a) Informant Mrs Wm T Thompson

(b) Address 848 Harford Court.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-42 (month) (day) (year)

(c) Cemetery or crematory Schwartz

Location

18 (a) Funeral director Wendell E Humphreys

(b) Address 1501 N. Broadway.

19 (a) (b) Huntington Williams, M.D. Registrar

SEP 15 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-12 1942 at 11 05 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 8-12 1942 to 9-12 1942 and that I last saw him alive on 9-12 1942

Immediate cause of death Cardiac decompensation — Duration 1 month

Due to Arteriosclerotic V.D.

Due to

Other Conditions Benign prostatic hypertrophy (Include pregnancy within 3 months of death)

Date of operation 9-1-42

Major findings of operation: Enlarged benign prostate.

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Stone M. D.

Address Balto City Hosp. Date signed 9-12-42

PRINT, WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 95740 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1066 E. Clement
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Novak

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married.

6 (b) Name of husband or wife Charles J.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 20. 1888

8. AGE: Years	Months	Days	If less than one day
54		24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wilbert Conway
13. Birthplace Md.

MOTHER
14. Maiden Name Annie Wenzel
15. Birthplace Md.

16 (a) Informant Charles J. Novak
(b) Address 1066 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17/42 (month, day, year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1442 Light St.

19 (a) SEP 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1942 at 7:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Sept 14 1942 and that I last saw her alive on Sept 14 1942.

Immediate cause of death Myocardial Failure — Duration 2 wks.
Due to Hypertensive arteriosclerotic heart disease.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Lupik M.D.
Address St. Joseph's Hosp. Date signed 9/14/42

VS 3

F 95741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95741 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) 3

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Mt. Airy
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Boarhaus

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Morgan Boarhaus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1865

8. AGE: Years	Months	Days	If less than one day
77	1	22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own home

FATHER
12. Name John Thompson
13. Birthplace Maryland

MOTHER
14. Maiden Name Catrate ?
15. Birthplace Maryland

16 (a) Informant Mrs. Eva Norfolk
(b) Address Mount Airy, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-42 (month) (day) (year)
(c) Cemetery or crematory Prospect Cem.
Location Mt. Airy Md

18 (a) Funeral director Herman Snyder
(b) Address Ridgeville Md.

19 (a) (Date received by Registrar) 9-15-42 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1942, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1942 to Sept 13 1942, and that I last saw her alive on Sept 13 1942.

Immediate cause of death	Duration
Generalized peritonitis	2 days
Due to Perforation of ileum	1 day
Due to Intestinal obstruction	6 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Sept 13 1942
Major findings of operation: Intestinal obstruction c gangrene of ileum
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 9-15-42

FILL IN WITH INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 944a

F 95742 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2726 Maryland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2726 Maryland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HUGH TULLOCH

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Clara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1889

8. AGE: Years	Months	Days	If less than one day
53	1	13	hr. min.

9. Birthplace Scotland
(Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name John Tulloch
13. Birthplace Scotland

MOTHER
14. Maiden Name Margaret Murray
15. Birthplace Scotland

16 (a) Informant Mrs. Clara Tulloch, wife
(b) Address 2726 Maryland Ave.

17 (a) Burial (b) Date thereof 9/15/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Baltimore, Md.

19 (a) SEP 15 1942 Huntington Williamsville, M. Approved

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12, 1942, at 11:55PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 12 1942 to Sept. 12 1942 and that I last saw h[illegible] alive on Sept. 12 1942.

Immediate cause of death Coronary Occlusion — Duration 15 min

Due to

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Levy M. D.
Address [illegible] Date signed

Robert Levy Graduate Internship M.D. Examiner

VS 8

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 95743 T.N

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15710

F 95743 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Leonard

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct, 9th, 1876

8. AGE: Years	Months	Days	If less than one day
65	11	4	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Dish Washer

11. Industry or business

FATHER
12. Name Michael Leonard
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Kelly
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross-Hill.
Location Harford Rd-Baltimore

18 (a) Funeral director Geo. E. Pentz Son
(b) Address 325 Hartford Ave

19 SEP 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13 1942, at 8 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 9-15 1942 and that I last saw h[illegible] alive on 9-13 1942.

Immediate cause of death	Duration
Carcinoma of pharynx	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 9-14-42

F 95744

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95744 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 934 Montpelier St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 59

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 934 Montpelier St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET LEONARD (Caroline Leonard)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife James A Leonard
(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Oct 27 1882

8. AGE: Years	Months	Days	If less than one day
59	10	17	hr. min.

9. Birthplace Born at sea (coming from Germany)
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Bohnet Sr.
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Houck
15. Birthplace Germany

16 (a) Informant James A. Leonard (Husband)
(b) Address 934 Montpelier Street

17 (a) Baltimore (Burial, cremation, or removal) (b) Date thereof Sept 17 1942 (month) (day) (year)
(c) Cemetery or crematory Pikesville Cem.
Location Taylor Ave Balto Co.

18 (a) Funeral director George J Pfeltz Inc.
(b) Address 735 Hartford Ave.

19 (a) SEP 15 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1942 at 6 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
(a) Hypertensive cardiovascular disease	
(b)	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation ho
Major findings of operation:
Autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Wallenmeyer M.D.
Medical Examiner.
Date signed 9-17-42

VS 6

F 95745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

942

F 95745

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 S Hilton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. John Hunter

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine E Hunter
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Aug 14 1882

8. AGE: Years	Months	Days	If less than one day
60	1	-	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Mail Carrier
11. Industry or business U.S. Govt

FATHER
12. Name Joseph E Hunter
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Wilhelmina Peter
15. Birthplace Baltimore Md

16 (a) Informant Catherine E Hunter
(b) Address 17 S Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md.

18 (a) Funeral director Harry H. Kennerek
(b) Address 4204 Ridgewood Ave

19 (c) SEP 15 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14 1942, at 7 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/13 1942 to 9/14 1942 and that I last saw him alive on 9/14 1942

Immediate cause of death	Duration
Acute Pulmonary Edema	
Due to Coronary Occlusion	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl L. Bowen
Address Bon Secours Hosp. Date signed 9/14

Huntington Williams, M.D.

F 95746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

F 95746 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave;
(c) Hospital or institution:
Melrose Nursing Home,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md; (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1212 Ensor St, (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret A. Dailey

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife **** John J. Dailey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15. 1864

8. AGE: Years	Months	Days	If less than one day
78	0	2827	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name John Kelleher.
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknowed
15. Birthplace Ireland

16 (a) Informant Mrs Ambrose J. Kennedy
(b) Address 914 E. Biddle St;

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd; Baltimore

18 (a) Funeral director John A. Moran.
(b) Address 4207 Greenmount Ave;

19 (a) [illegible] by [illegible] Huntington Williams M.D. Registrar
SEP 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept; 12 1942 at 6 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 19 42 to Sept 12 19 42 and that I last saw h[illegible] alive on Sept 12 19 42

Immediate cause of death: Auricular fibrillation — Duration: 3 days
Due to: arteriosclerosis — Duration: ?
Due to:
Other Conditions: nephrosclerosis — Duration: ?
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Samuel Culpepper
Address 714 E. Preston Date signed 9/15/42

VS 3

95747

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 ✓

F 95747
Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 925 Harlem Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Verna M. Ringgold

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Daniel Ringgold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6-1900

8. AGE: Years	Months	Days	If less than one day
42	7	8	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Tayla D. Payne
13. Birthplace

MOTHER
14. Maiden Name not known
15. Birthplace Md.

16 (a) Informant Daniel Ringgold
(b) Address 925 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18 42
(month) (day) (year)
(c) Cemetery or crematory Arbuckle
Location Arbuckle Md.

18 (a) Funeral director Elroy O Wilson
(b) Address 000 Pennsylvania Ave Washington Millville N.J.

SEP 15 1942
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1942, at 1.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Sept 15 1942; and that I last saw her alive on Sept 15 1942.

Immediate cause of death: Acute Myocarditis — Duration: 48 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elroy O Wilson M.D.
Address 861 Harlem Ave Date signed 9/15/42

V8 3

F 95748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95748 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Agnes Hospital
(c) Hospital or institution Caton Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Dys
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2511 McHenry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CARRIE M. Cook (Koch)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife CONRAD COOK
6 (c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.) SEPT. 17, 1881

8. AGE: Years	Months	Days	If less than one day
60	11	26	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business AT HOME

FATHER
12. Name CHARLES H. HEILAND
13. Birthplace HAN

MOTHER
14. Maiden Name CARRIE FERER
15. Birthplace

16 (a) Informant IRMA UHL FRITZE
(b) Address 106 SORRENTO AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 16 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore

18 (a) Funeral director Undertaker Code
(b) Address 1000 W Lombard

19 (a) SEP 15 1942 (Date received by registrar) Huntington Wilson, Registrar M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/13 1942 at 9 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/2 1942 to 9/13 1942 and that I last saw h. alive on 9/13 1942

Immediate cause of death Acute Lymphoid Leukemia — Duration 1 month

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. P. Reynes M. D.
Address St Agnes Hosp. Date signed 9/12/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95749 HARP. 466 Registered No. E 95749

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert.
(c) Hospital or institution: Union memorial Hop.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 day
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2639 Ashland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Harry Waters Harp = (Lillian B. Harp)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Mr Harry Harp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 02, 1882

8. AGE: Years	Months	Days	If less than one day
60	4	14	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	John Carroll Tebbs
FATHER 13. Birthplace	Va
MOTHER 14. Maiden Name	Clara Gibson
MOTHER 15. Birthplace	Va

16 (a) Informant Harry W. Harp Jr
(b) Address 2639 Ashland Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore
18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans St
SEP 15 1942 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1942, at 5:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17 1942 to 9-15 1942 and that I last saw h[illegible] alive on 9-14 1942.

Immediate cause of death	Duration
Cardiac Asphyxia	
Failure	
Due to Peritonitis	
Due to	
Other Conditions Cancer of stomach	

(Include pregnancy within 3 months of death)
Date of operation 8-22-42.
Major findings of operation: Cancer of stomach & metastases
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Chas L. Cassell M. D.
Address Union Memorial Hop. Date signed 9-15

VS 3

F 95750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

Registered No. F 95750

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 63-9 Light Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Linda Dials

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 719-05-2128

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Thelma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1917

8. AGE: Years	Months	Days	If less than one day: hr.	min.
25	1	-		

9. Birthplace Cattlesburg, Ky. (Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business Bethlehem Shipyards

FATHER
12. Name Rennie Dials
13. Birthplace Ky.

MOTHER
14. Maiden Name Effie Daniels
15. Birthplace Ky.

16 (a) Informant Thelma Dials
(b) Address 1524 Eutaw Place

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/15/42 (month) (day) (year)
(c) Cemetery or crematory South Portsmouth
Location South Portsmouth Ky

18 (a) Funeral director Wilborn City Inc
(b) Address 1319 4th Ave Ft

19 (a) SEP 15 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14, 1942 at 6:55 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquest thereon and from the evidence (Autopsy or Inquest)
obtained by said Inspection & Inquest find that said deceased came (Autopsy or Inquest)
to his death on the day stated above.

Immediate cause of death Crushing injuries of chest
Due to accident
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 14 1942 at 11:15 AM
(c) Where did injury occur? Bethlehem Steel Highfield (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? in industrial plant While at work? yes (Specify type of place)
(e) Means of injury Struck in chest by crane hook
23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept 15 1942.

VS 6

95751 W.S. 106 (OHL)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No. F 95251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1933 Lafayette Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1933 Lafayette Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Josephine Collangelo (Birth F 59-91)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/14/42

8. AGE: Years	Months	Days	If less than one day
0	0	0	14 hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Joseph Collangelo
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Mary Alice Schumacher
15. Birthplace Balto, Md.

16 (a) Informant Ellen Schumacher
(b) Address 1932 E. Lafayette Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL SEP 15 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 SEP 15 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14/42 19 , at 9:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/14 1942 to 9/14 1942 and that I last saw alive on 9/14/42 19

Immediate cause of death
Pneumonia
Heart Failure
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Gertman M. D.
Address 164 N Washington St. Date signed 9/14/42

VS 8

9424

F 95752

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95752 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Co
(c) City or town TURNER STA (If outside city or town limits, write RURAL and give town)
(d) Street No. 125 MAIN (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Wright

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-4-42

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name JUNIOR WRIGHT
13. Birthplace VA

MOTHER 14. Maiden Name IDA WATER
15. Birthplace VA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL SEP 15 1942

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams, MD

19 SEP 15 1942 (Date rec'd by Registrar) (b) Registrar

VS 3

9423

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 7 1942 at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1942 to Sept 7 1942 and that I last saw her alive on Sept 7 1942

Immediate cause of death: Respiratory failure — Duration

Due to distension

Due to Congenital obstruction of the intestine

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9-6-42

Major findings of operation: obstruction in terminal ileum

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe

Address Johns Hopkins Hosp. Date signed 9/10/42

421778
F 95753

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 95753

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis (If outside city or town limits, write RURAL and give town)
(d) Street No. 17 O'Bryan Alley. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Brown
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-31-42

8. AGE: Years	Months	Days	If less than one day
		6	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name George Matthews
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Brown
15. Birthplace Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL SEP 15 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) SEP 15 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5 1942 at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1942 to Sept 5 1942 and that I last saw h[illegible] alive on Sept 5 1942

Immediate cause of death Respiratory failure.

Due to ? Septicemia

Due to ? Low Calcium Tetany

Other Conditions (over)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ?

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank W. Nobbe M. D.
Address Johns Hopkins Date signed 9/10/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

9422

F 95754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95754 Registered No. 1702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Sparks (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Fisher

3 (b) If veteran, name war: no.
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
M	C	married

6 (b) Name of husband or wife Katherine Longley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 25 1894

8. AGE: Years	Months	Days	If less than one day: hr.	min.
48	1	19		

9. Birthplace Warton, Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Quarry

FATHER
12. Name Martin V Fisher
13. Birthplace Virginia

MOTHER
14. Maiden Name Betty Thomas
15. Birthplace Virginia

16 (a) Informant Mrs. Katherine Longley
(b) Address Sparks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-42 (month) (day) (year)
(c) Cemetery or crematory Stephenson
Location Sparks, md

18 (a) Funeral director Landon M. Bunting
(b) Address Sparks, md.

19 (a) SEP 15 1942 (Date received by registrar) Huntington, Baltimore, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1942, at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Actual Autopsy & Inquiry thereon, and from the evidence (Autopsy or Inquiry)
obtained by said Actual Autopsy & Inquiry (Autopsy or Inquiry) and that said deceased came to death on the day stated above.

Immediate cause of death Subarachnoid Hemorrhage — Duration
Due to Linear fracture of skull
Due to accident
Other Conditions Compound comminuted fracture, lower left leg
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence September 13 1942 at 11:15 P.M
(c) Where did injury occur? York Road north of Timonium Road
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury struck by auto

23. Signature Robert L. Graham M.D. Medical Examiner.
Date signed Sept 15 1942

VS 6

F 95755

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 95755

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1410 Park Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1410 Park Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dr. Alice Sophia Parkhurst (M.D.)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1855

8. AGE: Years	Months	Days	If less than one day
87	1	28	hr. min.

9. Birthplace Nantucket, Mass (Town, county, and state)

10. Usual Occupation Doctor of Medicine

11. Industry or business ---

FATHER
12. Name George T. Parkhurst
13. Birthplace Vermont

MOTHER
14. Maiden Name Sophia Elkins Ray
15. Birthplace Massachusetts

16 (a) Informant Harry C. Parkhurst
(b) Address 1410 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director H. O. Weaks & Son
(b) Address 503 N. Calvert St

SEP 15 1942 (Date rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1942, at 11:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Fontaine M.D. Medical Examiner.
Date signed Sept. 15 1942.

VS 6

F 95756 ✓ F 95756

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1339 Hull St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1339 Hull St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katie Gulbach

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Frederick Gulbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8th 1868

8. AGE: Years	Months	Days	If less than one day
74	3	5	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant John Stumpf
(b) Address 1122 Hanbert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16th 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location A. A. Co. Md.

18 (a) Funeral director Charles F. Bell
(b) Address 1501 E Fort Ave.

19 (a) (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1942, at 12.45 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from April 10 1942, to Sept 14 1942 and that I last saw h alive on Sept 14 1942

Immediate cause of death Cardio-Renal Disease
arterio-sclerosis
Due to Indolent ulcers of both legs.
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Williams
Address 436 E Fort Date signed 9/19/42 M. D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 95757 76574 BALTIMORE CITY HEALTH DEPARTMENT F 95757
CERTIFICATE OF DEATH 107 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1839 S. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Jessie [redacted] MORTIMER

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-16-147

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced WIDOWED

6 (b) Name of husband or wife Frederick Mortimer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June ? 1890

8. AGE: Years 52 Months 9 Days If less than one day hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name William Hopkins
13. Birthplace Balto Md

MOTHER 14. Maiden Name Annie Ferguson
15. Birthplace Balto Md

16 (a) Informant B. C. H. Records
(b) Address [illegible]

17 (a) Burial (b) Date thereof Sept 7 1942
(c) Cemetery or crematory Loudon Pk.
Location Balto. City

18 (a) Funeral director A. Hopkins Ellegood
(b) Address 1600 S. Charles St.

SEP 15 1942 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-14 1942 at 9 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7 1942 to 9-14 1942 and that I last saw her alive on 9-14 1942.

Immediate cause of death Bronchopneumonia — Duration 6 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp Date signed 9-15-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

E 95758 T.N 75211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 62

F 95758 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 months
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Jenkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 28th, 1871

8. AGE: Years	Months	Days	If less than one day
70	11	15	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Jenkins
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Tisicher
15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Balto. Md

18 (a) Funeral director Milton Schilling
(b) Address 3914 E. Hanover St

SEP 15 1942 (Date received by Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13 1942, at 2 1/2 p M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-8 1942 to 9-13 1942 and that I last saw him alive on 9-13 1942.

Immediate cause of death: Pituitary cachexia — Duration: 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Radtke M. D.
Address Balt. City Hosp Date signed 9-14-42

95759

420353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137.1

Registered No. E 95759

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39 Ds.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va. (b) County
(c) City or town Roseiell (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Benjamin Franklin Kincaid

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) 9-30-60

8. AGE: Years	Months	Days	If less than one day
81	11	15	hr. min.

9. Birthplace Tenn. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name B. F. Kincaid

13. Birthplace Tenn.

MOTHER 14. Maiden Name Ewing Bashee

15. Birthplace Tenn.

16 (a) Informant John Kincaid

(b) Address Leesburg Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18/42 (month) (day) (year)

(c) Cemetery or crematory Temple Cemetery

Location Ewing Va.

18 (a) Funeral director John O. Mitchell Sons

(b) Address 1900 Eutaw Place

19 (Date received) SEP 16 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15 1942 at 6 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1942, to Sept 15 1942, and that I last saw him alive on Sept. 15 1942.

Immediate cause of death: (a) Uremia — Duration 7 days

Due to: (b) P. O. Pneumonia, Prostatectomy — Duration 10 days P.O.

Due to: (c) delayed hemorrhage Post operative — Duration

Other Conditions: Morphine Grad. Transfusion Hemorrhage to Rectum.

(Include pregnancy within 3 months of death)

Date of operation 8/12/42

Major findings of operations: Multiple prostatic calculi.

Or autopsy: Cystitis Chronic.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Harris

Address John Hopkins Hosp, Balto. Date signed 9/15/42

VS 8

E 95760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95760

T.M 69259

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 months
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 Stiles St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife Mary (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March, 17th, 1881

8. AGE: Years	Months	Days	If less than one day
61	5	26	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name William H. Johnson
13. Birthplace N.C

MOTHER
14. Maiden Name Elizabeth Field
15. Birthplace Virginia

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 16 1942 (month) (day) (year)
(c) Cemetery or crematory Arb Memorial Prof
Location Adolphus Hall Blvd Hillsdale

18 (a) Funeral director
(b) Address

19 (a) (Date received by Registrar) SEP 16 1942 (b) Registrar Washington Wilkerson M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-13 1942, at 12:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10 1942 to 9-13 1942 and that I last saw him alive on 9-13 1942.

Immediate cause of death	Duration
Miliary tuberculosis 2 hrs	2
Due to	
Due to	
Other Conditions Postpartum S.V. dasicial	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 9-14-42

95761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95761

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5837 York Rd (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME T. Wilbur Meade

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Margaret B Meade
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1885

8. AGE: Years 57 | Months 6 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Attorney
11. Industry or business Self

FATHER
12. Name Thomas J Meade
13. Birthplace Md

MOTHER
14. Maiden Name Mary Partridge
15. Birthplace Md

16 (a) Informant Mrs Margaret Meade
(b) Address 5837 York Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md

18 (a) Funeral director Wilson Corbin Inc
(b) Address 217 St Paul St

19 (a) SEP 16 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1942, at 11:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1942 to Sept. 14 1942 and that I last saw him alive on Sept. 14 1942

	Duration
Immediate cause of death: Arteriosclerosis Peripheral Neuritis, Late.	1920
Due to (or as a consequence of): Manic depressive	1924
Due to (or as a consequence of): Childhood problems.	
Other Conditions: Myocardial failure - Uremia	1435

Cardiograph, Springfield Plate
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Thiemer
Address 2125 Maryland Ave Date signed 9/15/42 M. D.

VS 8

F 95762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

F 95762 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3000 Stafford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3000 Stafford St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Philemon Griffith

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Irene Griffith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13, 1860

8. AGE: Years 82 | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace Md. (Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Mortimer Griffith
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Cassell
15. Birthplace Md.

16 (a) Informant Mrs Mary Morris
(b) Address 3000 Stafford St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director Gilliam Co. Inc
(b) Address 1217 E Pratt St

19 (a) Date received SEP 16 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to Sept 14 1942 and that I last saw h alive on Sept 14 1942

Immediate cause of death Cerebral Hemorrhage — Duration 2 hrs 1942

Due to General arteriosclerosis — 3 Years

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. W. Johnson M. D.
Address 3432 Druid Park Ave Date signed

25763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1572E

Registered No. F 25763

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age in especially important. Physicians: please write the causes of death clearly and legibly.

ARROW MARKED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Orkney Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Master Stanley Hoen

3 (b) If veteran, name war W
3 (c) Social Security Account No. [illegible]

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11, 1929

8. AGE: Years	Months	Days	If less than one day
12	9	4	hr. min.

9. Birthplace Richmond Virginia
(Town, county, and state)
10. Usual Occupation School boy
11. Industry or business

FATHER
12. Name Stanley Hoen
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sadie Kern
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md.

18 (a) Funeral director Wilson & Son
(b) Address 1217 E. Fort St

19 (a) (Date received by Registrar) SEP 19 1942 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15 1942, at 8:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 9/15 1942, and that I last saw h[illegible] alive on 9/15 1942.

Immediate cause of death	Duration
Acute Staphylococcus	
Anemia Septicemia	8 days
Due to	
Due to	
Other Conditions Congenital Heart Disease	Life

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address Church Homes Infirmary Date signed 9/15/42 M. D.

F 95764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1146 C

F 95764

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given carefully and correctly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + 33rd St.
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 902 Montpelier St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Clarke

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-09-8375

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mrs. John T. Clarke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1889

8. AGE: Years	Months	Days	If less than one day
53	3	17	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Auto mechanic

11. Industry or business

FATHER
12. Name Ray Clarke
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Mary Isabel Cain
15. Birthplace Balto., Md.

16 (a) Informant wife
(b) Address, same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/42 (month) (day) (year)
(c) Cemetery or crematory Mouland Park
Location Baltimore Md.

18 (a) Funeral director Wilson & Pope
(b) Address 1217 E. Fayette St.

19 SEP 16 1942 (Date received by Registrar) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1942, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1942, to Sept 14 1942 and that I last saw h[illegible] alive on Sept. 14 1942.

Immediate cause of death	Coronary failure	Duration
Due to	Obstruction of Vena Cava	
Due to	Mass - (Neoplasm?)	?
Other Conditions	Generalized pulmonary Emphysema. Ruptured duodenum.	?

(Include pregnancy within 3 months of death)

Date of operation (none)

Major findings of operations:

Of autopsy: Rupture of duodenal Hemorrhage, peritoneal, Indigestion mass, [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James McC. Feeney M. D.
Address Union Memorial Hosp. Date signed 9-14-42

95765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95765

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St & Linden Ave
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2435 Maryland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. Geo. Meade Settle

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 9 1880

8. AGE: Years	Months	Days	If less than one day
62	—	5	hr. min.

9. Birthplace Leeds Cecil Co Md
(Town, county, and state)

10. Usual Occupation Physician

11. Industry or business

FATHER
12. Name John S. Settle
13. Birthplace England

MOTHER
14. Maiden Name Alice Booth
15. Birthplace England

16 (a) Informant W. Booth Settle
(b) Address 700 Reservoir St City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto Md

18 (a) Funeral director Henry H. Ortmayer Sons Co
(b) Address McCulloh & Orchard Sts

19. SEP 16 1942 (Date rec'd by Reg. Bur.) (Huntington Williams M.D.) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1942, at 4.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/18 1942 to 9/14 1942, and that I last saw h~~im~~ alive on 9/14 1942

Immediate cause of death Coronary Thrombosis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William G. McCulloh M. D.
Address 2nd Fem. Hosp Date signed 9/24/42

95766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 Registered No. F 95766

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 Riggs Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Riggs Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME McGlone (Birth F 57502)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	A. A.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/13/42

8. AGE: Years	Months	Days	If less than one day
			4 hr. min.

9. Birthplace 1716 Riggs Ave - Balt. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Alvah McGlone
13. Birthplace Pasto Mouth Virginia

MOTHER
14. Maiden Name Nannie Reid Taylor
15. Birthplace Northumberland Co. Virginia

16 (a) Informant Mrs. Nannie McGlone
(b) Address 1716 Riggs Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

BUREAU OF VITAL STATISTICS MEDICAL SECTION SEP 15 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) SEP 15 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14 1942, at 6:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/13 1942, to 9/14 1942 and that I last saw him alive on 9/14 1942

Immediate cause of death: Congenital Atelectasis — Duration 24 hrs

Due to: Prematurity

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carson A. Johnson M. D.
Address 1301 Penna Ave Date signed 9/15/42

VS 8

9425

correct age is especially important. Physicians: please write the causes of death clearly and legibly. THE ADDING INK. Every item of information should be carefully checked

F 95767

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 95767 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2545 W. Fayette St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2545 W Fayette St (If rural give location)
(e) Citizen of foreign country? [illegible] (Yes or No)
If yes, name country —

3 (a) FULL NAME Rose C Pietsch

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband/wife Lena M. Pietsch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10 - 1880

8. AGE: Years 61 | Months 10 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation House Painter

11. Industry or business Painting

FATHER
12. Name Geo. C. Pietsch
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Ellen Brown
15. Birthplace Balto. Md

16 (a) Informant Mrs. Lena M Pietsch
(b) Address 2545 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 17-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Balto Md

18 (a) Funeral director Geo. H. Lemmon
(b) Address 525 N. Eutaw and Lexington Sts

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/14 1942 at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1942 to 9/14 1942 and that I last saw h[illegible] alive on 9/13 1942

Immediate cause of death Myocarditis

Due to Hypertension

Due to Arteriosclerosis

Other Conditions Lobar Pneumonia

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

Duration: 1 day

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Edward Carlson M. D.
Address 2145 W Baltimore Date signed

F 95768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95768 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE WHITE PEARL, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 Jefferson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel Robinson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1941

8. AGE: Years	Months	Days	If less than one day
1			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name Daniel Robinson
13. Birthplace

MOTHER 14. Maiden Name Geneva
15. Birthplace

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Gloy Wilson
(b) Address 1000 Bradley Ave Huntington Williamsport Md

19 (a) SEP 16 1942 (Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

45

20. DATE OF DEATH September 18 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 13 1942 to Sept. 13 1942 and that I last saw h[illegible] alive on Sept. 13 1942

Immediate cause of death: Asphixia — Duration 2

Due to: Pneumonia

Due to: Pertussis — 2 days

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Johns Hopkins Hosp Date signed 9/14/42

MPB F 95769 75508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95769 Registered No. 466

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 23

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 611 W. West St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Albert Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, ~~Married, Widowed, or Divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 28, 1877

8. AGE: Years 65 yr 6 m | Months | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER 12. Name John Smith

13. Birthplace England

MOTHER 14. Maiden Name Louise Deichman

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15, 1942 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Edmondson Ave.

18 (a) Funeral director Armburst Inc.

(b) Address 414 N. Fraplington Ave. Handling for Williams, M.

19 (a) (b)

SEP 16 1942

Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1942, at 8:09 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21 1942 to 9-14 1942 and that I last saw him alive on 9-14 1942.

Immediate cause of death Carcinoma of stomach & metastasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No above

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

Signature J. Henry Haven M. D.

Address City Hall Date signed 9-15-42

F 95770

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95770 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Dudley Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 263
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Dudley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charlotte C. Colton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F M.	W.	Married

6 (b) Name of husband or wife Andrew J. Colton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 24, 1877

8. AGE: Years	Months	Days	If less than one day
65	6	19	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Thomas Frost
13. Birthplace Md

MOTHER
14. Maiden Name Agnes Hooper
15. Birthplace Md

16 (a) Informant Andrew J. Colton
(b) Address 3205 Dudley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location North Ave

18 (a) Funeral director Leonard J. Rusk
(b) Address 3305 Harford Rd

19 (a) SEP 16 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-2- 1942 to 9-13- 1942 and that I last saw her alive on 9-13- 1942.

Immediate cause of death - Coronary Thrombosis — Duration ?

Due to Thrombo-phlebitis of left leg. — 1 week

Due to Bronchopneumonia — 12 days

Other Conditions Herpes zoster — 5 weeks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gilbert G. Dingwall M. D.
Address 613 E. North Ave Date signed 9-15-42

VS 3

F 95771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95771 Registered No.

Please write plainly, with unfading ink. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6817 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 6817 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Morrow

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F M.	W.	Married

6 (b) Name of husband or wife Joseph L. Morrow
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3, 1880

8. AGE: Years	Months	Days	If less than one day
62	5.	11	hrs. min.

9. Birthplace Rock Hall Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Richard Chambers
13. Birthplace Md

MOTHER
14. Maiden Name Knowles
15. Birthplace Washington Co D.C.

16 (a) Informant Joseph L. Morrow
(b) Address 6817 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Leonard J. Quade
(b) Address 5305 Harford Rd

19 (a) SEP 16 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1942 to Sept 13 1942 and that I last saw her alive on Sept 13 1942.

Immediate cause of death Carcinoma of Colon — Duration Metastasis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo Sawyer M. D.
Address 4808 Harford Rd Date signed 9/15/42

F 95772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 95772 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1413 W. Lanvale St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 W. Lanvale St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Bertha G. Knox

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Sidney Knox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 14 1903

8. AGE: Years	Months	Days	If less than one day
38	9	-	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Richard J. Moulton
13. Birthplace Md

MOTHER
14. Maiden Name Sadie E. Morris
15. Birthplace W. Va.

16 (a) Informant Sidney Knox
(b) Address 1413 W Lanvale St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Gdns.
Location —

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. [illegible]

19 (a) SEP 16 1942 (Date received by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1942, at 5:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to Sept 12 1942 and that I last saw her alive on Sept 12 1942

Immediate cause of death

Due to Mitral Insufficiency

Due to acute Dilatation

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: none

Duration: 9

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature S B Hughes
Address 1413 Druid Hill Ave Date signed Sept 25 1942

F 95773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13b

F 95773 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 611 N. Decker Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 611 N. Decker Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE VINCENT PLETZER

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215 - 05 - 9578

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Irene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 29, 1897

8. AGE: Years	Months	Days	If less than one day
44	10	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Machine Operator
11. Industry or business Balto. Paper Box Co.

FATHER
12. Name Samuel Pletzer
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Ellen Reilly
15. Birthplace Baltimore

16 (a) Informant Mrs. Irene Pletzer
(b) Address 611 N. Decker Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) (b)

SEP 16 1942 State of Maryland

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14, 1942 at 3:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1942 to Sept 14 1942 and that I last saw h / 17 alive on Sept 13 1942.

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles A. Lenicek M. D.
Address 4205 Parkswood Ave Date signed 9-15-42

F 95774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118

F 95774

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 3131 O'Donnell Street
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE HENRY JOHNS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 212-09-2821

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	~~married~~ Single

6 (b) Name of husband or wife ~~Mrs Mary Johns~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1893

8. AGE: Years	Months	Days	If less than one day
49	6	8	hr. min.

9. Birthplace Philadelphia, Pennsylvania
(Town, county, and state)

10. Usual Occupation Safety Engineer

11. Industry or business

FATHER
12. Name Thomas Johns
13. Birthplace Wales

MOTHER
14. Maiden Name Mary Jones
15. Birthplace Pa.

16 (a) Informant Records US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/42 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel
Location Baltimore

18 (a) Funeral director Wm. J. Jielaw & Sons
(b) Address 1301 Pa. Ave. Baltimore, Md.

19 (a) SEP 16 1942 (Date rec'd by registrar) (b) Curtis Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14, 1942, at 8:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 14, 1942 to Sept. 14, 1942, and that I last saw him alive on Sept. 14, 1942.

Immediate cause of death	Duration
Hemorrhage, acute gastric	Terminal
Due to (over)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) While at work?

(e) Means of injury

Signature Curtis Huntington Williams M.D.

Address US Marine Hospital Baltimore, Maryland. Date signed 9/15/42

42273 F 95775

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town Binghampton (If outside city or town limits, write RURAL and give town)
(d) Street No. 258 Stella Road. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Macko

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Anthony
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 2-12-89

8. AGE: Years	Months	Days	If less than one day
53	7	4	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Mark Nowojczyk
13. Birthplace Poland

MOTHER
14. Maiden Name ?
15. Birthplace Poland.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16 1942 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus Cem
Location Binghampton N. Y.

18 (a) Funeral director John C. Mitchell
(b) Address 19 00 Listard Place

19 (a) SEP 16 1942 (Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept-16 1942 at 2.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Sept-16 1942 and that I last saw her alive on Sept-16 1942

Immediate cause of death	Duration
malignant Brain Tumor-	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Kenneth L. Burrell M. D.
Address Johns Hopkins Hosp. Date signed 9/16/42

Hunting to Witness

VS 3

TYPE OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95776 Registered No. 1010C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Old Frederick Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN F. VOGT

3 (b) If veteran, name war —

3 (c) Social Security Account No. 202-05-6342

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	w	Married

6 (b) Name of husband or wife Regina A Vogt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3 1902

8. AGE: Years	Months	Days	If less than one day
40	1	11	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Frederick Vogt
13. Birthplace Md

MOTHER
14. Maiden Name Bebe Francis
15. Birthplace Md

16 (a) Informant Mrs J. F Vogt
(b) Address Catonsville Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Geo E Farley
(b) Address Fulton & Lafayette Sts

19 (a) (Date received by Registrar) (b) Huntington W Va Registrar

SEP 16 1942

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1942 at 11 20 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of head — Duration:
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 14 1942 at M
(c) Where did injury occur? Pennington Ave and Brushwood St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? Yes
(e) Means of injury Pedestrian of auto car and trailer

23. Signature H. W. Wallenmeier M.D. and Medical Examiner.
Date signed 9-14-42

F 95777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95777 Registered No. 119a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1836 Mc Henry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick J. Renner (Birth F38020)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 14, 1941

8. AGE: Years	Months	Days	If less than one day
	11	1	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Frederick J. Renner
13. Birthplace Baltimore

MOTHER
14. Maiden Name Cora Spencer
15. Birthplace Houston, Texas

16 (a) Informant Frederick J. Renner
(b) Address 1836 Mc Henry St.

17 (a) Burial (b) Date thereof 9/17/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Catholic Cemetery
Location Edmondson Ave. & Gwynn Oak Line

18 (a) Funeral director Wiseman Book Inc.
(b) Address 1217 St. Paul Street

SEP 16 1942 (b) Huntington, West Virginia
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1942 at 4 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Infantile diarrhea. — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept 15 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95778

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95778 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2943 W. Belmont Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2943 W. Belmont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BARBARA RUZICKA

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1868

8. AGE: Years	Months	Days	If less than one day: hr.	min.
74	7	11		

9. Birthplace Kowarnp
(Town, county, and state)

10. Usual Occupation Ozechoslavakia

11. Industry or business

FATHER
12. Name Frank Stama
13. Birthplace Europe

MOTHER
14. Maiden Name Anna ?
15. Birthplace Europe

16 (a) Informant Miss Caroline Ruzicka
(b) Address 2943 Belmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Forners Lane Balto

18 (a) Funeral director Overington Cook Inc
(b) Address 1217 St Paul Street

SEP 16 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16, 1942 at PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wallenmeier M.D.
Medical Examiner.
Date signed 9-16-42

VS 6

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

F 95779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 95779 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and name town)
(d) Street No. 924 N. Plaza Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Viola Bailey

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 7 1900

8. AGE: Years	Months	Days	If less than one day
42	7	8	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Balto.

MOTHER
14. Maiden Name Carrie Bailey
15. Birthplace Maryland Md.

16 (a) Informant Arthur Brown
(b) Address 943 Bevan St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 17 42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cemty
Location Balto.

18 (a) Funeral director Walter B. Griggs
(b) Address 139 W. Hamburg St.

19 (a) (Date received by registrar) SEP 18 1942 (b) Huntington Williams M.D. (Registrar)

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1942 at 12 15 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death acute myocardial degeneration — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept 15 1942

correct age is especially important. Physician: please write the causes of death clearly and legibly

95780

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 95780
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2550 Barrett Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDGAR R ADAMS

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-7779

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
m	w	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1922

8. AGE: Years	Months	Days	If less than one day
20	19	3	2/20 hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Insulator

11. Industry or business

FATHER
12. Name William Adams
13. Birthplace N.C.

MOTHER
14. Maiden Name Loretta Armpriester
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Marion Bridge
(b) Address 537 N. Lakewood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto., Md.

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1600 Eutaw Pl. Lacy Hunting Town Williamsport

19 (a) SEP 16 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 19 42 at 8:10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral and cerebellar hemorrhage, spontaneous	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 9-16-42

VS 6

F 95781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30 C

F 95781 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md (b) County
(c) City or town balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1378 N. Stockton
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert James Henry Cowles

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-6962

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Bessie

6 (c) If alive, give age, years

7. Birth date of deceased (mo., day, yr.) 3/3/1908

8. AGE: Years 34 | Months 6 | Days 10 | If less than one day: hr. min.

9. Birthplace md (town, county and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER
12. Name Douglass Cowles
13. Birthplace md.

MOTHER
14. Maiden Name Esther Young
15. Birthplace md.

16 (a) Informant Douglass Cowles
(b) Address 1368 N. Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/42 (month, day, year)
(c) Cemetery or crematory St Peters
Location Md

18 (a) Funeral director Wm. L. Kelson
(b) Address 1303 Freemans

SEP 16 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1942, at 6:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17-42 19__ to 9-15 1942 and that I last saw h__ alive on 9-15 1942

Immediate cause of death: Central Nervous System Sues — Duration: 6 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rackham M.D.

Address Provident Hospital Date signed 9/15/42

VS 3

F 95782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92a

F 95782 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 717 West Saratoga Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BREWER TURNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Widowed

6 (b) Name of husband or wife Alice Fanies
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 25, 1891

8. AGE: Years	Months	Days	If less than one day
50	8	19	hr. min.

9. Birthplace Loudon County, Virginia
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Turner
13. Birthplace Louden County, Virginia

MOTHER
14. Maiden Name Lou Brown
15. Birthplace LoudonnCounty, Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (b) Date thereof 9-17-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Chantilly
Location Chantilly, Va

18 (a) Funeral director F.C. Huntington
(b) Address Ellicott City, Md

19 (a) SEP 16 1942 Huntington Williams, M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14, 1942, at 6:07 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3, 1942, to Sept. 14 1942, and that I last saw him alive on Sept. 14, 1942.

Immediate cause of death: Digitalis poisoning — Duration: 20 days

Due to: Cardiac disease, valvular, aortic insufficiency — Unknown

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address U. S. Marine Hospital Baltimore, Maryland. Date signed 9/15/42

42225

F 95783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

158

F 95783 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 1044 Shields Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard Briscoe (Birth F 50769)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-2-42

8. AGE: Years | Months: 3 | Days: 13 | If less than one day: hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Briscoe
13. Birthplace Md.

MOTHER
14. Maiden Name Lilly Wilson
15. Birthplace Md

16 (a) Informant Recorda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Mrs Katie R. Gilliams
(b) Address 322 N. Schroeder St

19 (a) SEP 16 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1942 at 11 05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1942 to Sept 15 1942 and that I last saw him alive on Sept 15 1942

Immediate cause of death: Respiratory failure — Duration

Due to ? cause

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibte M. D.
Address Johns Hopkins Hosp. Date signed 9/15/42

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

95784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 95784

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 W. Lexington St.
(c) Hospital or institution: Volunteers of America Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)
(d) Street No. Mayfield Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

4

3 (a) FULL NAME Sandra Kathleen Watts (Birth F 57488)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife –

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 10, 1942

8. AGE: Years	Months	Days	If less than one day
		5	..... hr. ..... min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation .....

11. Industry or business .....

FATHER
12. Name Norman Watts
13. Birthplace Balto, Md

MOTHER
14. Maiden Name Joan Lewis
15. Birthplace London, England

16 (a) Informant Joan Watts
(b) Address Fullerton, Maryland

17 (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (month) (day) (year)

(c) Cemetery or crematory .....
Location JOHNS HOPKINS MEDICAL SCHOOL SEP 16 1942
Commissioner of Health

18 (a) Funeral director .....
(b) Address .....

19 SEP 16 1942 (Date rec'd by registrar) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15, 1942, at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942 to Sept 15 1942, and that I last saw her alive on Sept 15 1942.

Immediate cause of death	Duration
Respiratory failure	12 hours
Due to Prematurity (3½ weeks)	
One of Twins	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? ..... (Specify type of place)
(e) Means of injury .....

23. Signature Leonard Yaffe, M. D.
Address Volunteers of America Hosp. Date signed 9/15/42

VS 3

9426

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 95785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Balto City Jail
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 219 S Greene St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 74 | Months | Days | If less than one day hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Not Known

MOTHER
14. Maiden Name Not Known
15. Birthplace Not Known

16 (a) Informant ✓
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Road

18 (a) Funeral director Maurice J. Tilyou
(b) Address 427 W Lafayette St.

19 (a) SEP 16 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1942 at 7:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/14 1942 to 9/15 1942 and that I last saw h alive on 9/15 1942

Immediate cause of death Cardiac failure

Due to

Due to

Other Conditions Intoxicated asphyxia? Alcoholism

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Mayo Mowbray M. D.
Address 708 E Chase Signed

Approved Robert Lee Graham, M.D.

VS 1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95786

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95786 Registered No. 159

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 767 Washington Blvd (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Aud (Birth F57325)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-13-42

8. AGE: Years	Months	Days	If less than one day
0	0	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Le Roy Aud
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mildred Rita Stunt
15. Birthplace Baltimore, Md

16. (a) Informant Mrs Le Roy Aud
(b) Address 767 Washington Blvd

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) 8-16-42 (Date rec'd by registrar) (b) Huntington Wilson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 8-15- 1942 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/13 1942 to 8/15 1942 and that I last saw h C Y alive on 8/15 1942

Immediate cause of death Prematurity

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M. D.
Address Franklin Square Hospital Date signed 9/11/42

F 95787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 F 95787 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoune
(c) Hospital or institution Franklin Square Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) St. No. 3828 8th St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dolores Ray (Birth F- 41073)

3 (b) If veteran, name war: C

3 (c) Social Security Account No. C

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1941

8. AGE: Years	Months	Days	If less than one day
	9	4	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Robt J. Ray
13. Birthplace Baltimore Md.

MOTHER 14. Maiden Name Delores V. Smith
15. Birthplace Baltimore, Md

16 (a) Informant Robert J. Ray
(b) Address 3828 8th St Brooklyn, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd.

18 (a) Funeral director John J. Gowan & Son
(b) Address 901 Hollins St.

19 (a) (Date rec'd by registrar) (b) Hunter & Franklin

SEP 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/16/42 19 . at 5 52 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15/42 19 . to 9/16/42 19 . and that I last saw h alive on 9/16/42 19 .

Immediate cause of death — Duration

Broncho-Pneumonia

Due to

Due to

Other Conditions
Convulsions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis E. Hardman Jr. M. D.
Address Franklin Sq Hosp Date signed

F 95788

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95788 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Fleet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Ralph BARTON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female M	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 16 1942

8. AGE: Years	Months	Days	If less than one day
	6	-	hr. min.

9. Birthplace Baltimore (Town, county, and state) Md

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Alva F Barton
13. Birthplace Lancaster Co Va

MOTHER 14. Maiden Name Eva P. Hanks
15. Birthplace Richmond Co Va

16 (a) Informant Mr Alva F Barton
(b) Address 2612 Fleet St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17 42 (month) (day) (year)
(c) Cemetery or crematory Old Farm Church Cemetery
Location Richmond Co Va

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) SEP 16 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1942 at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-21- 1942 to 9-16- 1942 and that I last saw him alive on 9-16- 1942.

Immediate cause of death Malnutrition

Due to

Due to

Other Conditions Pt. diabetic insp. Anemia. Leucocytosis anuria, 2 days
(Include pregnancy within 3 months of death)

Date of operation 7-29-42

Major findings of operation: As above

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed 9-16-42

VS 3

F 95789
#20920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43

F 95789
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3404 Elmora Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie G. Hayes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-25-87

8. AGE: Years	Months	Days	If less than one day
54	10	20	hr. min.

9. Birthplace Colorado (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John W. Gilbert
13. Birthplace N.Y.

MOTHER
14. Maiden Name Mary E. Brock
15. Birthplace Mass.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/18/42 (month) (day) (year)
(c) Cemetery or crematory
Location Hubbardston, Mass

18 (a) Funeral director CHARLES E. SCHIMMEL
(b) Address 3601-03 E. MADISON ST

SEP 18 1942 (Date received by local registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1942 at 4 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 20 1942, to Sept. 15 1942, and that I last saw her alive on Sept. 15 1942

	Duration
Immediate cause of death: malnutrition	10 yrs
Due to: tropical sprue	10 yrs
Due to:	
Other Conditions: decubitus ulcers, pentitis	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hospital Date signed 9/18/42

VS 3

95790

BALTIMORE CITY HEALTH DEPARTMENT X 121 ✓ F 95790

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore City
(b) Street address Maryland
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) St. West Va. (b) County Ohio
(c) City or town Wheeling
(If outside city or town limits, write RURAL and give town)
(d) Street No. 122 Valley Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) FULL NAME ~~ALBERT~~ WALTER SCHNEIDER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 9 - 1928

8. AGE: Years	Months	Days	If less than one day
14	5	12	hr. min.

9. Birthplace Wheeling West Virginia
(Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Walter C. Schneider
13. Birthplace Wheeling, West Virginia

MOTHER
14. Maiden Name Irene Greer
15. Birthplace Wheeling West Virginia

16 (a) Informant Mrs Jas D. Dennis
(b) Address 1611 Cumberland St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 - 42 (month) (day) (year)
(c) Cemetery or crematory Greenwood
Location Wheeling West Va

18 (a) Funeral director Walter Brooks Bradley
(b) Address 1922 West North Ave

19 SEP 17 1942 (Date received by Local Registrar) Huntington, West Virginia

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 15 1942 at 3 52 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1942 to 9-15 1942 and that I last saw him alive on 9-15 1942.

Immediate cause of death GENERALIZED PERITONITIS — Duration 4 days

Due to RUPTURED APPENDIX

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations Ruptured appendix with Generalized Peritonitis
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Blundon M.D.
Address Franklin Sq Hosp Date signed 9/16/42

F 95791 JL - 76059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46a

F 95791 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Summalt Court. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Arthur Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 12, 1875

8. AGE: Years	Months	Days	If less than one day
67	6	3	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation ?
11. Industry or business

FATHER
12. Name August William Smith
13. Birthplace California.

MOTHER
14. Maiden Name Unknown
15. Birthplace California

16 (a) Informant B. C. Hospital Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-42 (month) (day) (year)
(c) Cemetery or crematory St. Matthews
Location Gilman Hill Rd.

18 (a) Funeral director J. J. McCarrell
(b) Address 130 E. Fort Ave.

19 (a) (Date received by Registrar) SEP 17 1942 Huntington Williams M.D. Registrar (b) Address Balt. City Hosp. Date signed 9-15-42

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1942 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-13 1942 to 9-15 1942 and that I last saw him alive on 9-15 1942

Immediate cause of death Carcinoma of oesophagus & pneumothorax — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 6-25-42

Major findings of operation: Ca. of oesophagus

of autopsy: No autopsy.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. Harvey Stone M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95792

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95792 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 N. Bentalou St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Bentalou St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARY SIDONIA HENDRICKS

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Frank C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1873

8. AGE: Years 68 | Months 10 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Craig
13. Birthplace Mass.

MOTHER
14. Maiden Name Anna Lochner
15. Birthplace Md.

16 (a) Informant Mr. Frank C. Hendricks
(b) Address 12 N. Bentalou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) SEP 17 1942 (b) Huntington Station, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16, 1942 at 4:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Sept 16 1942 and that I last saw h[illegible] alive on Sept 15 1942

Immediate cause of death: Pulmonary tuberculosis — Duration: one year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hebert F. Hellmann M. D.
Address 6 E. Biddle St. Date signed 9/16/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95793

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 1 B

F 95793 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 W. Holly St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 W. Holly St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Joseph Brannan

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife Annie Carroll

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17th, 1866

8. AGE: Years	Months	Days	If less than one day
76	12	3	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Steam - Foreman (Retired)
11. Industry or business

FATHER
12. Name James Brannan
13. Birthplace Ireland

MOTHER
14. Maiden Name Not Known
15. Birthplace Ireland

16 (a) Informant James Brannan
(b) Address 501 W. Holly St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1017 W. Light St.

19 (a) SEP 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15th 1942, at 12:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1, 1941 to Sep. 15, 1942, and that I last saw him alive on Sep. 15, 1942.

Immediate cause of death	Duration
Carcinoma (Prostate Gland)	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene L. Casamo M. D.
Address 514 Druery Lane Date signed Sept 16, 1942

VS 8

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

423019
95794

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

309

F 95794
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 WARD
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Albert PARKER

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-03-8418

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-7-07

8. AGE: Years	Months	Days	If less than one day
35	7	6	hr. min.

9. Birthplace MD
(Town, county, and state)

10. Usual Occupation TRUCK DRIVER

11. Industry or business

FATHER
12. Name George A PARKER
13. Birthplace MD

MOTHER
14. Maiden Name IRENE HARRIS
15. Birthplace MD

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Sept 17 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Balto City

18 (a) Funeral director Isaiah L. Brownston
(b) Address 108 W Montgomery St

19 (a) SEP 17 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 13 1942, at 10.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942, to Sept 13 1942, and that I last saw him alive on Sept 13 1942.

Immediate cause of death	Duration
Circulatory failure	
Due to Uremia	4 days
Due to Hepato-renal syndrome	
Other Conditions ARSPHENAMINE Jaundice	2 wks.

(Include pregnancy within 3 months of death)
Date of operation (none)
Major findings of operation:
of autopsy Swollen kidneys, hemorrhages.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. F. Underfuhr
Address Johns Hopkins Date signed 9/14

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95795

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45B

F 95795 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 N. Calhoun St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 633 N. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Ariel Brooks Lucas Holland

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/15/1910

8. AGE: Years	Months	Days	If less than one day
32	3	29	hr. min.

9. Birthplace Belair, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Brooks
13. Birthplace Belair Md.

MOTHER
14. Maiden Name Laura Thompson
15. Birthplace Md.

16 (a) Informant Harry Holland(H)
(b) Address 633 N. Calhoun St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/1942 (month) (day) (year)
(c) Cemetery or crematory Clarks Chapel
Location Belair, Hartford Co. Md.

18 (a) Funeral director Charles B. Cooper.
(b) Address 514 N. Calhoun St.

19 (a) SEP 17 1942 (b): Registrar
Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14th, 1942 at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/17 1942 to 9/14 1942 and that I last saw her alive on 9/14 1942

Immediate cause of death	Duration
Cardiac failure	
Due to Rheumatic Type Heart Disease.	1 Mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury

23. Signature Evan D. Sickels,
Address 601 N. Calhoun St. Date signed 9/16/42 M.D.

F 95796

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95796 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Woodstock
(If outside city or town limits, write RURAL and give town)
(d) Street No. Court Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas C. Young Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-1039

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1923

8. AGE: Years	Months	Days	If less than one day
19	8	4	hr. min.

9. Birthplace Woodstock Howard Co Maryland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas C. Young
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma McKnew
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Thos. C. Young
(b) Address Woodstock Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18, 1942 (month) (day) (year)

(c) Cemetery or crematory St Paul's Cem.
Location Granite Balto Co Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City Huntington Williams

19 (a) (Date received by Registrar) SEP 17 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15. 1942 at 10 00 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & inspection thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry & inspection, (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Depressed fracture of skull
Due to accident
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence September 13, 1942 11 P. M
(c) Where did injury occur? Woodstock Howard
Baltimore City (Town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury Auto struck truck
(f) Signature Roland Lee Graham M.D.
Medical Examiner.
Date signed Sept 15 1942

VS 6

F 95797

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 95797

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1212 Light Street
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balt
(c) City or town Balt (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 nuc Henry (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Tommy Nathan THOMPSON. (Birth F-57605)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7, 1942

8. AGE: Years	Months	Days	If less than one day
		9	hr. min.

9. Birthplace Balt md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Horace Thompson
13. Birthplace Louth Ala.

MOTHER 14. Maiden Name Emm. P Dist
15. Birthplace Richmond Va

16 (a) Informant Horace Thompson
(b) Address 709 nuc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Arlington nat
Location Arlington Va

18 (a) Funeral director Wm J Tickner & Sons
(b) Address South & Huntington Williamsport Md

19 (a) SEP 17 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16- 1942, at 12:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-7- 19 42 to 9-16- 19 42 and that I last saw him alive on 9-16-1942.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zapp, M.D.
Address 1213 Eutaw St. Date signed 9/17/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95798 T.N 16881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 95798 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Rutland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena Miner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Seperated

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5th, 1869

8. AGE: Years	Months	Days	If less than one day
73	4	6	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Samuel Garrett
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Slaughter
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 17/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County

18 (a) Funeral director Mrs R. A. Elliott & Dgt
(b) Address 1129 N. Carey St

19 (a) SEP 17 1942 Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-11 1942 at 9:58 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1 1939 to 9-11 1942, and that I last saw h[er] alive on 9-11 1942.

Immediate cause of death	Duration
Arteriolar nephrosclerosis	?
Due to	
Due to	
Other Conditions Fracture neck	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Am atom

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun
Address Balto. City Hosp Date signed 9-13-42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115 C Registered No. F 95799

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7416 Old Harford Rd.
(c) Hospital or institution: St. Josephs Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore Co.
(c) City or town Balto Harford Park
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7416 Old Harford Rd
3605 Wilkens Ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William C. Booker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Child

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1939

8. AGE: Years	Months	Days	If less than one day
2	11	27	hr. min.

9. Birthplace Balto Co. Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business

MOTHER / FATHER
12. Name Wm C. Booker, Sr.
13. Birthplace Queen Anne Co., Md
14. Maiden Name Mary A. Michiehi
15. Birthplace Balto., Md.

16 (a) Informant Wm. C. Booker, Sr.
(b) Address 7416 Old Harford Rd.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-42 (month) (day) (year)
(c) Cemetery or crematory Maryland's
Location Loyola Ave
18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd
19 (a) (b)
Registered

SEP 17 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1942, at 1 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 9/15/42 19 to 9/15/42 19 42
and that I last saw h alive on 9/15/1942.

Immediate cause of death	Duration
Asphyxia	
Due to Ether Anesthetic (Gas)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 9/13/42
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature William Knight M.D.
Address St Josephs Hosp Date signed 9/15/42

H.L. Wollenweber M.D. Asst Med. Examiner

F 95800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

516 F 95800 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2817 Goodwood Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur Raymann (Reymann)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mrs. Raymann
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1863

8. AGE: Years	Months	Days	If less than one day
78	9	19	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Carl Raymann
13. Birthplace Germany

MOTHER
14. Maiden Name Ernestine Hentschel
15. Birthplace Germany

16 (a) Informant Admission History
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Buck
(b) Address 6309 Harford Rd

SEP 17 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17, 1942 at 6 00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1942, to Sept. 17 1942, and that I last saw him alive on Sept. 16, 1942.

Immediate cause of death: Cardio-respiratory failure — Duration

Due to Pneumonia

Due to Carcinoma of the ascending metastatic to lungs

Other Conditions senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Peyton Ritchings M. D.
Address Mercy Hospital Date signed 9/17/42

VS 8

F 95801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

95R

F 95801 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2025 W. Baltimore St.
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City, Balto
(c) City or town (If outside city or town limits, write RURAL and give name)
(d) Street No. 3302 Clifton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Joseph F Flaherty

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-09-9205

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband ~~or wife~~ Agnes A Flaherty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 23 - 1877

8. AGE: Years	Months	Days	If less than one day
64	11	22	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and State)
10. Usual Occupation Housewife Clothing Salesman
11. Industry or business The Hub
12. Name of FATHER John Flaherty
13. Birthplace Ireland
14. Maiden Name of MOTHER Katherine Kelly
15. Birthplace Ireland
16 (a) Informant Mrs Agnes A. Flaherty
(b) Address 3302 Clifton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave Ext
18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St Paul Street
19 (a) SEP 17 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1942 at 11 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 7/21 1942 to 9/15 1942 and that I last saw him alive on 9/15 1942

Immediate cause of death	Duration
Heart Failure Congestive	
Pericarditis & Effusion	65 days
Due to Chronic Rheumatic Heart disease	
Other Conditions Pleurisy & effusion	65 days

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
Pericarditis & effusion
of autopsy Pericarditis & effusion

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L J Kriegh M.D.
Address Bon Secours Hosp Date signed 9-15-42

VS 3

F 95802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 95802

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 727 Linnard St.
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Linnard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary D. Flannagan

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Edward C. Flannagan
6 (c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): Dec. 18, 1898

8. AGE: Years	Months	Days	If less than one day
43	9	28	hr. min.

9. Birthplace: Baltimore Co. Md (Town, county, and state)
10. Usual Occupation: House Work
11. Industry or business

FATHER
12. Name: Patrick Scott
13. Birthplace: Baltimore Co. Md

MOTHER
14. Maiden Name: Elizabeth Hyland
15. Birthplace: Baltimore Co. Md

16 (a) Informant: Mrs. Edward C. Flannagan
(b) Address: 727 Linnard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 19 1942 (month) (day) (year)
(c) Cemetery or crematory: Druid Ridge Cemetery
Location: Pikesville Md

18 (a) Funeral director: Edwin W. Corpslin, Son
(b) Address: 924 E. Lafayette St.

19 (a) (Burial, cremation, or removal) (b) Where (City or town) (State)

SEP 17 1942 Huntington Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16th 1942 at 3:22 P.M.

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 1 1942 to Sept 16 1942 and that I last saw h[illegible] alive on Sept 16 1942.

Immediate cause of death: Myocarditis Acute Dilatation of Heart — Duration: ✓
Due to: Chronic Interstitial — Duration: ✓
Due to: nephritis — Duration:
Other Conditions — Duration:

(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operation: ✓
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ ✓ at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature: Thea A. Trabaud M. D.
Address: 219 Dolphin Street Date signed: 9/17/42

Correct age is especially important. If uncertain, please write the words "about" or "reported" before the figures.

F 95803

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

F 95803

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3106 Kenyon Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3106 Kenyon Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amanda E. Bowan - Elder (nee Thornton)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James Bowan

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) March 15, 1887

8. AGE: Years	Months	Days	If less than one day
55	6	1	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Waitress

11. Industry or business Public School #70

MOTHER / FATHER

12. Name Albert Thornton

13. Birthplace Baltimore, Md

14. Maiden Name Mary Warfield

15. Birthplace Baltimore, Md

16 (a) Informant Mrs. Andrew McElaney

(b) Address 3106 Kenyon Ave. (Daughter)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1942 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cem. Co.

Location A. A. Co., Md.

18 (a) Funeral director A. Howard Evans

(b) Address 1700 Eutaw Place

19 (a) SEP 17 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16, 1942, at 11:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1941 to Sept. 16 1942 and that I last saw her alive on Sept 15, 1942.

Immediate cause of death	Duration
Hypertension	
Cardio vascular disease	
Arterio sclerosis	
Due to	
Due to Generalized Arteriosclerosis	
Other Conditions Hardening Cerebral	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature 3139 Eastern Ave M. D.

Address 9/16/42 Date signed

VS 3

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 95804

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 95804 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 947 Brunswick St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 947 Brunswick St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles E. Bigham

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-1413

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ann M. Bigham
6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1907

8. AGE: Years	Months	Days	If less than one day
34	11	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Rigger
11. Industry or business Bethleheam Ship Yard

FATHER
12. Name Charles C. Bigham
13. Birthplace Md.

MOTHER
14. Maiden Name Katie V. Belt
15. Birthplace Balto. Md.

16 (a) Informant Mrs Katie V. Bigham
(b) Address 947 Brunswick St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Sept 18 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md

18 (a) Funeral director Frederick Roe
(b) Address 1700 W Lombard St

19 (a) SEP 17 1942 Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15th, 1942, at 4:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1942 to Sept 15 1942 and that I last saw h alive on Sept 15 1942

Immediate cause of death Lobar Pneumonia — **Duration** 6 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature H W Bancelli
Address 4113 Frederick Rd Date signed 9/17/42

F 95805

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95805

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 906 Cator Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Hacker

3 (b) If veteran, name war	3 (c) Social Security Account No. 219-12-9645

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife
6 (c) If [illegible], give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14-1880

8. AGE: Years	Months	Days	If less than one day
62	3	—	hr. min.

9. Birthplace Ga
(Town, county, and state)
10. Usual Occupation Auto. Machanic
11. Industry or business

FATHER
12. Name Samuel Hacker
13. Birthplace Ga

MOTHER
14. Maiden Name Alice Herring
15. Birthplace Ga

16 (a) Informant Mrs. Maggie S. Hacker
(b) Address 906 Cator Ave

17 (a) Burial (b) Date thereof Sept. 17-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Morland Park Cemetery
Location Balto County Md.

18 (a) Funeral director George L. Schwartz
(b) Address 2101 Baltimore Ave

19 (a) [illegible] (b) [illegible] Registrar
(Date received) (Registrar)

VS 6.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1942 at 2 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Frazier M.D.
Medical Examiner.
Date signed Sept. 15 1942.

F 95806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

H62

F 95806 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 718 Rockwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Maud E. Hagen

3 (b) If veteran, name war *****

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed.

6 (b) Name of husband or wife Leonard Hagen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25. 1874

8. AGE: Years	Months	Days	If less than one day
68	9	10	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name Daniel Wells
13. Birthplace Dont Know

MOTHER
14. Maiden Name Sarah Thecher
15. Birthplace Washington D. C.

16 (a) Informant Mr. Jno. B. Hagen
(b) Address 1706 Johnson St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 9/19/1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Baltimore.

18 (a) Funeral director John A. Moran.
(b) Address 4207 Greenmount Ave.

19 (a) SEP 17 1942 Registered by Baltimore H.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1942, at 5 35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1942, to Sept 15 1942, and that I last saw her alive on Sept 15 1942.

Immediate cause of death Cardio-Respiratory failure — **Duration** ?
Due to Injuries
Due to Ca. of intestines
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation Sept 7, 1942
Major findings of operation: Ca of sigmoid & small bowel
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. J. Grayson
Address Mercy Hosp. Date signed 9/15/42 M D

VS 3

F 95807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

176

F 95807

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1643 Harford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JESSE TERAN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Annie Teran

6 (c) If alive, give age 34 years

7. Birth date of deceased (mo., day, yr.) July 20-24 1897

8. AGE: Years 45 Months 1 Days 21-24 If less than one day hr. min.

9. Birthplace Spain.
(Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business Dry Docks

FATHER
12. Name Thomas Teran
13. Birthplace Spain

MOTHER
14. Maiden Name Francisca Fernandez
15. Birthplace Spain

16 (a) Informant Annie Teran
(b) Address 1643 Harford Ave

17 (a) Burial (b) Date thereof Sept 17-24/1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Ceme
Location Balto.

18 (a) Funeral director Charles F. Dill.
(b) Address 1301 E. Fort Ave

19 (a) 2-53 1942 (b) Huntington Williams
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1942 at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Fractures of pelvic bones — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 37/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 15 1942 at 6 a M
(c) Where did injury occur? Baltimore Md Harbor
(City or town) (County) (State)
Fairfield
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes
(Specify type of place)
(e) Means of injury Crushed between platform

23. Signature H. J. Wallace number M.D.
Medical Examiner.

Date signed 9-16-42

VS 6

F 95808

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 95808 Registered No.

CERTIFICATE OF DEATH 183

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bethlehem Steel Corp - Fairfield Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S. Schroeder
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Reid

3 (b) If veteran, name war —

3 (c) Social Security Account No. 171-07-7247

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Ruth N. Stewart

6 (c) If alive, give age: 40 years

7. Birth date of deceased (mo., day, yr.): 12/23/1900

8. AGE: Years: 41 Months: 8 Days: 24 If less than one day: ____ hr. ____ min.

9. Birthplace: Bellewood, Pa. (Town, county, and state)

10. Usual Occupation: Electrician

11. Industry or business: Beth. Fairfield Co.

FATHER
12. Name: George Reid
13. Birthplace: Pa.

MOTHER
14. Maiden Name: Fannie Nearhoof
15. Birthplace: Pa.

16 (a) Informant: Mrs. Reid
(b) Address: 3808 8th St. Byk.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)
(c) Cemetery or crematory: Geeseytown Cem.
Location: Holidaysburg, Pa.

18 (a) Funeral director: I. Few McCully
(b) Address: 130 S. Fort Ave.

SEP 17 1942 (Date rec'd by Local Reg.) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17- 1942, at 5:20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Accidental drowning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 3-6
(a) Accident, suicide, or homicide: Accident
(b) Date of occurrence 9-17-42 at 5:40 A.M
(c) Where did injury occur? Pier, Fairfield (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes (Specify type of place)
(e) Means of injury Cable struck deceased's head.

23. Signature Howard J. Leveson M.D. Medical Examiner.
Date signed 9-17-42

VS 6

F 95809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95809 Registered No. 1702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town York (If outside city or town limits, write RURAL and give town)
(d) Street No. Albemarle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME GEORGE ABEL

3 (b) If veteran, name war

3 (c) Social Security Account No. 183-18-6082

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1925

8. AGE: Years	Months	Days	If less than one day
17	8	4	hr. min.

9. Birthplace York, Penna. (Town, county, and state)
10. Usual Occupation Truck driver
11. Industry or business

FATHER
12. Name Clair E. Abel
13. Birthplace York Penna.

MOTHER
14. Maiden Name Mabel E. Cresswell
15. Birthplace York, Penna.

16 (a) Informant Ruth Crup
(b) Address York, Penna

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19 1942 (month) (day) (year)
(c) Cemetery or crematory
Location York Penna.

18 (a) Funeral director W. J. Pickens & Sons
(b) Address Penna & Northern Aves Huntington Station Baltimore MD.

SEP 17 1942 (Date received by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1942 at 1:45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.

	Duration
Immediate cause of death: Pneumothorax	
Due to: Wound, penetrating chest	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 17 1942 at M
(c) Where did injury occur? Hanlaney Rd, Towson Baltimore Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work?
(e) Means of injury Struck by pole when truck fell on him

23. Signature T. A. Wallenmeyer M.D. Asst Medical Examiner.
Date signed

F 95810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95810 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 402 East Lanvale
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12-5
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City or County Balto
(c) City or town 402 East Lanvale (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna N Purdy

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henry G. Purdy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22 1882
8. AGE: Years 60 | Months 2 | Days 25 | If less than one day hr. min.
9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Markham
13. Birthplace Virginia

MOTHER
14. Maiden Name Anna N. Wade
15. Birthplace Virginia

16 (a) Informant Henry G. Purdy
(b) Address 402 East Lanvale

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18 42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave Parkville

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street

19 (a) SEP 18 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1942 at 6 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Sept. 16 1942, and that I last saw her alive on Sept 15 1942.

	Duration
Immediate cause of death: Medical Resuscitation Recumpendo	21 day
Due to: Hypertension arterio sclerosis	46 day
Due to: Chronic Parenchymatous Nephritis	46 day
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. Fa Stevens M. D.
Address 2878 Harford Rd Date signed 9.17.42

VS 3

95811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 169

Registered No. F 95811

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2313 Loretta ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Estelle Andrae

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no —	NHG	Female	White	married

6 (b) Name of husband or wife Christian
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 26 1924

8. AGE: Years	Months	Days	If less than one day
18	6	20	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)
10. Usual Occupation Housemaid
11. Industry or business

FATHER
12. Name Chas. W. Carroll
13. Birthplace A-A. Co. Md

MOTHER
14. Maiden Name Anna M. Hess
15. Birthplace Baltimore Maryland

16 (a) Informant Paul S. Carroll
(b) Address 905 Ridgely Street

17 (a) Funeral (b) Date thereof Sept 18 '42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem
Location Balto. Co.

18 (a) Funeral director William Cook Jr
(b) Address 1217 St Paul St

19 SEP 18 1942 (b) Huntington Williams M.D.
(Date rec'd by Reg. Asst.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16- 1942 at 4 30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Compound, Comminuted fracture of vault & base of skull.	
Due to Crushed chest. Compound fracture left arm.	
Other Conditions Lacerations, bruises & abrasions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-16-42 at 4:10 P.M
(c) Where did injury occur? Near Edmondson Station Penn. R.R.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Struck by Train — Pedestrian
23. Signature Howard J. Walker M.D.
Medical Examiner.
Date signed 9-16-42

VS 6

F 95812 F 58122

S.S. (76759)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

147D

Registered No. F 95812

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution: Baltimore City Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 11 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. 436 Pittman Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Powell

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Elijah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1906

8. AGE: Years	Months	Days	If less than one day
36	5	21	hr. min.

9. Birthplace Virginia (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Zeke Lloyd
13. Birthplace Virginia

MOTHER
14. Maiden Name Cora Colvin
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 42 (month) (day) (year)
(c) Cemetery or crematory Zeagers M.E. Church
Location Cockeysville Maryland

18 (a) Funeral director William Cook Inc
(b) Address 217 St Paul Street St Paul

19 (a) SEP 18 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH September 16th 1942, at 7.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1942 to Sept 16 1942, and that I last saw her alive on Sept 16 1942

Immediate cause of death: Pulmonary Embolism. — Duration: 3 hours

Due to

Due to

Other Conditions: Pregnancy - delivered

(Include pregnancy within 3 months of death)

Date of operation: Died Sept 16 1942

Major findings of operation:

of autopsy:

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis C. Garcia M.D.
Address Baltimore City Hosp Date signed 9-16-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95813

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 614 W. Conway Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 W. Conway Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elmo N. Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 21 - 1942

8. AGE: Years | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Elmo Brown
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Eloise Cromartie
15. Birthplace Wilmington N.C.

16 (a) Informant Elmo Brown
(b) Address 614 W. Conway St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 8 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.a. Co, Md

18 (a) Funeral director James A. Stamper
(b) Address 1422 W. Pratt St. Washington Boulevard

19 SEP 18 1942 (b) (Date accepted by local registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16- 1942; at 1 20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Acute Bronco-enteritis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 9-17-42

VS 6

F 95814

Bobelis

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

F 95814 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 W Lombard St.
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Lithuania

3 (a) FULL NAME Peter Bobelis

3 (b) If veteran, name war	3 (c) Social Security Account No. yes?
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Constance Bobelis
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) June 29, 1875

8. AGE: Years	Months	Days	If less than one day
67	2	18	hr. min.

9. Birthplace Lithuania
(Town, county, and state)
10. Usual Occupation Brewer
11. Industry or business Tailor Shop

FATHER
12. Name Matthew Bobelis
13. Birthplace Lithuania

MOTHER
14. Maiden Name Antonette Zabelis
15. Birthplace Lithuania

16 (a) Informant Anna Ramaikis
(b) Address 34 N. Smallwood St. Baltimore

17 (a) Burial (b) Date thereof Sept 19 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Black Rock

18 (a) Funeral director Joseph Kasmakas Jr.
(b) Address 602 Cathedral Bldg.

SEP 18 1942 Huntington Williamsport Pa.
(Date received) (Registrar's signature)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 19 42, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from September 16 19 42, to September 17 19 42, and that I last saw him alive on September 17 19 42.

Immediate cause of death	Duration
Intestinal Obstruction	
Due to Carcinoma of Rectum	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Extensive Carcinoma of Rectum
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. A. Stripley M. D.
Address University Hospital Date signed 9-17-42

F 95815

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 D.

F 95815
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St., 12
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Overlea
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 Chesley Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EMIL ELLINGSEN

3 (b) If veteran, name war: SAW
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5, 1872

8. AGE: Years	Months	Days	If less than one day
69	9	10	hr. min.

9. Birthplace Norway
(Town, county, and state)
10. Usual Occupation Retired Army 1926
11. Industry or business

FATHER
12. Name Edward Ellingsen
13. Birthplace Norway

MOTHER
14. Maiden Name Lena Nelson
15. Birthplace Norway,

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 18 1942 (month) (day) (year)
(c) Cemetery or crematory Balt. National Cem.
Location Frederick Road - Ext.
18 (a) Funeral director A. Lee Odey
(b) Address 4644 York Road
19 (c) SEP 18 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15, 1942 at 7:50 pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 13 1942 to Sept. 15, 1942 and that I last saw him alive on Sept. 15, 1942.

Immediate cause of death	Duration
Subacute thrombo endocarditis	48 hr.
Due to Syphlitic aortitis	1 year
Due to	
Other Conditions Arteriolar nephrosclerosis, healed infarct, heart	Unk.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert R. Smith M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 9/16/42

95816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 95816 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 W. Lafayette Ave.
(c) Hospital or institution:

16-6

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 W. Lafayette Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Violet Burgan,

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife George O. Burgan,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 19, 1876

8. AGE: Years	Months	Days	If less than one day
65	9	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Christopher Newcomer.
13. Birthplace Hagerstown Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Armour George Burgan,
(b) Address 4313 Glenarm Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave.

19 (a) Filed SEP 19 1942 (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH SEP 17 1942, at 12:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 - 1942 to Sept 17 - 1942, and that I last saw her alive on Sept 17 - 1942.

Immediate cause of death: Cerebral Hemmorhage — Duration 2 hrs
Due to: Hypertension — Duration influenza
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chester Riland, M.D.
Address 2532 Edmondson Ave. Date signed 9-17-42 M. D.

F 95817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 95817 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3830 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3830 Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MRS. GEORGEANNA TAYLOR

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife George W. Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/8/1869

8. AGE: Years	Months	Days	If less than one day
73	1	8	hr. min.

9. Birthplace Warren, Balto. Co., Md. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name Richard A. Barry
13. Birthplace Gilford, Howard Co., Md.

MOTHER
14. Maiden Name Rebecca J. Bull
15. Birthplace Warren, Balto. Co., Md.

16 (a) Informant Mrs. Eva Block, daughter
(b) Address 3830 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Baltimore, Md. Huntington-Williams M.P.

19 SEP 18 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16, 1942, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1, 1942, to Sept 16, 1942, and that I last saw h[illegible] alive on Sept 16 1942.

Immediate cause of death	Duration
Acute Cardiac Dilation	6 hrs.
Due to Chronic Myocarditis	
Pulmonary Congestion	
Due to	
Other Conditions Diabetes Mellitus	
Cerebral Arteriosclerosis	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. Bowers Hammerbacher M.D.
Address 2437 N. Charles St. Date signed 9/17/42

correct age is especially important, [illegible]

VS 8

F 95818

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 95818

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals 17

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 806 Tessien St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Samuel Harris 76263

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1880

8. AGE: Years	Months	Days	If less than one day
61	9	0	hr. min.

9. Birthplace Ky.

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Henry Harris

13. Birthplace Ky.

MOTHER

14. Maiden Name Susie Mitchel

15. Birthplace Ky.

16 (a) Informant Hospital records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. Md.

18 (a) Funeral director A. Halstead

(b) Address 918 Druid Hill Ave

19 SEP 18 1942 Registrar

Huntington Wilson M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15 1942, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 22 1942, to Sept. 15 1942, and that I last saw h im alive on Sept. 15 1942

Immediate cause of death: Pulmonary tuberculosis — Duration: 4 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. Hartz

Address Balto City Hosp. Date signed 9/16/42

Correct age is especially important. Physicians, please write plainly. Use ink. Do not use pencil.

F 95819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

Registered No. F 95819

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 860 W. Fairmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Fisher

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1861

8. AGE: Years	Months	Days	If less than one day
81			hr. min.

9. Birthplace unknown (Town, county, and state)
10. Usual Occupation Old age Pension
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant ?
(b) Address ?

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. County

18 (a) Funeral director Adolphus Hairston
(b) Address 918 Druid Hill Ave

19 SEP 18 1942 (b) (Date received by Registrar) Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16 1942, at 12:01 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to Chronic Cardio-vascular renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

25. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 9/17/42

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 95820

T.N 76680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95820 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 Sterling St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James M. Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Lizzie (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1874

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Driver

11. Industry or business

FATHER
12. Name William Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Rosetta (?)
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary.
Location W. Av. & Fayette.

18 (a) Funeral director P. E. Williams
(b) Address 1515 Mc. Culloh Hilltop

19 (a) SEP 16 1942 (Date received by registrar) (b) Registrar

VS 8

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9 - 13 1942, at 12 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9 - 11 1942 to 9 - 13 1942 and that I last saw h.i. alive on 9 - 13 1942.

Immediate cause of death Cardiac failure secondary to hypertensive C.V.D. — Duration 8+ mos.

Due to

Due to

Other Conditions Uremia secondary to Ca of prostate (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Shaw M. D.
Address Balto. City Hosp. Date signed 9-16-42

F 95821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95821 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood Sts.
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 S. Stockton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Milton Heywood

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14, 1928

8. AGE: Years	Months	Days	If less than one day
14	-	2	hr. min.

9. Birthplace Balto. Md (Town, county and state)
10. Usual Occupation student
11. Industry or business

FATHER
12. Name Julius Heywood
13. Birthplace Berkely Co. S.C.

MOTHER
14. Maiden Name Beatrice Spencer
15. Birthplace Charleston S.C.

16 (a) Informant Julius Heywood
(b) Address 104 S Stockton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20-42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Wm Yates R. Williams
(b) Address 922 N. Edmondson Ave

19 (a) SEP 18 1942 (Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1942, at 2:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1942, to Sept 16 1942, and that I last saw him alive on Sept 15 1942.

Immediate cause of death	Duration
Tuberculous Pneumonia	2½ mo
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. H. Bird M. D.
Address University Hosp. Date signed 9-16-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95822

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95822 Registered No. 13 10

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto 2 (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Myrtle Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Ward

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosa Ward

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1900

8. AGE: Years 42 | Months 5 | Days 24 | If less than one day hr. min.

9. Birthplace Norfolk Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Bricklayer

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Emma Ward
(b) Address 1313 Myrtle Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) SEP 18 1942 (Date rec'd by registrar) Interring to Williams (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1942, at 7 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 28 1942 to Aug 15 1942 and that I last saw h[illegible] alive on Aug 15 1942

Immediate cause of death: Uremia — Duration: 2 weeks

Due to: Chronic Nephritis

Due to:

Other Conditions: Secondary Anemia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. T. Reckling M. D.
Address Provident Hospital Date signed 9/15/42

F 95823

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 95823
Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2802 Parkview Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) --9-2
(e) Length of stay in Baltimore (yrs., mos., or days) 55 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2802 Parkview Terrace (If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country -----

3 (a) FULL NAME Charles R. Whiteford

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Amalia Selig
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) October 26, 1881

8. AGE: Years	Months	Days	If less than one day
60	10	20	-- hr. --- min.

9. Birthplace Harford County, Md. (Town, county, and state)
10. Usual Occupation Clerk of Circuit Court
11. Industry or business Baltimore City

FATHER
12. Name James Whiteford
13. Birthplace Not obtainable

MOTHER
14. Maiden Name Mary Riley
15. Birthplace Not obtainable

16 (a) Informant Mrs. Amalia S. Whiteford
(b) Address 2802 Parkview Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meaks & Son
(b) Address 805 N. Calvert Street

19 (a) SEP 18 1942 (Date received by Registrar) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1942 at 2 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 5 1936 to Sept. 18 1942, and that I last saw h im alive on Sept. 18 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 3 yrs.

Due to Hypertensive cardio-vascular dis. 6 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Anthony Flanagan M. D.
Address 5217 York Rd. Date signed 9:16:42

422214

F 95824 BALTIMORE CITY HEALTH DEPARTMENT F 95824

CERTIFICATE OF DEATH 54B Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 30 D.
(e) Length of stay in Baltimore (yrs., mos., or days) 4 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Tenn (b) County
(c) City or town Sneedville
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Chester Alonzo

3 (b) If veteran, name war

3 (c) Social Security Account No. 415-28-5741

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-7-24

8. AGE: Years	Months	Days	If less than one day
18	5	24	hr. min. 10

9. Birthplace Tenn (Town, county, and state)

10. Usual Occupation Ship Fitter

11. Industry or business Fairfield Ship Yard.

FATHER
12. Name John Cloyed
13. Birthplace Tenn

MOTHER
14. Maiden Name Mae Seal
15. Birthplace Tenn.

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20/42 (Month) (day) (year)
(c) Cemetery or crematory Cantrell Cem
Location Sneedville, Tenn

18 (a) Funeral director John O. Hatfield & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date rec'd by registrar) SEP 18 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1942 at 6 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1942 to Sept 17 1942 and that I last saw h[illegible] alive on Sept 17 1942

Immediate cause of death
(a) Brain Tumor
(b) Malignant

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Sept. 15, 1942
Major findings of operation: Brain Tumor
of autopsy: Not done

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address J. H. V. N. Date signed 9/17/42

F 95825 BALTIMORE CITY HEALTH DEPARTMENT F 95825

CERTIFICATE OF DEATH 1942

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 Gladstone Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-13
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Gladstone Ave. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John T. Elsroad

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Nannie Nicholson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1880

8. AGE: Years	Months	Days	If less than one day
62	2	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John T. Elsroad
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Halleck
15. Birthplace N. Y.

16 (a) Informant Nancy E. Curtler
(b) Address 706 Gladstone Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/42 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ St. Mary's
Location Roland Ave. & 39th St., Balto.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

SEP 18 1942 (Date rec'd by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17 1942, at 9.45 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1942, to 9-17 1942, and that I last saw him alive on 9-17 1942.

Immediate cause of death CHR. ARTERIOSCLEROTIC HEART DISEASE — Duration 1 yrs.
Due to —
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Dorsey M. D.
Address 1129 St. Paul St. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95826 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Walbrook Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-16
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Walbrook Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick F. Basye

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Emma Missildine

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1854

8. AGE: Years 88 | Months -- | Days 8 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Western Union

FATHER
12. Name Thomas Basye
13. Birthplace Va.

MOTHER
14. Maiden Name Eugenia Carter
15. Birthplace Va.

16 (a) Informant Mr. Read Corr
(b) Address 203 Allegheny Ave., Towson, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery ~~crematory~~ Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place
18 1942 (b) Filed by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1942, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 17 1942 to Sept 17 1942, and that I last saw him alive on Sept 10 1942.

Immediate cause of death Pneumonia — Duration 24 hrs.

Due to ?

Due to Left-hemiplegia.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry D. McCarty M. D.
Address 37 W. Preston St. Date signed

VS 8

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 95827

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183a

F 95827 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore General Hospital 27-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Comb alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Owen Mitchell

3 (b) If veteran, name war: W. W. #1
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2 - 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46	1	10		

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Sailor
11. Industry or business

FATHER
12. Name Benj. Jas. Mitchell
13. Birthplace Md.

MOTHER
14. Maiden Name Sophia Frazer
15. Birthplace Md

16 (a) Informant Geo. Edw. Mitchell
(b) Address 912 Sarahann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/17/42 (month) (day) (year)
(c) Cemetery or crematory U. S. Natl. Cem
Location Balto. Md.

18 (a) Funeral director Adolphus Hillcoat
(b) Address 918 Druid Hill Ave

19 (a) SEP 18 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 12 1942, at 11:39 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. Sept 9 1942, to 12 1942, and that I last saw him alive on Sept 12 1942

Immediate cause of death: Uremia - Sclerosis — Duration: 1 yr.
Due to
Due to
Other Conditions: Cerebral Hemorrhage 3 days

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Manganaro M. D.
Address 1213 Light St (Date signed)

F 95828

F 95828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 406 Venenable Ave
(c) Hospital or institution:
12-2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County City of Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 Venenable Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha H. Christie

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Female | Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: George, G.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 15-1891

8. AGE: Years 50 | Months 10 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimor, Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business House wife

FATHER
12. Name George M Bowers
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Garner
15. Birthplace Maryland

16 (a) Informant George G. Christie
(b) Address 406 Venenable Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Taylor Ave Parkville Md

18 (a) Funeral director Williams Cook Inc
(b) Address 217 St Paul St Balto Md

19 (a) SEP 18 1942 (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16th 1942, at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11th, 1942, to Sept. 16th, 42. and that I last saw her alive on Sept. 14th, 42.

Immediate cause of death	Duration
Acute Cardiac Dilitation	Immediate
Due to —Myocarditis	unknown
Due to ----------	
Other Conditions Endocarditis	unknown

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geo. W Margetson MD
Address 401 E. 25th. St., Date signed 9/17/42.

F 95829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95829 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 1614
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucillus Martin Walker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1879

8. AGE: Years 63 | Months 6 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER
12. Name Adam L. Walker
13. Birthplace Augusta, Geo.

MOTHER
14. Maiden Name Lillie Martin
15. Birthplace Atlanta, Geo.

16 (a) Informant Bertha Proctor
(b) Address 714 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Balto. Natl. Cemetery
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1601 Druid Hill Ave.

19 (a) SEP 18 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 14 1942, at 9 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7 1942 to Sept 14 1942 and that I last saw h[illegible] alive on Sept 14 1942

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 week
Due to: Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Rea Kline M. D.
Address Provident Hosp Date signed 9/15/42

Thursday for Williamsport

VS 3

LEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 95830

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194a

F 95830
Registered No.

PLEASE WRITE IN INK. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 McKean Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1115 McKean Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob H. Myers

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1859

8. AGE: Years	Months	Days	If less than one day
82	9	23	hr. min.

9. Birthplace Carroll County, Maryland
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Ephrin H. Myers
13. Birthplace Carroll Co., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Ronald Younger
(b) Address 1115 McKean avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18/42 (month) (day) (year)
(c) Cemetery or crematory Linganore
Location Frederick Co. Md

18 (a) Funeral director Durward D. Operator
(b) Address 21 W. 25th St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

SEP 18 10 AM

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16 1942 at 7:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to Coronary Thrombosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 9/18/42

F 95831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 95831 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 E. Lafayette Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret A. Myers

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Edward R. Myers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12, 1880

8. AGE: Years 62 | Months 8 | Days 4 | If less than one day: hr. min.

9. Birthplace: Baltimore County (Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER 12. Name: Geo Hamilton

FATHER 13. Birthplace: Baltimore Co.

MOTHER 14. Maiden Name: Matilda Bitta

MOTHER 15. Birthplace: Baltimore Co.

16 (a) Informant: Mrs Ludwig

(b) Address: 1810 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19-42 (month) (day) (year)

(c) Cemetery or crematory: Prospect Hill

Location: Towson md

18 (a) Funeral director: Albert W Dempsey

(b) Address: 440 E. North Ave

19 (a) [illegible] Huntington Ave Baltimore Md.

SEP 18 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 16 1942 at 9 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1941 to Sept 16 1942 and that I last saw alive on Sept 16 1942

Immediate cause of death: Carcinoma of Stomach — Duration: 2 yrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: James F Kavanaugh M.D.

Address: 836 McCulloh St Date signed: 9-18-42

F 95832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95832 Registered No. 1318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1386 Woodyear Dr (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cora Franklin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col.	M.

6 (b) Name of husband or wife Wm

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/23/1893

8. AGE: Years	Months	Days	If less than one day
49	4	24	hr. min.

9. Birthplace Balto Md (town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER 12. Name John Webster
13. Birthplace Md

MOTHER 14. Maiden Name unknown
15. Birthplace Md.

16 (a) Informant Mary Dates
(b) Address 1386 Woodyear Dr

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)

(c) Cemetery or crematory Arlington
Location Md.

18 (a) Funeral director Geo. G. Kelso
(b) Address 1303 Pennsylvania Ave

19 Date received by Local Registrar SEP 18 1942 (b) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1942, at 1:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1942, to Sept 17 1942, and that I last saw her alive on Sept 16 1942.

Immediate cause of death	Duration
Uremia	not known
Due to Chronic Nephritis (Glomerular)	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J G Bird M. D.
Address University Hosp Date signed 9-17-42

VS 3

F 95833

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95833 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1136 W Lanvale
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1136 W Lanvale
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lucy W Lute

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	widow

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name —
13. Birthplace

MOTHER
14. Maiden Name —
15. Birthplace

16 (a) Informant Lucy W Lute
(b) Address 919 Druid Pk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Mt Auburn, Cem
18 (a) Funeral director Geo. D. Kelson
(b) Address 1303 Freastman

19 (a) SEP 18 1942 (Date received by Reg.) (b)

Hunting for Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1942 at 8:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Sept 16 1942, and that I last saw h[illegible] alive on Sept 16 1942

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature [illegible]
Address 825 W Lanvale Date signed Sept 18

F 95834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH (46)

F 95834
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catonsville & Wilkens
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town [redacted]
(If outside city or town limits, write RURAL and give town)
(d) Street No. Westfield Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Feeney

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Michael Feeney
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Naughton
15. Birthplace Ireland

16 (a) Informant Mrs Wm Cooney
(b) Address Elkridge Md

17 (a) Burial (b) Date thereof 9-17-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Alphonsus
Location Woodstock Md

18 (a) Funeral director P.C. Reinhoffer
(b) Address Ellicott City Md

19 (a) SEP 18 1942 (b) Thomas Williams Registrar
(Date filed by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/16 1942, at 5 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/6 1942 to 9/16 1942 and that I last saw her alive on 9/14 1942.

Immediate cause of death	Duration
Carcinoma of rectum with intra-abdominal metastases.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James M. Cranis M. D.
Address St. Agnes' Hosp, Date signed

V8 8

correct age is especially important. Physicians: please write the causes of death clearly and

95835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95835
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood + Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 3 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Magnolia
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George E. Armstrong

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-14-1892

8. AGE: Years	Months	Days	If less than one day
50	0	3	hr. min.

9. Birthplace Magnolia, Md.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Wilmer Armstrong
13. Birthplace Harford County

MOTHER
14. Maiden Name Marian Sweeting
15. Birthplace Md.

16 (a) Informant Jessie R. Dawson, Jr.
(b) Address 521 Rose Hill Ter., Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Abingdon Methodist
Location Abingdon, Harford Co. Md.

18 (a) Funeral director Harland K. McComas
(b) Address Abingdon, Md.

19 (a) Sept 19 1942 (Date received by registrar) (b) Lewis Taylor Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17 1942, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1942, to 9-17 1942, and that I last saw h[illegible] alive on 9-17 1942.

Immediate cause of death	Duration
Intracranial pressure	11 mos
Due to Brain lesion -	11 mos
Due to	
Other Conditions Old fibroid	2
Tuberculosis	

(Include pregnancy within 3 months of death)

Date of operation 9-10-42
Major findings of operation: Subtotal
Hemorrhage - no tumor found
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Averille Stowell M. D.
Address University Hospital Date signed 9-17-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

95836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95836
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1120 W. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PATTY J. BATES (Birth F 5446)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 9. 1942

8. AGE: Years | Months 1 | Days 10 9 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Leonard Bates
13. Birthplace Virginia

MOTHER
14. Maiden Name Emily Osborne
15. Birthplace West Virginia

16 (a) Informant Mrs. Emily Bates
(b) Address West Virginia

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/1942 (month) (day) (year)
(c) Cemetery or crematory Sherwell Valley Cem.
Location East Raleigh W. Va.

18 (a) Funeral director John Howden Sons
(b) Address 404 Hollins Street

19 (a) (Date received by Registrar) (b) Huntington Williams MD Registrar

SEP 19 1942

Vs 4

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1942 at 1a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, lobular primary — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Wollenweber M.D.
Medical Examiner.

Date signed 9-16-42 ans

76662
F 95837

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95837
Registered No. 1320

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4days
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 N. Strieker St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Jackson

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 214-14-2009

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/15/1895

8. AGE: Years	Months	Days	If less than one day
47	4	0	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Bar Tender & Porter

11. Industry or business

FATHER
12. Name Noah Jackson
13. Birthplace Va.

MOTHER
14. Maiden Name Ellen Jones
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.A. County Md.

18 (a) Funeral director Charles H. Cooper
(b) Address 1125 N Calhoun St

SEP 18 1942 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 15, 1942, at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 1942 to Sept. 15 1942, and that I last saw h im alive on Sept. 15 1942

Immediate cause of death	Duration
Pulmonary tuberculosis	5mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A.S. Hatley M.D.
Address Balt City Hosp Date signed 9/16/42

VS 3

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and report correct age is especially important.

95838 MPR 76523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. F 95838

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 445 Orchard St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Joseph Pine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) ~~Single, married, widowed, or divorced~~ Separated

6 (b) Name of husband or wife Annie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) ? ? 1882

8. AGE: Years 60 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name

13. Birthplace

MOTHER 14. Maiden Name Annie Pine

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)

(c) Cemetery or crematory Mount Calvary Cem

Location Balto

18 (a) Funeral director Elvis H Alexander

(b) Address 12 and Mc Culloh

19 (a) SEP 19 1942 (Date received by Local Registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16 1942, at 9:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-4 1942, to 9-16 1942, and that I last saw h alive on 9-16 1942.

Immediate cause of death: Bronchopneumonia & Arteriosclerosis — Duration: 12 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. H. Ballman M. D.

Address Balto City, Md. Date signed 9-17-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

42 1911
95839

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. E 95839

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Miss (b) County
(c) City or town Greenville (If outside city or town limits, write RURAL and give town)
(d) Street No. 603 Washington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta Goldman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-15-67

8. AGE: Years	Months	Days	If less than one day hr.	min.
75	8	4		

9. Birthplace Mississippi (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Henry Scott
13. Birthplace Germany

MOTHER
14. Maiden Name Hannah Lewis
15. Birthplace Germany

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery or crematory
Location Greenville, Mississippi

18 (a) Funeral director William J. Jackson Sons
(b) Address North & Pa Aves

19 (a) SEP 19 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1942 at 210 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 6 1942 to Sept 19 1942 and that I last saw h[illegible] alive on Sept 19 1942

Immediate cause of death: Coronary occlusion — Duration: 5 min.
Due to
Due to
Other Conditions: Ruptured intestinal loop
(Include pregnancy within 3 months of death)
Date of operation 9-9-42
Major findings of operation: Ruptured loop
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address J.H.H. Date signed 9/19/42 M. D.

VS 8

F 95840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

460 Registered No. F 95840

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Please correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1116 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16-7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1116 Poplar Grove St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES KEEN DAVIS

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-01-2643

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Elizabeth
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/14/1882

8. AGE: Years	Months	Days	If less than one day
60	7	2	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Secretary & Treasurer
11. Industry or business Belts Wharf Warehouses, Inc.

FATHER
12. Name Charles T. Davis
13. Birthplace Md.

MOTHER
14. Maiden Name Edith Dorsey
15. Birthplace Md.

16 (a) Informant Mrs. Elizabeth Davis
(b) Address 1116 Poplar Grove St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Pa. Aves.

19 [redacted] Huntington Williams Mgr. Co. per W. Nadler

SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16, 19 42 at M

21. I certify that death occurred on the date above stated, that I attended deceased from April 25 19 42 to 10-16-42, and that I last saw h alive on 19 .

Immediate cause of death
Carcinoma of Stomach
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: 6 mos

Date of operation April 1942
Major findings of operation: as above.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. S. Gray -
Address Co. per W. Nadler Date signed 9/19/42

F 95841

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 95841
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3906 Garrison Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-10
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3906 Garrison Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY MORGAN LEGG

3 (b) If veteran, name war	3 (c) Social Security Account No.
-- none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Hortense E. Legg
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1873

8. AGE: Years	Months	Days	If less than one day
69	3	26	hr. min.

9. Birthplace Waterfall, Va. (Town, county, and state)
10. Usual Occupation Wholesale & Retail
11. Industry or business Meat Business - self

FATHER
12. Name George T. Legg
13. Birthplace Winchester, Va.

MOTHER
14. Maiden Name Belle Payne
15. Birthplace Winchester, Va.

16 (a) Informant Mrs. Hortense E. Legg
(b) Address 3906 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
Address North & Pa. Aves.

SEP 19 1942
SEP 19 1942
SEP 19 1942

19 (a) [redacted] Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17, 1942, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10th 1942 to Sept 17th 1942 and that I last saw h alive on Sept 17th 1942.

Immediate cause of death Coronary Embolism — Duration 24 hrs

Due to Hypertension & Myocardial Changes — Duration several years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J E Poulton
Address 3909 Garrison Blvd Date signed 9/18/42 M. D.

Please write plainly. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

F 95842

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95842
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically. Be sure that age is correctly stated.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4902 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-7-14
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4902 Roland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George K. Horn

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Florence A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1867

8. AGE: Years	Months	Days	If less than one day
75	4	25	hr. min.

9. Birthplace Burlington, N. J. (Town, county, and state)
10. Usual Occupation Printer
11. Industry or business Self

FATHER
12. Name Samuel D. Horn
13. Birthplace Burlington, N. J.

MOTHER
14. Maiden Name Louise Kimble
15. Birthplace Burlington, N. J.

16 (a) Informant Mr. Calvin C. Horn, son
(b) Address 406 Hollen Rd.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk. Crematory
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address [illegible] Balto. Md.

19 SEP 19 1942 (b) Huntington Williams M.D. Registrar

SEP 19 1942

SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1942 at 3 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1941 to 9/18 1942 and that I last saw h[illegible] alive on 9/18/42 19

Immediate cause of death
Coronary Thrombosis
Chronic Myocarditis
Duration 8 Mo.
16 May

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H W Wheaton M. D.
Address 4309 York Rd Date signed 9/16/42

F 95843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95843 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 Bolton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-1
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 Bolton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bertha Louise Herbert

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Wm. Edward Herbert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18, 1873

8. AGE: Years: 68 Months: 10 Days: 29 If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Augustus Depro
13. Birthplace Balto.

MOTHER
14. Maiden Name Martha Phoenix
15. Birthplace Md.

16 (a) Informant Mrs. Daisy Sperzel
(b) Address 1823 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) [illegible] (Date received by registrar) Huntington Williams M.D. Registrar
vs SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17, 1942, at 3:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1942, to Sept. 17 1942, and that I last saw her alive on Sept. 16 1942.

Immediate cause of death Cerebral apoplexy. — Duration 7 days

Due to Hypertension.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm D Tickner M. D.
Address 701 N. Kenwood Ave. Date signed 9/18/42

F 95844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 95844

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1603 N. Fulton Ave.

(c) Hospital or institution:

1562

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1603 N. Fulton Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMMA ELIZABETH HACHTEL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	female	white	single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 28, 1852

8. AGE: Years	Months	Days	If less than one day
89	10	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name George Hachtel

13. Birthplace Germany

MOTHER 14. Maiden Name Elizabeth Mansdorffer

15. Birthplace Germany

16 (a) Informant Mr. Edward L. Hachtel

(b) Address 2220 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address North & Pa. Aves.

19 (a) (Date received by local registrar) Registrar's signature Huntington Williams M.D.

SEP 19 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17, 1942, at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942 to Sept 17 1942 and that I last saw her alive on Sept 17 1942.

Immediate cause of death: Chronic Valvular Heart Disease — Duration: 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. William Frey M.D.

Address 1928 Penna Ave Date signed 9/18/42

F 95845

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

832 ✓ Registered No. F 95845

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Northway Apts.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Northway Apts. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Octavia Esty

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Morris E. Esty
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 5, 1866

8. AGE: Years	Months	Days	If less than one day
76	6	13	hr. min.

9. Birthplace Canada (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Freeman Wilkens
13. Birthplace Maine

MOTHER
14. Maiden Name Sarah Dickinson
15. Birthplace Canada

16 (a) Informant Mrs. Stella G. Cleaver
(b) Address Northway Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/20/42 (month) (day) (year)
(c) Cemetery or crematory Riverview
Location Wilmington, Del.

18 (a) Funeral director John B. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 [illegible] (Date received by Registrar) (b) Huntington Williams M.D. Registrar

SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18, 1942 19 [illegible] at [illegible] M

21. I certify that death occurred on the date above stated; that I attended deceased from June 8 19 [illegible] to Sept 18 19 42
and that I last saw her alive on Sept 17 19 42

Immediate cause of death — Duration
Cerebral Hemorrhage. — 2 days
Due to
Due to Hypertension — 15 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify)
(e) Means of injury

23. Signature Stella G. Cleaver
Address 1720 Eutaw Place Date signed 9/18/42

Physicians: please write the causes of death clearly and legibly. Especially important.

F 95846

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95846
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address [redacted] 4100 Roland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted] 4100 Roland Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah H. Dunn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife James F. Dunn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 1, 1853

8. AGE: Years	Months	Days	If less than one day
88	11	17	hs min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife, retired
11. Industry or business

FATHER
12. Name Thomas Henderson
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Barron
15. Birthplace Ireland

16 (a) Informant John Dunn
(b) Address 4330 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/19/42 (month) (day) (year)
(c) Cemetery ~~crematory~~ Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director John C. Mitchell's Sons, Inc.
(b) Address 1900 Eutaw Place

[redacted] Huntington Williams, M.D.
(Date received by Registrar) Registrar

SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 16 1942, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1926 to April 1942, and that I last saw [redacted] alive on Sept 16 1942.

Immediate cause of death
Thyroid cancer
Direct cause of
Senile deterioration — Duration 3 months

Due to

Due to

Other Conditions
(include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify yes or no)
(e) Means of injury

23. Signature Allen P. Noel, M. D.
Address 307 Southway Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95847

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 95847

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution: Monument & Wolfe Sts
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md City Balto
(c) City or town (If outside city limits, write RURAL and give town)
(d) Street No. 1312 West 41st St (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Anna Reuecher

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None
4 Sex: Female
5 Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: David E.
6 (c) If alive, give age (Born)
7. Birth date of deceased (mo., day, yr.) July 2 1872
8. AGE: Years 68 Months 2 Days 15 If less than one day: hr. min.
9. Birthplace: Baltimore Md (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business: Self

FATHER
12. Name: Cary Riddon
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Laura G. Carter
15. Birthplace: Maryland

16 (a) Informant: David E. Reuecher
(b) Address: 1312 West 41st Street

17 (a) Burial: Burial, cremation, or removal
(b) Date thereof: Sept 21-42 (month) (day) (year)
(c) Cemetery or crematory: Woodlawn
Location: Woodlawn Maryland

18 (a) Funeral director: William Cook Jr
(b) Address: 1217 St Paul Street

19 (a) [illegible] Huntington Avenue

VS SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 17 1942, at 11:45 M
21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1942 to 9-17 1942, and that I last saw h[illegible] alive on Sept 17 1942.

Immediate cause of death: Congestive heart failure, right & left — Duration 1½ yrs.
Due to: Hypertensive C.V.D. — ??
Due to: .....
Other Conditions: Old Rheumatoid Arthritis
(Include pregnancy within 3 months of death)
Date of operation: .....
Major findings of operation: .....
of autopsy: As stated

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....
23. Signature: Alexander E. Bordley, M.D.
Address: Sinai Hospital Date signed 9-19-42

Coro

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

QUIST

F 95848

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95848
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Welkens
(c) Hospital or institution:
St. Agnes Hosp. 11
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 Park Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Quist

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-01-6603

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22 1892

8. AGE: Years	Months	Days	If less than one day
50 ✓	3	25	hr. min.

9. Birthplace Europa (town, county, and state)
10. Usual Occupation Cabinet Maker
11. Industry or business Cabinet Co

FATHER
12. Name Andrew Quist
13. Birthplace Denmark

MOTHER
14. Maiden Name Nicholasine Nelson
15. Birthplace Denmark

16 (a) Informant Mrs E. Martin
(b) Address 510 Park Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19-42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave Parkville Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St Balto Md

19 (a) [redacted] Huntingtown (b) Address [redacted]

SEP 18 1942

MEDICAL CERTIFICATION

130

20. DATE OF DEATH 9-17 1942 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/10 19.42 to 9/17 1942
and that I last saw him alive on 9/17/42 19 42

Immediate cause of death Aneurism of arch and descending aorta Erosion 3, 4, 5 Thoracic
Due to vertebrae.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: Same as above

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James M. Cranis M. D.
Address St. Agnes' Hosp. Date signed 9/17/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95849

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95849 ✓ 95 C

Registered No. .....

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 N. Mount St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 19-1
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 309 N. Mount St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Sophia Gantt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife Alexander Gantt
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 15 - 1870

8. AGE: Years	Months	Days	If less than one day
70	8	1	hr. ..... min.

9. Birthplace Calvert County, Md (Town, county, and state)
10. Usual Occupation .....
11. Industry or business —

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name Pruvalle Hawkins
15. Birthplace Calvert Co. Md

16 (a) Informant Leroy Gantt
(b) Address 309 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20 1942 (month) (day) (year)
(c) Cemetery or crematory W. Laurel Cem
Location .....

18 (a) Funeral director Mrs. Hattie R. Williams
(b) Address [redacted] Edmondson Ave Huntington Hills

19 (a) [redacted] (b) [redacted] (Date received by registrar) SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 14 1942, at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1/23 1942 to 9/14 1942 and that I last saw her alive on 9/12 1942

Immediate cause of death Cardiac Insufficiency — Duration .....
Due to .....
Due to .....
Other Conditions Cystitis
(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Douglas Shepherd, M.D.
Address 163 W. Franklin St Date signed 9/18/42

F 95850

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

16 1a

F 95850

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Bon Secours Hospital
(c) Hospital or institution: →
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible]

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1025 N. Luzerne Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Roland Gibson, Jr. (Birth F 52,191)

3 (b) If veteran, name war: ---

3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: -----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-3-42

8. AGE: Years	Months	Days	If less than one day
[illegible]	2	15	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Mr Henry R. Gibson Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Carmela Badolato
15. Birthplace Baltimore, Md.

16 (a) Informant Henry R. Gibson, Sr.,
(b) Address 1028 Luzerne Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept.19,1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.,

18 (a) Funeral director Howard Strong
(b) Address W. North Ave.,

19 (a) SEP 19 1942 Huntington Hollowell Registrar

SEP 19 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1942, at 10 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/16 1942 to 9/18 1942 and that I last saw h. alive on 9/18 1942

Immediate cause of death: Pulmonary Atelectasis — Duration: 3 days

Due to

Due to

Other Conditions: None
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. Krieg M.D.
Address Bon Secours Hosp Date signed 9-18-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 95851 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 E. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES HUTCHINSON

3 (b) If veteran, name war —

3 (c) Social Security Account No. 7

4. Sex M

5. Color or race Col

6 (a) Single, married, widowed, or divorced M

6 (b) Name of husband or wife Nannie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/ /1896

8. AGE: Years 45 Months 9 Days 16 If less than one day hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name John H Hutchinson

13. Birthplace md

MOTHER 14. Maiden Name Annie Murray

15. Birthplace md

16 (a) Informant Pearl Jones

(b) Address 1623 N Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Md

18 (a) Funeral director Geo. D. Kelson

(b) Address 1823 Pennsylvania

19 (a) SEP 18 1942 (Date filed by registrar) 1942 Hunting to Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1942 at 7P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an — (Autopsy or Inquiry) thereon and from the evidence obtained by said — (Autopsy or Inquiry) find that said deceased came to — death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions hs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. A. Wallenmaier M.D. Medical Examiner.

Date signed 9-18-42

F 95852 Scan #5 ✓ F 95852

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Balto Gen'l Hosp 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1129 Russel St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ernest MOORE ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Col.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23, 1888

8. AGE: Years	Months	Days	If less than one day
53	7	13	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation junk collecting.

11. Industry or business

FATHER 12. Name Aleck Moore
13. Birthplace North Carolina

MOTHER 14. Maiden Name Harrisons Mitchell
15. Birthplace North Carolina.

16 (a) Informant Patient (on adm)
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location PUBLIC CEMETERY SEP 18 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar
SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 - 6 - 1942 at 6.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 23, 1942 to Aug. 6, 1942 and that I last saw him alive on Aug. 6, 1942.

Immediate cause of death Emphysema of rt. pleura
Due to Pneumonia.
Due to (over)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above.

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Paul A. Manganaro M. D.
Address 1213 Light Street Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95853 #20266

Grave #6 ✓ F 95853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1501 Ten Pin alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Harris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-28-09

8. AGE: Years	Months	Days	If less than one day
33	6	26	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Harris
13. Birthplace N.C.

MOTHER
14. Maiden Name Julia Yancy
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY SEP 18 1942

18 (a) Funeral director Commissioner of Health
(b) Address Baltimore, Md

19 (a) SEP 1942 (Date received by registrar) Registrar

VS SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1942; at 11 A.M 55

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1942 to August 24 1942, and that I last saw h[illegible] alive on August 24 1942

Immediate cause of death	Duration
Tuberculous pleurisy	8 mo. ±
Due to Tuberculosis	
Due to	
Other Conditions Cirrhosis of liver ? Lymphogranuloma venereum	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: Rt. pleura studded w tubercles. Hepatomegaly & adhesions

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Steinfeldt Jr. M.D.
Address Johns Hop. Hosp. Date signed 8/25

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95854

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95854
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hospital 16-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Uniontown
(If outside city or town limits, write RURAL and give town)
(d) Street No. East National Pike
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

3 (a) FULL NAME Ruth Ann O'Neill (Birth 57644)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-17-42

8. AGE: Years | Months | Days | If less than one day 6 hr. 35 min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Harry D. O'Neil
13. Birthplace Uniontown Penna

MOTHER 14. Maiden Name Ruth Frankhouser
15. Birthplace Uniontown Penna

16 (a) Informant Mrs Ruth O'Neil
(b) Address Uniontown, Penna

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL SEP 18 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) SEP 18 1942 Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/17 1942 at 8:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/17 1942 to 9/17 1942 and that I last saw h alive on 19

Immediate cause of death
Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 16 1/2 hours

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. V. Tompakow M. D.
Address West Balto. Gen Hospital Signed 9/17/42

SEP 19 1942

9431

F 95855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

74W

Registered No. F 95855

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 Chancery Road, Guilford
(c) Hospital or institution:
HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) XXXXXX
(e) Length of stay in Baltimore (yrs., mos., or days) Life

12-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County XXXXXXX
(c) City or town City of Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 Chancery Rd., Guilford (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB FREDERICK SHAFER, JR.

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. 220-01-2625

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: XXXXXXX

6 (c) If alive, give age XX years

7. Birth date of deceased (mo., day, yr.) December 18, 1914

8. AGE: Years 27 | Months 9 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name J. Fred. Shafer, Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Nettie Classen
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. J. Fred. Shafer, Sr. (Mother)
(b) Address 214 Chancery Road, Guilford, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Avenue, City.

18 (a) Funeral director Stewart & Mowen Company
(b) Address 106 W. North Av. (W. F. Wooden-Suc.)

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1942, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Sept 18 1942 and that I last saw him alive on Sept 17 1942.

Immediate cause of death
Acute Lymphatic Leukemia Hemmorrhagic
Due to
or Myelocytic Leukemia
Due to

Duration
9 Mos

Other Conditions None

(Including pregnancy, if any, and specify whether fetal, infantile, or maternal death)

Date of operation ____ Autopsy? Yes

Major findings of operation: ____

of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Emmy Lou Cain M.D.
Address 105 Med Arts Date signed 9/18/42

VS 3

95856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 95856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Guilford Avenue and 33rd St.
(c) Hospital or institution:
The UNION MEMORIAL HOSPITAL 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days) About 15 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 North Calvert St
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. George M. MacKintosh

3 (b) If veteran, name war — ? —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of husband or wife Could not ascertain
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18th, 1861

8. AGE: Years	Months	Days	If less than one day
81	2	0	hr. min.

9. Birthplace Indianna
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Mister James MacKintosh
13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Wilson
15. Birthplace Maryland

16 (a) Informant John C. Patterson
(b) Address Fidelity Building

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Stewart Mowell Co.
(b) Address 108 W North Ave

19 (a) SEP 19 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September eighteenth 19 42, at 6:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19....

Immediate cause of death Cardio-Respiratory Failure — Duration

Due to Hypostatic Pneumonia

Due to Fracture Right Hip

Other Conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide acc
(b) Date of occurrence 9/16/42 at ... M
(c) Where did injury occur? Frederick Pike
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Fell on street

23. Signature Maryland Edward Day M. D.
Address Union Memorial Hospital Date signed 9/19/42

Approved Robert Lee Graham M.D. 1942
Asst. med. examiner.

VS 3

F 95857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95857 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1952 W. Pratt St.
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓ 20 13
(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1952 W. Pratt St. (If rural give location)
(e) If foreign born, how long in U. S. A.? 37 years

3 (a) FULL NAME Robert Remmel

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 220-07-9067

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mrs Bertha Vera Remmel (nee Dees) 6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 3rd 1869

8. AGE: Years 73 | Months 2 | Days 15 | If less than one day: hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Silver Plater

11. Industry or business

FATHER
12. Name Do not know
13. Birthplace Germany

MOTHER
14. Maiden Name Do not know
15. Birthplace Germany

16 (a) Informant Mrs Bertha Vera Remmel
(b) Address 1952 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Balto. Md.

18 (a) Funeral director Wm. Wilson & Son
(b) Address 2503 Edmondson Ave

19 (a) (Da[illegible] (b) [illegible] Huntington Ave Baltimore Md

SEP 20 1942
SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18th 1942 at 5 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1942 to Sept 18 1942, and that I last saw her alive on Sept 17 1942.

Immediate cause of death: Cardiovascular Renal Disease — Duration: 8 Months

Due to

Due to

Other Conditions: Prostatic Hypertrophy (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Hermard M. D.
Address 1934 Wilkens Ave Date signed 9/19/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1170 ✓

Registered No. F 95858

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway 26
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 S. Bouldin St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Margaret Ulsch

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Conrad Ulsch
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1877

8. AGE: Years	Months	Days	If less than one day
65	6	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bernhard [illegible]
13. Birthplace Bavaria

MOTHER
14. Maiden Name Mary Lotz
15. Birthplace Baltimore

16 (a) Informant Hospital Records
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept. 21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem. Location Belair Rd.

18 (a) Funeral director Lilly & Gruber INC.
(b) Address 403 S. POLE ST.

19 [illegible] Huntington-Williams Mfg. Co. Registrar

SEP 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1942 at 8:32 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/17 1942 to 9/17 1942, and that I last saw her alive on 9/17 1942.

Immediate cause of death	Duration
Perforating Pyloric Ulcer	?
Due to	
Due to	
Other Conditions Cirrhosis of liver	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 9/17/42 M. D.

95859

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

F 95859 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hanford Rd. + Herring Run
(c) Hospital or institution: Sydenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2701 E. Biddle
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) **FULL NAME** John Joseph DocKins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1936

8. AGE: Years 6 | Months 9 | Days 11/12 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation School boy

11. Industry or business

FATHER
12. Name John DocKins
13. Birthplace Macon, Ga

MOTHER
14. Maiden Name Mary Dushel
15. Birthplace Balto.

16 (a) Informant John Dockins
(b) Address 2701 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Philip Herring & Son
(b) Address 2024 Orleans St.

19 SEP 19 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1942, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16 1942, to Sept 17 1942, and that I last saw him alive on Sept 17 1942.

Immediate cause of death Septicaemia — Duration .....

Due to Meningococcus — Duration .....

Due to ..... — Duration .....

Other Conditions Unilateral Adrenal Hemorrhage — Duration .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Adrenal Hemorrhage, unilat

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature K Kenneth Krebaum M. D.
Address Sydenham Hosp Date signed 9/23/42

VS 3

95860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a ✓

Registered No. E 95860

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St

(c) Hospital or institution: Provident 18

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 929 W. Mulberry St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William Bowden

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	colored	married

6 (b) Name of husband or wife Florence Bowden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12- 9- 1897

8. AGE: Years	Months	Days	If less than one day
44 45	9	8	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name —

13. Birthplace —

MOTHER

14. Maiden Name —

15. Birthplace —

16 (a) Informant Florence Bowden

(b) Address 929 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20, 42 (month) (day) (year)

(c) Cemetery or crematory

Location Dr Smith Field Jr

18 (a) Funeral director Suggs & Palazzo

(b) Address 1303 Pressman St

19 (a) SEP 19 19 (Date received by Registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17- 1942 at 5 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1942 to 9-17-1942 and that I last saw him alive on 9-17 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Cardio renal disease	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. B. Higgins M. D.

Address 2342 Madison Date signed 9-18-42

correct ago is especially important. Physicians, please write plainly. Use ink. Do not use pencil. Punctuate as directed by the Bureau of Vital Statistics.

F 95861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95861 ✓ Registered No. 1318

1. PLACE OF DEATH:
(a) Baltimore City, Maryland E
(b) Street address 104 Centre St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 E Centre St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Covington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Glenn Covington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5 1878

8. AGE: Years	Months	Days	If less than one day
44	—	12	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Thomas Covington
13. Birthplace Md

MOTHER
14. Maiden Name Theresa Colbert
15. Birthplace Md.

16 (a) Informant Glenn Covington (wife)
(b) Address 104 E Centre St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Arbutus Cem
Location Balt City
18 (a) Funeral director Archibald H. Cadden
(b) Address 210 N McCulloh

(Signature of registrar) Huntington Williams M.D.

SEP 20 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1942 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Sept 17 1942 and that I last saw h[illegible] alive on Sept 16 1942.

Immediate cause of death	Duration
Chronic Glomerulo-Nephritis	July 1942
Due to	
Due to	
Other Conditions Mitral Insufficiency	July 1942

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph F Uzzell M.D.
Address 129 E Monument Date signed 9/18/42

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and report correct age is especially important.

F 95862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95862 Registered No. 950

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 717 E Lexington St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 717 E Lexington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Celia Jones

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan, 4, 1906

8. AGE: Years 36 | Months 7 8 | Days 14 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER
12. Name Aaron Hart
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Bressler
15. Birthplace Russia

16 (a) Informant Samuel Jones
(b) Address 717 E Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept20, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel
Location German Hill Road

18 (a) Funeral director Spl Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) SEP 20 1942 (Date received by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION 10.30

20. DATE OF DEATH Sept 18, 1942 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to September 1942, and that I last saw h[illegible] alive on Sept 17 1942.

Immediate cause of death — Duration

Rheumatic Heart Disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dan L. Jenner

Address 101 W. Read St. Date signed 9/19/42 M. D.

F 95863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 463

Registered No. F 95863

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3517 Springdale Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3517 Springdale Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Muskin

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-4310

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Frances
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56			hs. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Shoe Manf.

FATHER
12. Name Morris Muskin
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Rubin
15. Birthplace Russia

16 (a) Informant Louis Silverstein
(b) Address 3517 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Windsor Mill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

SEP 20 1942 (Date received by registrar) (b) [illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18, 1942 at 2.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 17, 1942 to Sept 18, 1942 and that I last saw him alive on Sept 18, 1942.

Immediate cause of death Carcinoma of Stomach — Duration 10 months

Due to

Due to

Other Conditions Carcinoma of Duodenum
(Include pregnancy within 3 months of death)

Date of operation March 9, 1942

Major findings of operation: Carcinoma of Stomach

If autopsy: Confirmed by operations

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M B Levin MD

Address 211 W. Monument St Date signed 9/18/42

F 95864

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95864 Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 415 W. Mulberry St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent L Jeppi

3 (b) If veteran, name war —

3 (c) Social Security Account No. 2TE-14-0869

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Kate Grano
Employed W. Schumacher 6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Dec 9 1894

8. AGE: Years	Months	Days	If less than one day
47	8	9	— hr. — min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Helper — Hotel
11. Industry or business Hotel

FATHER
12. Name John Jeppi
13. Birthplace Italy

MOTHER
14. Maiden Name Carlotta Scotto
15. Birthplace Italy

16 (a) Informant Brother - Joseph Jeppi
(b) Address 444 N. Bond St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto Md

18 (a) Funeral director George J. Pauly Son
(b) Address 738 Hollins St and Lombard

SEP 20 1942 (Date rec'd by registrar) (b) Huntington Woods MD.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1942 at 6.25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1942 to Sept 18 1942 and that I last saw h[illegible] alive on Sept 18 1942

Immediate cause of death	Duration
Congestive Heart Failure	2 hrs.
Due to Hypertension	?
Due to Arteriosclerosis	?
Other Conditions Hypertension Nephritis Late Latent Lues	4 yrs.

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation: None
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John C. Osborne
Address Mercy Hospital Date signed 9/18/42 M.D.

VS 8

F 95865

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 95865 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1035 Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN DRUSUTIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-1609

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Caroline Drusutis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24-1896

8. AGE: Years	Months	Days	If less than one day
46	2	24	hr. min.

9. Birthplace Lith.
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Anthony Drusutis
13. Birthplace Lith

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Caroline Drusutis
(b) Address 103 S. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof sept 20 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Jos. Kaminskas Inc
(b) Address 602 W Lash. Blvd

19 (a) SEP 20 1942 (Date rec'd by registrar) (b) Hunting for Williamsburg

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1942 at 10 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said I. find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death Carcinoma of stomach — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Th. L. Wollenweber M.D.
Medical Examiner.
Date signed 9-18-42

F 95866

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 95866 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4141 Mary Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4141 Mary Ave (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Kloes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Madeline St Loot
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug 17 – 1862

8. AGE: Years	Months	Days	If less than one day
80	1	1	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Sailor

FATHER
12. Name John Kloes
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Madeline St Loot
(b) Address 4141 Mary Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21-42 (month) (day) (year)
(c) Cemetery or crematory Oaklawn
Location
18 (a) Funeral director Charles P Towell
(b) Address 2427 Edmondson Ave
SEP 20 1942 (Registrar) Huntington Wm

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 19 42 to Sept 19 19 42 and that I last saw him alive on 9/19 19 42

Immediate cause of death: arteriosclerotic cardiac vascular disease — Duration: 1 yr
Due to
Due to
Other Conditions: acute uremia — 3 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller MD M. D.
Address 2030 Wilkens Ave Date signed 9/20/42

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

95867 CERTIFICATE OF DEATH 48a F 95867

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1717 h - Calhoun ✓ Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Douglass

If U. S. Veteran specify WAR

(a) Residence: No. 1717 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas G. Douglas

6. DATE OF BIRTH (month, day, year) Oct 6, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64 65	11	12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Harry Holland

14. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

MOTHER

15. MAIDEN NAME Elizabeth Lobizine

16. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland

17. INFORMANT Mr. Thomas G. Douglas
(Address) 1717 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Kew Cathedral Date Sept. 21, 1942

19. UNDERTAKER Mrs. Lucy A. Lyelland
(Address) 1631 Druid Hill Ave

FILED SEP 20 1942 19

Funeral from Williams Funeral Home.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 17, 1942

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1941 to Sept 17, 1942

I last saw h[er] alive on Sept 17, 1942 Death is said to have occurred on the date stated above, at 11:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
General Carcinoma	Sept 17, 1942
(over)	

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John G. J. Lamper M. D.
(Address) 139 N. Carey St, Balto

OCCUPATION is very important. See instructions on back of certificate.

V6 3

F 95868

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 D

F 95868 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4800 York Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William C Auer

3 (b) If veteran, name war	3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 7, 1873

8. AGE: Years	Months	Days	If less than one day
69	1	11	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Auer
13. Birthplace Germany

MOTHER
14. Maiden Name Caroline C. Meller
15. Birthplace Germany

16 (a) Informant Mrs. George Beaumont
(b) Address 415 Radnor Rd. Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave Baltimore

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

19 (a) (Registrar) (b) Registrar

SEP 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH September 18 1942, at 11:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1942, to Sept 18 1942, and that I last saw h[illegible] alive on Sept 17 1942.

Immediate cause of death: Tuberculous pericarditis — Duration: 2

Due to: Pulmonary tuberculosis — 2

Due to: Cavitary tuberculosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy Tuberculous pericarditis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Hamson M. D.
Address Church Home Infirmary Date signed 9-18-42

correct age is especially important. Physicians: please write

F 95869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95869 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1214 Eutaw Place (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME William Christian Schaub

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Mrs. Wm C. Schaub

6 (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Apr. 26, 1865

8. AGE: Years 77 | Months 4 | Days 22 | If less than one day — hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Henry C. Schaub
13. Birthplace Europe GERMANY

MOTHER
14. Maiden Name ~~Henry C. Schaub~~ MARY C SCHULER
15. Birthplace Europe GERMANY

16 (a) Informant Mrs. Wiley H. Smith
(b) Address 2967 Woodbrook Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount Ave

18 (a) Funeral director F. B. WIPPERT, SON
(b) Address 1300 Eutaw Place

SEP 20 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1942, at 9:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 6 1942, to Sept. 17 1942, and that I last saw him alive on Sept. 17 1942.

	Duration
Immediate cause of death: Cardio-respiratory failure	
Due to: Cachexia	
Due to: Infiltrating Carcinoma of the Prostate	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James McC. Feeney M. D.
Address Union Memorial Hospital Date signed 9-19-42

F 95870

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95870 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1812 W. Fayette St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1812 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Harry P. McConnick

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-10-6376

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Helena McConnick
6 (c) If alive, give age? years

7. Birth date of deceased (mo., day, yr.) Mch. 14-1879

8. AGE: Years	Months	Days	If less than one day
63	6	2	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Collector - Retired
11. Industry or business Department store.

FATHER
12. Name John McConnick
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary E Kennedy.
15. Birthplace Unknown

16 (a) Informant Mrs. Helena McConnick
(b) Address 1812 W Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22-1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Balto. Md

18 (a) Funeral director Geo. L. Berger Jr
(b) Address 512 Hollins St

SEP 20 1942 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17 1942 at 4:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1939 to Sept 18 1942 and that I last saw h[illegible] alive on Sept 17 1942

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation —

of autopsy: —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury —

23. Signature H. G. Mayer M.D.

Address 9-18-42 1216 Cathedral

F 95871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 95871 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 812 N. Bentalou St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 812 N. Bentalou St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GRACE ELIZABETH DAVIS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Wilmer L. Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20, 1886

8. AGE: Years	Months	Days	If less than one day
56	6	28	hr. min.

9. Birthplace St. Mary's Co., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Wm. H. Fenwick
13. Birthplace St. Mary's Co., Md.

MOTHER
14. Maiden Name Julia C. Adams
15. Birthplace St. Mary's Co., Md.

16 (a) Informant Mr. Wilmer L. Davis,
(b) Address 812 N. Bentalou St.

17 (a) Burial (b) Date thereof 9/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) SEP 20 1942 (b) Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

P

20. DATE OF DEATH Sept. 18, 1942, at 11:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Sept 18 1942 and that I last saw h[illegible] alive on Sept 18 1942

Immediate cause of death Coronary Thrombosis — Duration Sept 15 — 3 days.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J Stenka M.D.
Address 202 Edmondson Ave Date signed 9/19/42

VS 3

F 95872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1248

F 95872

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2424 Pennsylvania Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2424 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN CROUSE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
--	214 - 03 - 1951	male	white	married

6 (b) Name of husband or wife Nora Crouse
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-13-1893

8. AGE: Years	Months	Days	If less than one day
49	-	4	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation salesman
11. Industry or business J. H. Kemp

FATHER
12. Name Michael Crouse
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Leute
15. Birthplace Germany

16 (a) Informant Mrs. Nora Crouse
(b) Address 2424 Penna. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(Date received by Registrar) SEP 20 1942 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17, 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Sept 17 1942 and that I last saw him alive on Sept 17 1942.

Immediate cause of death	Duration
Cerebral Embolism	24 hours
Due to Coronary Sclerosis Hypertension	9 mos.
Due to	
Other Conditions Operation Abdominal (Include pregnancy within 3 months of death)	
Date of operation Appendectomy	
Major findings of operation: Healthy	
of autopsy: no	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. C. Simmons M. D.
Address 4309 Liberty Hts. Date signed 9/17/42

422444

F 95873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95873 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Pottstown (If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 N. Charlotte St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George H. Boarman

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-25-17

8. AGE: Years	Months	Days	If less than one day
25	-	25	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Navy Inspector
11. Industry or business

FATHER
12. Name Frank Boarman
13. Birthplace Md

MOTHER
14. Maiden Name Roberta Woodruff
15. Birthplace Penn

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Chester, Pa.

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmont Ave

19 (a) SEP 20 1942 (b) Harrington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1942 at 9 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1942 to Sept 20 1942 and that I last saw h[illegible] alive on Sept 20 1942.

Immediate cause of death	Duration
Pituitary tumor - ? malignant	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 9-19-42
Major findings of operation: Mets
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. B. Stewart
Address J. H. H. Date signed 9/20/42

VS 8

F 95874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

63H

F 95874 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 404 Bretton Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 404 Bretton Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward J. Colgan Jr.

3 (b) If veteran, name war -

3 (c) Social Security Account No. -

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Marie Colgan Waterhouse

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) May 15 1879

8. AGE: Years 63 | Months 4 | Days 5 | If less than one day hr. min.

9. Birthplace Fallston Md (Town, county, and state)

10. Usual Occupation Lawyer

11. Industry or business

FATHER
12. Name Edward J. Colgan
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Irene V. Bagley
15. Birthplace Harford Co Md

16 (a) Informant C Warren Colgan
(b) Address 408 Bretton Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21 42 (month) (day) (year)
(c) Cemetery or crematory St Johns
Location Long Green Md

18 (a) Funeral director Henry W Jenkins & Son Co
(b) Address McCulloh & Orchard Sts

19 (a) SEP 21 1942 (Date received by Registrar) (b) Huntington Willis M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19- 1942 at 3.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest - Autopsy thereon and from the evidence obtained by said Inquest - Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation — Duration
Due to Illuminating Gas
Due to
Other Conditions Mental Disorder

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 9-18(?) 42 at P M
(c) Where did injury occur? 404 Bretton Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhalation of illuminating gas

23. Signature Howard J. Chalkley M.D. Medical Examiner.
Date signed 9-20-42

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 95875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942 B

F 95875 Registered No.

PLEASE WRITE PLAINLY with ... Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lubeck Terrace
(c) Hospital or institution:
University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 hr days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Middletown Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roy Edgar Main

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	

6 (b) Name of husband or wife Amy Main.
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) 2/11/1898

8. AGE: Years	Months	Days	If less than one day
44	6	4	hr. min.

9. Birthplace Myersville, Md.
(Town, county and state)
10. Usual Occupation Day Laborer
11. Industry or business

FATHER
12. Name John L. Main
13. Birthplace Myersville, Md.

MOTHER
14. Maiden Name Mollie Routzahn
15. Birthplace Myersville, Md.

16 (a) Informant Amy Main
(b) Address Middletown, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/42 (month) (day) (year)
(c) Cemetery or crematory Lutheran
Location Middletown Md.

18 (a) Funeral director [illegible]
(b) Address Middletown, Md.

19 (a) [illegible] (Local registrar) (b) Huntington Williams M.D. Registrar

SEP 21 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1942, at 12:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 29 1942 to Sept 20 1942, and that I last saw him alive on Sept 20 1942.

Immediate cause of death	Duration
Right Heart Failure	6 months
Due to Mitral Stenosis	15 to 20 yrs.
Due to Rheumatic Fever.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Chronic mitral Stenosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. K. Palmer M. D.
Address University Hospital Date signed 9-20-42

95876 T.N 76754

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 95876 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 215 Dickman St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Hetzler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1867

8. AGE: Years 75 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER
12. Name Fred Hetzler
13. Birthplace Maryland

MOTHER
14. Maiden Name Marie ?
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-42 (month) (day) (year)
(c) Cemetery or crematory Monumental Memorial Park
Location

18 (a) Funeral director Leonard Merrick
(b) Address 1502 Maryland Ave

19 (a) SEP 21 1942 (b) Huntington Williams Registrar
Date received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18-42 19 , at 4 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 1942, to 9-18 1942, and that I last saw h im alive on 9-18 1942.

Immediate cause of death Bronchopneumonia — Duration ?

Due to

Due to

Other Conditions Generalized arteriosclerosis ? Malnutrition ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address Balt. City Hosp Date signed 9-19-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 8

95877

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

F 95877

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5401 Carlton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Belto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5401 Carlton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Fantz

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Clara R. Fantz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-29-1877

8. AGE: Years	Months	Days	If less than one day
64	8	18	hr. min.

9. Birthplace Glen Rock Pa
(Town, county, and state)
10. Usual Occupation Electric Engineer
11. Industry or business

FATHER
12. Name Charles Fantz
13. Birthplace Pa

MOTHER
14. Maiden Name Catherine Bowman
15. Birthplace Pa

16 (a) Informant Clara R Fantz
(b) Address 5401 Carlton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-42 (month) (day) (year)
(c) Cemetery or crematory Berkwood
Location

18 (a) Funeral director Leonard J Rusk
(b) Address 5305 Harford Rd

19 (a) SEP 21 1942 (b) Name of registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 17 1942 at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 11 1942 to Sept. 17 1942 and that I last saw him alive on Sept. 16 1942

Immediate cause of death Cirrhosis of liver — Duration

Due to

Due to

Other Conditions Carcinoma of stomach
Chronic myocarditis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. V. Hayhurst M. D.

Address 4756 Garfield Ave Balt Md Date signed 9/20/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

95878

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95878 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. Give correct age in years, months, days, hours or minutes. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Cordova (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Henry Perry Markell

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-37

8. AGE: Years	Months	Days	If less than one day
5	5	15	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name George Edward Markell
13. Birthplace Md.

MOTHER
14. Maiden Name Edith Wade
15. Birthplace Md

16 (a) Informant Admission office
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Rusk
(b) Address 5305 Harford Rd

19 (a) (b) Huntington Mill Rockville, Md.

SEP 21 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 1942 to 9-18 1942 and that I last saw h(im) alive on 9-18 1942.

Immediate cause of death	Duration
Intracranial pressure	3 days
Due to Cerebral trauma	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 9-17
Major findings of operation: Subdural hematoma
of autopsy: Subdural haemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident ???
(b) Date of occurrence 9-15 at ?? M
(c) Where did injury occur? Cordova, Md. Talbot (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Farm Md. While at work? (Specify type of place)
(e) Means of injury Kicked by a mule??

23. Signature Averill Stowell M. D.
Address University Hospital Date signed 9-18

95879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

F 95879 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6611 Harford Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6611 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MAURICE C ATEN

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NONE	None	M	W	Married

6 (b) Name of husband or wife Mary Aten
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-11-1879

8. AGE: Years	Months	Days	If less than one day
63	4	7	hr. min.

9. Birthplace PA (Town, county, and state)
10. Usual Occupation Retired Steel Worker
11. Industry or business

FATHER 12. Name David Aten
13. Birthplace PA

MOTHER 14. Maiden Name Katherine Francis
15. Birthplace PA

16 (a) Informant Mrs Mary Aten
(b) Address 6611 Harford Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J Burke
(b) Address 6805 Harford Rd

SEP 21 1942

19 (a) Huntington Williams (Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/18 1942, at 7.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/14 1942 to 9/18 1942 and that I last saw him alive on 9/18 1942.

Immediate cause of death	Duration
Tuberculosis, Larynx	1 yr.
Due to Tuberculosis pulmonary	about 10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. M. Bacon M. D.
Address 810 Taylor Ave. Date signed 9/20/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Accuracy and correct age is especially important.

F 95880

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 832

Registered No. F 95880

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 758 W. Lanvale
(c) Hospital or institution: Ledwood H

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 758 W. Ledwood
(If rural give location) Ledwood
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Williams

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Joseph Williams (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1903

8. AGE: Years	Months	Days	If less than one day
39	7	12	hr. min.

9. Birthplace Turrier, N. C. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Edward Austin
13. Birthplace N. C.

MOTHER
14. Maiden Name Katie Willaber
15. Birthplace N. C.

16 (a) Informant Joseph T. Williams (Husband)
(b) Address 958 W. Ledwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. G. Co.

18 (a) Funeral director Samuel McChesney & Son
(b) Address 638 N. Gilmor St.

19 SEP 21 1942 Hunting for Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20 1942 at 7:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1942 to Sept 20 1942 and that I last saw h[illegible] alive on Sept 20 1942.

Immediate cause of death
Pulmonary edema
Acute Myocarditis
Due to Cerebral Thrombosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
1 Day
1 Day
6 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis L. Berney M. D.
Address 1420 E. Chase Date signed Sept 21 '42

VS 3

95881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 95881 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St
(c) Hospital or institution: Maryland Penitentiary Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) married
(d) Street No. 423 - Manns Court (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Barnes

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1903

8. AGE: Years 39 | Months 4 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name John Barnes
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Alice Thompson
15. Birthplace Virginia

16 (a) Informant Jas. H. Johnson
(b) Address 709 Manns Court

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/22/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus
Location

18 (a) Funeral director Edgar Thos. Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Signature of Registrar) (b) Huntington Williams M.D.

SEP 21 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19 1942, at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5 1942 to Sept. 19 1942, and that I last saw h[illegible] alive on Sept. 19 1942.

Immediate cause of death: Cardiac Failure — Duration
Due to Hypertensive Cardio-Vascular Renal
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Williams M. D.
Address 1123 St. Paul St. Date signed 9-19-42

95882

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 64

Registered No. F 95882

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland N.
(b) Street address 513 Paca ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 513 N. Paca St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Wilson Jr. (Birth F- 50127)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Child

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-15-42

8. AGE: Years	Months	Days	If less than one day
	6		hr. min.

9. Birthplace Balto md
(Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name Charles Wilson
13. Birthplace md

MOTHER
14. Maiden Name Annie Anderson
15. Birthplace md.

16 (a) Informant Annie Wilson
(b) Address 513 N. Paca. st.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Addison Halstead
(b) Address 918 Druid Hill Ave

19 (a) SEP 21 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1942, at 9 00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Status thymico-lymphaticus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept. 19 1942

VS 6

F95883 V87c F95883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 307 Woodlawn Road Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sidney F. Veale

If U. S. Veteran specify WAR .....

(a) Residence: No. 307 Woodlawn Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura E. Veale

6. DATE OF BIRTH (month, day, year) April 24, 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Detroit Michigan

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Frances M. —

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hopkins Veale
(Address) 307 Woodlawn Road

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 9/22, 1942

19. UNDERTAKER L. Leroy Stiffler, Inc.
(Address) 5005 Park Heights Ave.

SEP 21 1942 #19 F. F. Wil. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/19/42

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parkinson's disease	1925
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation /

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? /
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? /

If so, specify .....

(Signed) Walter Landon M. D.

(Address) 14 Main Street
Reisterstown, Md.

V8 8

F 95884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95884 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Do not abbreviate. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution: Sinai Hospital of Baltimore Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 South Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Lena Lilienthal Hoffman

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Gus Hoffman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 7 1881

8. AGE: Years	Months	Days	If less than one day
61	5	13	hr. min.

9. Birthplace Florida (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Bernhard Lilienthal
13. Birthplace Bavaria

MOTHER
14. Maiden Name Elizabeth Strauss
15. Birthplace New York.

16 (a) Informant Mr. Gus Hoffman
(b) Address 2304 South Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)
(c) Cemetery or crematory Crestlawn
Location Atlanta, Ga.

18 (a) Funeral director Harris Goodman Son
(b) Address 1902 Eutaw Place

19 (a) SEP 21 1942 (b) Registrar
(Date rec'd by reg.)

VS 8

Huntington Hillsdale Md

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1942, at 11:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1942 to Sept 20 1942 and that I last saw h.er alive on Sept 20 1942.

	Duration
Immediate cause of death Cardiac failure	several minutes
Due to General debility	2 mos
Due to Carcinoma of Lung	unknown
Other Conditions Parkinsonian syndrome; hirsutism; obesity (Include pregnancy within 3 months of death)	20 years

Date of operation
Major findings of operations:
of autopsy: Sept 20, 1942; Ca Lung, metast. [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Sinai Hospital Monument & Rutland Ave Date signed 9-20-42

F 95885

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95885
Registered No. 123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Williams Custer Ave
(c) Hospital or institution: Ballst Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town 5110 Main St, Elkridge Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5110 Main St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs John F. Trainor

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 7, 1860

8. AGE: Years	Months	Days	If less than one day
82	5	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Supt. of Drug Co.
11. Industry or business Brooklyn, N.Y. Island.

FATHER
12. Name John Trainor
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Irving
15. Birthplace Ireland

16 (a) Informant Mrs J. Bayman
(b) Address 5110 Main St, Elkridge, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/42 (month) (day) (year)
(c) Cemetery or crematory St Augustines Cem.
Location Elkridge, Md.

18 (a) Funeral director John J. Cowan & Son
(b) Address 90 Hollins St.

19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/20 1942 at 5 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/8 1942 to 9/21 1942 and that I last saw h~~e~~r alive on 9/21 1942.

	Duration
Immediate cause of death: Aortic decompensation	1 week
Due to	
Due to	
Other Conditions acute diverticulitis of the colon (Include pregnancy within 3 months of death)	10 days

Date of operation 9/3
Major findings of operation: perforated diverticulitis of colon
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. W. Thomas M. D.
Address 5 St Agnes Hosp Date signed 9/22

F 95886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 95886 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4015 Roland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4015 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna Parsons Scott

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Harry E. Scott
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 - 1879

8. AGE: Years	Months	Days	If less than one day
63	2	8	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER 12. Name	Nathaniel E. Parsons
13. Birthplace	Maryland
MOTHER 14. Maiden Name	Sarah E. Ficks
15. Birthplace	Maryland

16 (a) Informant Harry E. Scott
(b) Address 4015 Roland Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

SEP 21 19[illegible] Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1942 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1935 to Sept 18 1942 and that I last saw him alive on Sept 18 1942

Immediate cause of death	Duration
Myocardial failure	
Due to Hypertension	
Due to Cerebral hemorrhage	7 yrs
Due to Stroke	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature W. H. Smith M. D.
Address Plaza 2935 Date signed 9/18/42
3429 Chestnut Ave

VS 2

95887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 95887 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5210 Pembroke
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matthias Meager

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mary A
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26 1892

8. AGE: Years	Months	Days	If less than one day
50	2	24	hr. min.

9. Birthplace Ohio
(Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Bethlehem Steel Corp.

FATHER
12. Name John Meager
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary (Jenkins)
15. Birthplace Ohio

16 (a) Informant Mary A Meager
(b) Address 5210 Pembroke Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-47 (month) (day) (year)
(c) Cemetery or crematory Westview
Location Baltimore Md

18 (a) Funeral director Wm Cook Inc
(b) Address 1217 E Fayette St

19 (a) SEP 21 1947 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20- 1947 at 4:55 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Perforating Paralysis	
Due to Dislocation 7 5-6 Cervical Vertebrae	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-19-47 at 9 A M
(c) Where did injury occur? Bethlehem Steel Corp Yards
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? Yes
(Specify type of place)
(e) Means of injury Fell & struck head

23. Signature Howard J Worden M.D.
Medical Examiner.
Date signed 9-20-47

VS 6

F 95888

Drechsler

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 95888 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Union Memorial Hosp.
(c) Hospital or institution: 33rd and Calvert.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3½ hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yrs.

2. USUAL RESIDENCE OF DECEASED.
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2111 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME John Jacob Drechsler

3 (b) If veteran, name war NO
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married.

6 (b) Name of husband or wife Mrs. John J. Drechsler
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1884

8. AGE: Years	Months	Days	If less than one day
57	11	19	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Casper Drechsler
13. Birthplace Maryland.

MOTHER
14. Maiden Name Annie Schultise
15. Birthplace Maryland.

16 (a) Informant Wife.
(b) Address 2114 St. Paul St.

17 (a) Buried (b) Date thereof 9/22/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Md.
Location Baltimore Md.

18 (a) Funeral director William Cook Inc
(b) Address 2103 St Paul Street

19 (a) SEP 21 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 1942 at 2:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18 1942, to Sept. 19 1942, and that I last saw him alive on Sept. 19 1942.

Immediate cause of death Cardio - respiratory failure — Duration 5 min.

Due to Coronary occlusion — 1 wk? and intermittent for 2 yrs.

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Talbott, Jr. M. D.
Address Union Memorial Hosp. Date signed 9-19-42

VS 3

F 95889

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95889 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City or Town Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 5607 Roland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lou Guinn

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.	6 (b) Name of husband or wife	6 (c) If alive, give age
None	None	Female	White	Married	Frank F	years

7. Birth date of deceased (mo., day, yr.) Aug 5-1872

8. AGE: Years	Months	Days	If less than one day
70	1	15	hr. min.

9. Birthplace Washington Co Penna (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name	James Sibert
13. Birthplace	Washington Co Penna
MOTHER 14. Maiden Name	Eliza Darnyole
15. Birthplace	Washington Co Penna

16 (a) Informant Frank F. Guinn
(b) Address Havre De Grace Md
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road
18 (a) Funeral director William Cardc Inc
(b) Address 5307 St Paul St
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

SEP 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/20/42 19 at 12 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/16/42 to 9/20 19 42
and that I last saw h[illegible] alive on 9/19 19 42

Immediate cause of death: Cerebral Hemorrhage
Vascular

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 8 hrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A W Wharton M. D.
Address 4309 Gt Ry Date signed 9/20/42

VS 3

F 95890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1637 Registered No. F 95890

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
(a) Baltimore City, Maryland
(b) Street address: Mercy Hospital
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna M. Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	MARRIED

6 (b) Name of husband or wife Joseph W. Lee
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 14 1910

8. AGE: Years	Months	Days	If less than one day
32	0	4	hr. min.

9. Birthplace Claridge Penna (town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Anton Tyok
13. Birthplace Austria Hungary

MOTHER
14. Maiden Name Josephine Stopfer
15. Birthplace Czechoslovakia

16 (a) Informant Joseph W. Lee
(b) Address 1520 Eutaw Place Balto
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/21/42 (month) (day) (year)
(c) Cemetery or crematory McKendrick
Location McKendrick Rd.
18 (a) Funeral director Hellegan Bros Inc
(b) Address 217 St Paul St Huntington Williams, W.Va.
19 (a) SEP 21 1942 (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1942 at 5.07 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Bichloride of mercury poisoning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Sept 13 1942 at 2.00 P.M.
(c) Where did injury occur? 1520 Eutaw Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury Swallowed poison
23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 19 1942.

95891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117B

Registered No. E 95891

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Halabird Park (If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 Walnut Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Philip Long

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-07-6344

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Marie Long

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Aug. 7 - 1902

8. AGE: Years	Months	Days	If less than one day
40	1	10	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Beth. Steel Co.

FATHER
12. Name Kuhn Long
13. Birthplace Balto.

MOTHER
14. Maiden Name Annie Meehan
15. Birthplace Balto

16 (a) Informant Mrs. Marie Long
(b) Address 1935 Walnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave - Rd.

18 (a) Funeral director John F. Connolly
(b) Address 418 Eastern Ave - Essex

19 SEP 21 1942 (Date rec'd by local registrar) Signature of Registrar for Williams Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 17 1942, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17 1942, to Sept. 17 1942, and that I last saw him alive on Sept. 17 1942.

	Duration
Immediate cause of death: Generalized Peritonitis	?
Due to: Perforated Duodenal Ulcer	?
Due to:	
Other Conditions: Diabetes	2 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Same as above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fusting, M.D.
Address St. Joseph's Hosp. Date signed 9-17-42

VS 8

F 95892

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95892 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reviewed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Washington Blvd
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town
(If outside city limits, write RURAL and give County)
(d) Street No. 1200 Washington Blvd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Jr. Payne

3 (b) If veteran, name war: Hosp Corps
3 (c) Social Security Account No. 212-12-1923
4 Sex: Male
5 Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~: Harriett
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 14 1883
8. AGE: Years 59 Months 11 Days 29 If less than one day min.
9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business Daily Cooperage
FATHER 12. Name Joseph H. Payne
13. Birthplace Maryland
MOTHER 14. Maiden Name Emma McGraw
15. Birthplace Maryland
16 (a) Informant Mrs Chas Hoyerman
(b) Address 1707 St Paul St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road
18 (a) Funeral director William Cook Jno
(b) Address 1217 St Paul Street
19 (a) SEP 21 1942 (Date filed by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 18 1942 at 12:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1942 to Sept 18 1942 and that I last saw h~~im~~ alive on Sept 17 1942

Immediate cause of death	Duration
Pulmonary Tuberculosis	3 yrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury Hanging Strangulation

23. Signature
Address 517 Scott St Date signed 9/21/42

VS 8

F 95893 BALTIMORE CITY HEALTH DEPARTMENT F 95893

CERTIFICATE OF DEATH 64

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished by undertaker. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1519 Bruck St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Hardy (Birth F 54974)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 2, 1942

8. AGE: Years | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Robert J. Hardy
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Mary M. Campbell
15. Birthplace Baltimore, Md.

16 (a) Informant Robert J. Hardy
(b) Address 1519 Bruck Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Bernard C. Haack
(b) Address 1711 E. Monument St.

(a) Huntington Williams, M.D. (b) Registrar

SEP 21 1942 (Date received by Registrar)

MEDICAL CERTIFICATION 40

20. DATE OF DEATH Sept. 19 1942, at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Status thymico-lymphaticus.

Due to

Due to

Other Conditions (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Sept. 20 1942

VS 6

F 95894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6307 Belair Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6307 Belair Rd. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Austria

3 (a) FULL NAME Wenzel Helgert

3 (b) If veteran, name war No | 3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Margaret Kaufer 6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) July 3, 1896

8. AGE: Years	Months	Days	If less than one day
56	2	16	..... hr. ..... min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Shoe maker
11. Industry or business

FATHER
12. Name ? Helgert
13. Birthplace Austria

MOTHER
14. Maiden Name Margaret Gustner
15. Birthplace Austria

16 (a) Informant Margaret Helgert
(b) Address 6307 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21, 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. end North Ave.

18 (a) Funeral director M. W. E. Pope & Sons
(b) Address 7110 Belair Rd.

19 (a) Date received SEP 21 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1941 to Sept 19 42 and that I last saw him alive on Sept 19 1942

Immediate cause of death: Cardiac Insufficiency — Duration 1 day
Due to: Hemorrhage — 2 yrs.
Due to: Arteriosclerosis — 2 yrs.
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin W. Strobe M. D.
Address 8062 Fullerton Date signed Sept 20, 42

F 95895 T.N 76464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1142 ✓

F 95895 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 E. Preston St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Willie Ann Hamlette

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4th, 1885

8. AGE: Years	Months	Days	If less than one day
57	4	15	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Harvey
13. Birthplace Va.

MOTHER
14. Maiden Name Martha ?
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 22 42 (month) (day) (year)
(c) Cemetery or crematory Mt Cavary Bem
Location Balto Co

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

Date received SEP 21 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/19 1942 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1942 to 9/19 1942 and that I last saw her alive on 9/19 1942.

	Duration
Immediate cause of death anoxemia	1 day
Due to lung abscess	4 weeks
Due to (over)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Mazer
Address Balto. City Hospitals Date signed 9/19/42

F 95396

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95896 — Registered No. 958

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 91 days
(e) Length of stay in Baltimore (yrs., mos., or days) 91 days

2. USUAL RESIDENCE OF DECEASED:
(a) State North Carolina (b) County
(c) City or town Greenville (If outside city or town limits, write RURAL and give town)
(d) Street No. E 5th & Bi Hmore St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Doctor Louis Cotten Skinner

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Mrs. Daisy Skinner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15-1880

8. AGE: Years	Months	Days	If less than one day
62	3 4	20 5	hr. min.

9. Birthplace North Carolina (town, county, and state)
10. Usual Occupation Physician
11. Industry or business —

FATHER
12. Name Mr. Charles Skinner
13. Birthplace North Carolina

MOTHER
14. Maiden Name Hattie Cotten
15. Birthplace North Carolina

16 (a) Informant Mrs. Louis Cotten Skinner (wife)
(b) Address E 5th & Bi Hmore St. Greenville, N.C.

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 9/20/42 (month) (day) (year)
(c) Cemetery or crematory
Location Greenville North Carolina

18 (a) Funeral director Philip Herring Sons
(b) Address 2024 Orleans St.

19 (a) SEP 21 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/20 1942 at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6/14 1942 to 9/20 1942, and that I last saw him alive on 9/20 1942.

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to Subacute Bacterial Endocarditis	5 3-4
Due to Strep. Viridans	
Other Conditions (superimposed on) Rheumatic Heart Disease	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Wentz Jr. M. D.
Address Union Memorial Hosp. Date signed 9-21-42

F 95897

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

F 95897

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: John Hopkins Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Balto City (If outside city or town limits, write RURAL and give town)

(d) Street No. 1730 N. Wolfe St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anthony Wagner

3 (b) If veteran, name war	3 (c) Social Security Account No.
No.	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 23/1879

8. AGE: Years	Months	Days	If less than one day
63	6 5	26 25	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation Service Station Operater

11. Industry or business For Self

FATHER 12. Name Michael Wagner

13. Birthplace Germany

MOTHER 14. Maiden Name Margaret Scheflein

15. Birthplace Germany

16 (a) Informant Wife

(b) Address 1730 N. Wolfe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director Lilly + Zeltz Inc. 1730 N. Wolfe St.

(b) Address 4038 E. Wolfe St.

19 (a) SEP 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1942, at 11 a M

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1941 to September 18 1942, and that I last saw h alive on September 19

Immediate cause of death Coronary Insufficiency — Duration 1 year 6 mos

Due to General Arteriosclerosis

Due to Arterial Hypertension — 15 Hours

Due to

Other Conditions Cardiac Dilatation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Albert Cisquelay M. D.

Address 2025 E. Lyndhurst Date signed 9/19/42

H. L. Wollenweber, M.D. Per-S.T.

VS 3

F 95898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

✓ F 95898 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as fully as possible. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4007 Woodhaven Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4007 Woodhaven Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sidney Hackett Shaw

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	212-03-7530

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife M. Adelaide Shaw
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1874

8. AGE: Years	Months	Days	If less than one day
68	8	5	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation Auditor & Office Mgr.
11. Industry or business Corkran-Hill Co.

FATHER
12. Name Frank J. Shaw
13. Birthplace England

MOTHER
14. Maiden Name Eliza Coomber
15. Birthplace England

16 (a) Informant Mrs. M. Adelaide Shaw
(b) Address 4007 Woodhaven Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mausoleum
Location Woodlawn Cemetery

18 (a) Funeral director Wm. J. Tirkner & Sons.
(b) Address North & Pa. Aves.

19 SEP 21 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sep 16 1941 to Sep 19 1942 and that I last saw [illegible] alive on Sep 19 1942

Immediate cause of death Carcinoma of bowel — Duration 3

Due to

Due to

Other Conditions Bladder stone
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel H. Gyer M. D.
Address 611 Cumberland Date signed Sep 21-42

VS 3

F 95899

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

F 95899

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and correctly. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2101 W. Cold Spring Lane

(c) Hospital or institution:

Cold Spring Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1y 5 3 mo

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2001 McHenry Ave

(If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Charles S. Wildberger

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret Wildberger

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 12, 1861

8. AGE: Years	Months	Days	If less than one day
81	3	8	..... hr. ..... min.

9. Birthplace Baltimore, Md.

(Town, county, and state)

10. Usual Occupation Pickle Business

11. Industry or business Self

FATHER

12. Name Unknown

13. Birthplace Unknown

MOTHER

14. Maiden Name Margaret Weber

15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Selma Bowen

(b) Address 4009 Woodridge Road

17 (a) Burial (b) Date thereof Sept. 22, 1942

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western

Location Edmondson Ave. Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons,

(b) Address North & Pa. Aves.

19 (a) SEP 21 1942 Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20, 1942 at 1:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1941, to Sept 20 1942, and that I last saw h.. alive on Sept 18 1942.

Immediate cause of death	Duration
Hypernephroma	
Due to	
Due to	
Other Conditions Nephritis	

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(Specify type of place)

(e) Means of injury .....

23. Signature M. N. Patterson M. D.

Address 2324 Reisterstown Rd Date signed 9/21/42

VS 3

95900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

167

Registered No. E 95900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: John Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1235 N. Mathews Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leo B. Smithers

3 (b) If veteran, name war Yes | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife Common Fact —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1906 – Illegible

8. AGE: Years	Months	Days	If less than one day
34			hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Wholesale Grocery

FATHER
12. Name Robert Smithers
13. Birthplace Washington D.C.

MOTHER
14. Maiden Name Emma Griffin
15. Birthplace Washington D.C.

16 (a) Informant Emma Williams
(b) Address 2108 K St. N.W Wash D.C.

17 (a) Burial (b) Date thereof Sept 23 34
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Washington DC
Location DC. Wilson

18 (a) Funeral director Elroy O Waldron
(b) Address 1000 Brantley E

19 (a) SEP 21 1942 (b) Washington Williams Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19- 1942, at 9.40 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Hemorrhage following	
Due to Stab wound of chest	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9-19-42 at 9.25 P.M
(c) Where did injury occur? Bel Air Market
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Sharp instrument

23. Signature E. Waldron M.D.
Medical Examiner.
Date signed 9-21-42

F 95901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

Registered No. F 95901

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 E. Fayette Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys Lucy Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	married

6 (b) Name of husband or wife Daniel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1903

8. AGE: Years	Months	Days	If less than one day
39	6	14	hr. min.

9. Birthplace North Carolina
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name James Thomas
13. Birthplace N. C.

MOTHER
14. Maiden Name Roberts ?
15. Birthplace N. C.

16 (a) Informant James Scott (husband) (b) Address 1417 E. Fayette Street

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 21, 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Henderson N. Carolina

18 (a) Funeral director Mrs. Robert A. Elliott Dept
(b) Address 1129 N. Carolina Street

19 (a) SEP 21 1942 (Date rec'd by registrar) (b) [illegible] Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17- 1942, at 3:5 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death
Drowning
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence 9-17-42 at 3:5 A.M.
(c) Where did injury occur? City Harbor, at Pier 6
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work?
(Specify type of place)
(e) Means of injury Removed from harbor

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 9-17-42

VS 6

95902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95902
Registered No. 93D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 N. Caroline St.
(c) Hospital or institution St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo. 12 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Mary
(c) City or town Leonardtown, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph E. Holt.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Widower.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-42 (month) (day) (year)
(c) Cemetery or crematory St. Joseph's Cem.
Location Morganza, St. Mary Co., Md.

18 (a) Funeral director Pius B. Robinson
(b) Address Dameron, St. Mary Co., Md.

19. (a) Filed SEP 24 1942 (b) Lexington Baltimore Md. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1942, at 8 25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Sept 20 1942 and that I last saw h[illegible] alive on Sept 20 1942

Immediate cause of death: Hypertension and arteriosclerotic heart disease with arteriosclerotic aortic aneurysm.

Duration: 3 MO 12 da.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Arteriosclerotic aneurysm of thoracic aorta.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fustino M. D.
Address St. Joseph's Hosp. Date signed 9-20-42

F 95903 BALTIMORE CITY HEALTH DEPARTMENT F 95903

CERTIFICATE OF DEATH

61 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3613 Coolidge Avenue (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No) If yes, name country

3 (a) FULL NAME Susie F. Vail

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Philip T. Vail
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 3, 1895

8. AGE: Years	Months	Days	If less than one day
46	9	16	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Vascom Harrell
13. Birthplace Virginia

MOTHER
14. Maiden Name Dyer
15. Birthplace Virginia

16 (a) Informant Husband Philip T. Vail
(b) Address same 3613 Coolidge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3501 Fred. ave.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

SEP 21 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19, 1942, at 1:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18, 1942 to Sept. 19, 1942 and that I last saw h[illegible] alive on Sept. 19, 1942.

Immediate cause of death Probable Cerebral Embolism — Duration

Due to Coronary Thrombosis

Due to Diabetes Mellitus, Hypertensive C.V.D.

Other Conditions Embolism to Rt. Femoral Artery

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A Barthel Jr M.D.
Address University Hosp. Date signed 9/19/42

F 95904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 95904 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Belleau ave
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 Cambridge St (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Poland

3 (a) FULL NAME Helen Augustynowicz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Vincent Augustynowicz deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Casimier Bogdanowicz
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Ben. augustynowicz Son
(b) Address 2102 Cambridge Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 22 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary (Church)
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street

19 (Date received by Registrar) SEP 21 1942 Huntington Williamsburg

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep 19 1942, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3, 1942 to Sept 19, 1942 and that I last saw h alive on Sept 18 1942

Immediate cause of death	Duration
Hypertensive Cardio-Vascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholas T. Neuscamp M. D.
Address 955 Eastern Ave Date signed 9/20/42

F 95905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95905

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1708 Eutaw Place
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 325 S. Castle Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country naturalized

3 (a) FULL NAME Anthony Bagrowski
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-16-5407

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Stanislawa Bagrowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years 70 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name unknown
13. Birthplace Poland

MOTHER
14. Maiden Name unknown
15. Birthplace Poland

16 (a) Informant Steven Bagrowski
(b) Address 327 S. Castle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 23/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Brooklyn
Location Anne Arundel County

18 (a) Funeral director John J. Weber
(b) Address 401 S. Chester Street

19 (a) [illegible] Huntington Williams M.D. Registrar
(Date received by registrar) Sep 21 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep 20 1942 at 120 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1942 to Sept 19 1942
and that I last saw him alive on Sept 19 1942

Immediate cause of death Cerebral Apoplexy — Duration 12 days
Due to Chronic Hypertension — 2 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John J. Kraps M. D.
Address 26 W Eastern Date signed 9/24/42

F 95906

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1600

F 95906
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 755 Dover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roland Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Hubert R. Brown

13. Birthplace North Carolina

MOTHER 14. Maiden Name Margaret Brown

15. Birthplace Balto. Md.

16 (a) Informant Margret Brown

(b) Address 755 Dover St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 20 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Lion County

Location Balto. Md.

18 (a) Funeral director Walter R. Sanigar

(b) Address 139 W. Hamilton St.

19 (a) (Date rec'd by registrar) (b) Thomas Lord Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20 19 42 at 2.00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death Cardiac Failure — Duration

Due to Intracranial Hemorrhage

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dwight B. McNally M.D. Medical Examiner.

Date signed 9/21/42

F 95907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95907 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 580 Dolphin St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Evans WILBERT

3 (b) If veteran, name war

3 (c) Social Security Account No. 245-09-3908

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, [illegible]

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	9	7		

9. Birthplace Matthews, Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Evans
13. Birthplace Va

MOTHER
14. Maiden Name Sophia White
15. Birthplace Va

16 (a) Informant Sadie Martin
(b) Address 585 Dolphin St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Sept 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Old Point Comfort
Location Virginia

18 (a) Funeral director Mrs Katie Robinson
(b) Address 322 N Schroeder St

19 (a) SEP 21 1942 (Date rec'd by registrar) (b) Huntington Williamson, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 1942 11:25a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1942 to Sept 19 1942 and that I last saw h[illegible] alive on Sept 19 1942.

Immediate cause of death: Emphysema — Duration: 1 week
Due to: Lobar Pneumonia — 2 weeks
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling
Address Provident Hospital Date signed 9/19/42 M. D.

VS 8

F 95908 ✓ F 95908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1924 E. Lombard St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 1924 E. Lombard St (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME George W. Gerlach

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Christina M.

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 13 1868

8. AGE: Years 54 | Months 4 | Days 7 | If less than one day: ..... hr. ..... min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Conductor

11. Industry or business W. B. & A.

FATHER 12. Name Adam Gerlach

13. Birthplace Germany

MOTHER 14. Maiden Name Marie

15. Birthplace Germany

16 (a) Informant: Christina M. Gerlach

(b) Address 1924 E. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, '42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location 4300 Belair Rd.

18 (a) Funeral director M. W. E. Dippel's Sons

(b) Address 2040 Harford & Erdman Ave.

19 (a) ..... (b) Huntington Williams, M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1942 at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1, 1941 to Sept 20 1942

and that I last saw him alive on Sept 20 1942

Immediate cause of death: Cerebral Thrombosis

Due to: Coronary Sclerosis

Due to: Angina Pectoris

Due to: Chr. Myocardial Insuff.

Other Conditions

Duration: acute / 10 mos.

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? ..... (City or town) ..... (County) ..... (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....

(e) Means of injury .....

23. Signature Isaac Stevens M.D.

Address 7007 Bradford Date signed 9/21/42

VS 8

F 95909 ✓ F 95909

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct ago is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 27 E. Ford ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 27 E. Ford ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Vera A. Parsons

3 (b) If veteran, name war: No
3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas E Parsons
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1906

8. AGE: Years	Months	Days	If less than one day
36	6	26	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John J Norfolk
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth Schafer
15. Birthplace Balto Md

16 (a) Informant Thomas E Parsons
(b) Address 27 E Ford ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location a. c. Co

18 (a) Funeral director C. Howard Evans
(b) Address 2400 St Paul St

SEP 21 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19, 1942, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1, 1942, to Sept. 19, 1942, and that I last saw h alive on Sept 19, 1942.

Immediate cause of death Cardiac failure
Due to Acute Dilatation
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. P. Friedman M. D.
Address 1319 Light St Date signed 9/19/42

VS 3

F-95910

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46a

F 95910 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 34 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3800 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME: Joseph Di Cara

3 (b) If veteran, name war

3 (c) Social Security Account No. 717-07-6377

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1873

8. AGE: Years 69 | Months 11 | Days 26 | If less than one day ... hr. ... min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation Watchman

11. Industry or business Unemployed

FATHER
12. Name Angelo Di Cara
13. Birthplace Italy

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Italy

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Del[illegible] Sons
(b) Address 1[illegible] N. Morley St.

19 (a) SEP 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

Vs 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20 1942 5:39 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-17 1942 to 9-20 1942.
and that I last saw him alive on 9-20 1942.

Immediate cause of death Carcinoma of ovary, Chagni's metastasis

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Haase M. D.
Address Balto City Hospitals Date signed 9-20-42

F 95911 ✓ F 95911

BALTIMORE CITY HEALTH DEPARTMENT

T.N 76322 **CERTIFICATE OF DEATH** 137a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4 N. Curley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis Espey

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-07-9995

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Elizabeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14th, 1868

8. AGE: Years	Months	Days	If less than one day
74	7	5	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business American Can Co

FATHER
12. Name William Peter Espey
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Smith
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore City
Location Northeast - Baltimore, Md.

18 (a) Funeral director Thos. Miller Sons
(b) Address 1435 E. Oliver St

19 (a) SEP 21 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/19 1942 at 5:00 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/25 1942 to 9/19 1942, and that I last saw h[illegible] alive on 9/19 1942.

Immediate cause of death: Post Operative Shock — Duration: 2 wks
Due to Prostatectomy
Due to
Other Conditions Benign Prostate Hypertrophy (Include pregnancy within 3 months of death)
Date of operation 9/4/42
Major findings of operation: Benign prostatic hypertrophy
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Paul Matz
Address 5. O. 11 Date signed 9/19/42 M. D.

VS 3

F 95912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 477

F 95912 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 3131 Oakford Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3131 Oakford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Thomas R. Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. 106-07-3781

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Minnie M. Taylor

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Feb. 20-1874

8. AGE: Years 68 | Months 6 | Days 29 | If less than one day: hr. min.

9. Birthplace Norfolk Va. (Town, county and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business Shipyard

FATHER
12. Name Robt. Taylor
13. Birthplace Norfolk Va.

MOTHER
14. Maiden Name Rebecca Ware
15. Birthplace ?

16 (a) Informant Mrs. Minnie M. Taylor
(b) Address 3131 Oakford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Frederick Ave.

18 (a) Funeral director Elizabeth Harle Funl.
(b) Address 115 E. West St.

19 (a) SEP 21 1942 (Received by Registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1942 at 4.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1942 to Sept 18 1942 and that I last saw him alive on Sept 18 1942.

Immediate cause of death

Cancer of Lung

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John D. Bucket

Address 4865 Park Heights Av Date signed 9/19/42

422020

F95913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F95913

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Annes
(c) City or town Chester (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Birdie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-7-86

8. AGE: Years	Months	Days	If less than one day
55	11	14	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William Lynch
13. Birthplace West Indies.

MOTHER
14. Maiden Name Rosina Wright
15. Birthplace Md.

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 9/23/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Chester, Md.

18 (a) Funeral director Lewis A. Henry
(b) Address Coxbridge, Md.

19 (a) Filed SEP 22 1942 (b) Attending or Williams, M.D.
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1942 at 8:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942 to Sept 21 1942 and that I last saw h[illegible] alive on Sept 21 1942

Immediate cause of death Pneumothorax

Due to Type 23 septicemia, meningitis, endocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
4 weeks

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William S. Brooke M. D.
Address Johns Hopkins Hosp. Date signed 9/24

CERTIFICATE CORRECTED 10-5-56

F 95914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No. F 95914

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1829 N. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ~~JAMES~~ Joseph P. ROSAZZA

3 (b) If veteran, name war: W
3 (c) Social Security Account No: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name J. W. Rosazza
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Monteverdi
15. Birthplace Maryland

16 (a) Informant Lula Rosazza
(b) Address 1829 N. Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22, 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave & Fayette

18 (a) Funeral director Wilson Cook Inc
(b) Address 1217 St Paul St

19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1942, at 9:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions hx	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Wallenmaier M.D. Medical Examiner.
Date signed 9-16-42

VS 6

95915

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

146a

Registered No. F 95915

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1936 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gloria Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Married

6 (b) Name of husband or wife Rudolph Williams
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1923

8. AGE: Years	Months	Days	If less than one day
19			hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housework
11. Industry or business —

FATHER 12. Name Leo Grayson
13. Birthplace md

MOTHER 14. Maiden Name Maria Randall
15. Birthplace md

16 (a) Informant Leo Grayson
(b) Address 1936 McCulloh

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director James A Stayes
(b) Address 1142 W Pratt St

19 (a) SEP 23 1942 (Date received by local registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1942, at 1:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1942, to Sept 19, 1942, and that I last saw her alive on Sept 19 1942.

Immediate cause of death	Duration
Shock	
Due to Hemorrhage	
Due to Marginal Placenta Previa	
Other Conditions Pulmonary Embolism 5 times	Over

(Include pregnancy within 3 months of death)

Date of operation Low Forceps 9-19-42

Major findings of operation:

of autopsy: Autopsy Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. H. Bayless M. D.
Address Provident Hospital Date signed 9-19-42

95916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 95916

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reported and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 1348 Carroll Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Maryland.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY LEVI

3 (b) If veteran, name war: WW
3 (c) Social Security Account No. 218-10-0647

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1893

8. AGE: Years	Months	Days	If less than one day
49	2	5	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation HELPER ON TRUCK
11. Industry or business

FATHER
12. Name CHARLES LEVI
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Agnes Roberson
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Public Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24-42 (month) (day) (year)
(c) Cemetery or crematory National
Location

18 (a) Funeral director James A. Hayes
(b) Address 1442 W. Fayette St.

19 (a) SEP 22 1942 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 19, 1942, at 3:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18, 1942, to Sept. 19, 1942, and that I last saw him alive on Sept. 19, 1942.

Immediate cause of death	Duration
Acute dilatation of heart with thrombosis of the right atrium	48 hr.
Due to Chronic interstitial pneumonitis; massive obstructing	1 yr.
catarrhal bronchitis	3 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Clarence B. Mayer M.D.
Address US Marine Hospital Baltimore, Maryland Date signed 9/22/42

VS 3

F 95917

422263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95917 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHN HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N Eden (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mitchell Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Construction

11. Industry or business

FATHER 12. Name John Johnson

13. Birthplace NC

MOTHER 14. Maiden Name Polly

15. Birthplace NC

16 (a) Informant Records

(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director Dorothy Wilson

(b) Address 1000 Brantley Ave

19 (a) SEP 22 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1942 at 1:25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Sept 21 1942 and that I last saw him alive on Sept 21 1942

Immediate cause of death Uremia — Duration 1 wk.

Due to Malignant essential hypertension — Duration ?

Due to — Duration

Other Conditions Stroke 4 wks ago. — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Klemperer

Address Johns Hopkins Date signed 9/21

VS 3

F 95918

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 95918

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 828 N. Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Conway

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Charles Conway
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 11, '91

8. AGE: Years	Months	Days	If less than one day
51	1	8	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Charles Conway
(b) Address 828 N. Dallas St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Bryant Lane Huntington Woodlawn, Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1942 at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Sept 19 1942 and that I last saw h[illegible] alive on Sept 19 1942.

Immediate cause of death Acidosis — Duration 10 hrs.
Due to Diabetes — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Amputation 9-14-42
Major findings of operation Gangrene - left leg.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature T. E. Reeves
Address Mercy Hosp Date signed 9-20-42

VS 3

F95919

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157 NW Registered No. F 95919

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert St

(c) Hospital or institution:

Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 days

(e) Length of stay in Baltimore (yrs., mos., or days) 55 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2743 E. Biddle St

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Baby Boy Mengel (Philip Jos. Mengel) (Birth F-5 4218)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27 1942

8. AGE: Years	Months	Days	If less than one day
0	1	25 23	— hr. — min.

9. Birthplace Balto Md

(Town, county, and state)

10. Usual Occupation Baby

11. Industry or business —

FATHER 12. Name William Mengel

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Josephine Sala

15. Birthplace Balto Md

16 (a) Informant Father - Wm Mengel

(b) Address 2743 E. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore

18 (a) Funeral director Philip Henry Jos

(b) Address 2024 Eutaw St

19 (a) Date received by Registrar SEP 25 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1942 at 11 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1942 to Sept 20 1942 and that I last saw h alive on Sept 20 1942.

Immediate cause of death	Duration
Pneumatosis Faeium	2 days
Due to Atresia of Bile Ducts	55 days
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation None

of autopsy: Atresia of bile ducts

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature Thomas Hedrick

Address Mercy Hosp Date signed 9-30-42

F 95920

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 F 95920 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dor
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Pierce St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT B. MACK, Jr. (Booth F 53331)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 42

8. AGE: Years	Months	Days	If less than one day
	2	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Robert Mack, Sr.
13. Birthplace Chester S. C.

MOTHER
14. Maiden Name Mattie Hopkins
15. Birthplace Chester S. C.

16 (a) Informant Robert Mack Sr.
(b) Address 609 Pierce St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Huntington Robinson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1942 at 2 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Pneumonia Lobular early	
Due to Status Thymicolymphaticus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 9-24-42

VS 6

95921

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170 ✓ F 95921 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 Pierce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leonard Milberrie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C.	M

6 (b) Name of husband or wife Jane

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years	Months	Days	If less than one day
56 52			hr. min.

9. Birthplace Columbia Pa. (Town, county, and state)

10. Usual Occupation Longshoreman

11. Industry or business

FATHER
12. Name James Milberrie
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Cripp
15. Birthplace Md.

16 (a) Informant Viola Milberrie
(b) Address 613 Pierce Street

17 (a) (Burial, cremation, or removal) (b) Date thereof 9/22/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Adolphus Holsteen
(b) Address 91 S. Dukeland Ave. Huntington Williams M.D.

19 (a) SEP 22 1942 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1942 at 1 30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Shock — Duration

Due to ruptured liver

Due to accident

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 18 1942 at 10 A.M
(c) Where did injury occur? Franklin & Pearl Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No (Specify type of place)
(e) Means of injury Struck by truck

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 18 1942

VS 6

F 95922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95922 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct and supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2011 Frederick Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Herman Denker Jr

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-18-0399

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife: Christena Denker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 11, 1873

8. AGE: Years	Months	Days	If less than one day
68	11	8	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired -

11. Industry or business General Repairing Stoves -

FATHER
12. Name Herman H. S! Denker
13. Birthplace Germany

MOTHER
14. Maiden Name Anna E. Katje
15. Birthplace Germany

16 (a) Informant Christine Fahmuller
(b) Address Orchard Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location City

18 (a) Funeral director Jos. Aug. John W. Teufel & Son
(b) Address 801 W. Fayette St.

19 (a) Sept 22 1942 (Date received by registrar) (b) Huntington Md (Registrar) 11

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1942, at 4 45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 19 42 to Sept 19 42 and that I last saw h. alive on Sept 18 19 42

Immediate cause of death: Arteriosclerotic C.V. disease
Due to: & Coronary Thrombosis

Duration
30 hrs

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature C. J. Lubonski
Address 5217 Dunmouth Rd Date signed 9/20/42 M. D.

Garrison Rd

F 95923

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 95923

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mathison & Linda Ave
(c) Hospital or institution:
Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
Street No. 3520 Roland Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE A. MUMMA

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-7252

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ella F. Mumma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 10-1887

8. AGE: Years	Months	Days	If less than one day
55	1	11	hr. min.

9. Birthplace Balto. Co. Md
(Town, county, and state)

10. Usual Occupation Foreman, Machinist

11. Industry or business Machine Business

FATHER
12. Name Geo. W. Mumma
13. Birthplace Md

MOTHER
14. Maiden Name Josephine Patch
15. Birthplace Wash. D.C.

16 (a) Informant Mrs. Ella F. Mumma
(b) Address 3520 Roland ave

17 (a) Burial (b) Date thereof Sept. 23-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Geo. L. Boyer Jr
(b) Address 1517 Rollins Ave

19 (a) SEP 22 1942 (b) [signature] Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 19 42 at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Wollenweber M.D.
Medical Examiner.
Date signed 9-24-42

F 95924 ✓ F 95924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 802 WOODWARD ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 802 WOODWARD ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LILLIAN VUGI

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: FEM. | 5. Color or race: WHT. | 6 (a) Single, married, widowed, or divorced: WIDOW

6 (b) Name of husband or wife GEO VUGI

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) DEC 25 1886

8. AGE: Years 55 | Months 8 | Days 27½ | If less than one day hr. min.

9. Birthplace BALTO MD. (Town, county, and state)

10. Usual Occupation HOUSE WORK

11. Industry or business —

FATHER 12. Name NOT KNOWN
13. Birthplace " "

MOTHER 14. Maiden Name "
15. Birthplace " " LACKEY

16 (a) Informant MRS VIOLA M LACKEY
(b) Address 810 WOODWARD ST

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 23 42 (month) (day) (year)
(c) Cemetery or crematory CEDAR HILL
Location A. A. Co

18 (a) Funeral director Bernard C. Hartig
(b) Address 121 E. Madison St

19 (a) SEP 23 42 (Date filed by Registrar) (b) 817 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT 21 1942 at 10 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19 1942 to 9/21 1942 and that I last saw her alive on 9/21 1942

	Duration
Immediate cause of death: Acute Cardiac Failure	10 m
Due to: Cerebral Hemorrhage	9/19/42
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph H. Lawrence M.D.
Address 729 Washington Blvd Date signed 9/22/42

VS 3

F 95925 ✓ F 95925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4020 Deepwood Rd.
(c) Hospital or institution:
none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4020 Deepwood Rd.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine W. Blakeslee

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Wilbur B. Blakeslee
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1881

8. AGE: Years	Months	Days	If less than one day
60	11	20	hr. min.

9. Birthplace N. C.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George M. Walton
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Alice Worthen
15. Birthplace Vt.

16 (a) Informant Wilbur B. Blakeslee
(b) Address 4020 Deepwood Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/42 (month) (day) (year)
(c) Cemetery ~~Greenmount~~ Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John D. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) SEP 22 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20, 1942, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 42 to Sept 20, 1942, and that I last saw her alive on Sept 20, 1942.

Immediate cause of death

Carcinoma (Breast)

Duration 2 yrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hunt Steen Jr. M. D.
Address Allegheny Ave., Towson, Md. Date signed

F 95926 ✓ F 95926

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 72a

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied, if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 Hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 445 N. Hanover Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Dora H. Buchsbaum (Henrietta T. Buchsbaum)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Wilford W. Buchsbaum
6 (c) If alive, give age 90 years

7. Birth date of deceased (mo., day, yr.) July 29 1850 Age 52

8. AGE: Years	Months	Days	If less than one day
52	2	8 22	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name Diedrich W. Arnoldt.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary C. Leonhardt.
15. Birthplace Baltimore Md.

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem. County.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) (Date received by registrar) SEP 25 1942 (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1942 at 8 15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1942 to Sept 21 1942 and that I last saw h[illegible] alive on Sept 21 1942

Immediate cause of death	Duration
Pulmonary Hemorrhage	12 Hrs
Due to Puerperal Hemorrhage	1 Mon.
Due to	
Other Conditions Bronchopneumonia 6 mos ago. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zeller M. D.
Address 213 Light St Date signed 9/25/42

F 95927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46d

F 95927 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3001 Belair Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3001 Belair Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George E. Luhn

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary Christina Luhn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 82 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Montgomery Co. Md. (Town, county, and state)

10. Usual Occupation Restaurant Business -Retired

11. Industry or business Self

FATHER
12. Name George C. Luhn
13. Birthplace Germany

MOTHER
14. Maiden Name Anne Elizabeth Sellman
15. Birthplace Germany

16 (a) Informant Mr. John E. Geeller
(b) Address 3001 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave. Baltimore, Md.

18 (a) Funeral director Wm. J. Tickner & Sons, Inc.
(b) Address North & Pa. Aves.

19 (a) SEP 22 1942 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1940 to Sept 19 1942 and that I last saw h[illegible] alive on September 19 1942.

Immediate cause of death: General Arteriosclerosis
Due to: Myocardial Insufficiency
Due to: Edema of Lungs

Other Conditions: Hypostatic Pneumonia

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration: 3 years; 1 year; 2 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Greenberg M.D.
Address 2025 E Northlake Date signed 9/21/42

F 95928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42a

F 95928
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1022 Poplar Grove St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1022 Poplar Grove St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laura V. Bratt

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William H. Bratt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1862

8. AGE: Years	Months	Days	If less than one day
80	0	27	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James E. Fullum, Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Laura V. Fullum
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Edgar H. Bratt
(b) Address 1022 Poplar Grove St.

17 (a) Burial (b) Date thereof Sept. 23, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Baltimore Co. Md.

18 (a) Funeral director Wm. J. Tolkner & Sons, Inc.
(b) Address North & Pa. Aves. Huntingtown Maryland

19 (a) SEP 23 1942 (b) Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20, 1942, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1937 to 9-20 1942, and that I last saw her alive on 9-20 1942

Immediate cause of death
a. Aortic Stenosis
c. Congestive Failure
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
7 mos.
3 Years

Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Leon Coleman M. D.
Address 201 Taylor Ave. Md. Date signed 9-21-42

421946 95929 BALTIMORE CITY HEALTH DEPARTMENT 13b F 95929

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Lancaster (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Antoinette Myszkiewicz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-2-41

8. AGE: Years 1 | Months | Days 20 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name Anthony Myszkiewicz
13. Birthplace Md

MOTHER 14. Maiden Name Angeline Krol
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Zogorski
(b) Address 1930 Eastern Ave

19 (a) (Date received by Registrar) SEP 23 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1942, at 245 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1942, to Sept 22 1942, and that I last saw her alive on Sept 22 1942.

Immediate cause of death	Duration
Tuberculous Meningitis	
Due to Tuberculosis of the lung.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W Ribble, M.D.
Address Johns Hopkins Hosp. Date signed 9/23/42

F 95930 T.N 76749

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107 Registered No. F 95930

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 931 Sarah Ann St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna Myer Onely

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Seperated

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2nd, 1904

8. AGE: Years	Months	Days	If less than one day
38	6	7 17	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Douris Morris MYER
13. Birthplace Maryland

MOTHER
14. Maiden Name Oney Bowens
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director McKetie R Williams
(b) Address 322 N. Schroeder St Huntington Williams, MD

19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19-42 19 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 19 42 to 9-19 19 42
and that I last saw her alive on 9-19 19 42

Immediate cause of death	Duration
Bronchopneumonia	?
Due to Cause undetermined	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Dr Coleman

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address B. C. H. Date signed 9-21-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95931 T.N 76445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 V 18696 H Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and give time of onset.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1945 Booth St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Viola Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 2nd, 1900

8. AGE: Years	Months	Days	If less than one day
42	0	7/12	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William
FATHER 13. Birthplace Maryland

MOTHER 14. Maiden Name Bessie Murry
MOTHER 15. Birthplace Maryband

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) SEP 22 1942 (Date rec'd by Registrar) (b) Huntington Woodlawn, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-18-42 19 , at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-31 1942, to 9-18 1942 and that I last saw h alive on 9-18 1942.

Immediate cause of death Pulmonary tuberculosis with pleural effusion — Duration ?

Due to

Due to

Other Conditions Lymphopathia ? (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ordered

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross M. D.
Address Balt City Hosp Date signed 9-19-42

F 95932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95932 Registered No. 830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 524 N. Parrish St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 524 N. Parrish St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harriette Cook

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Paul Cook
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 7/2- 1889

8. AGE: Years	Months	Days	If less than one day
53	2	14	hr. min.

9. Birthplace Glanchester Co. Va (Town, county, and state)
10. Usual Occupation Home maker
11. Industry or business

FATHER
12. Name John Joner
13. Birthplace Va.

MOTHER
14. Maiden Name Lucy Green
15. Birthplace Va.

16 (a) Informant Delia Smith
(b) Address 614 N. Arlington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Norfolk, Location Virginia

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St

19 (a) SEP 29 1942 (Date rec'd by registrar) (b) Burial Permit Issued

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22 1942 at 3 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6/2 1942 to 9/22 1942 and that I last saw h alive on 19 .

Immediate cause of death Cerebral Apoplexy

Due to &

Due to Paralysis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. M. Kelly M. D.
Address 243 Dumbarton Ave Date signed

F 95933

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 37c

F 95933 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 104 N. McMechen St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances Anthony (Birth F - 48492)

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1942

8. AGE: Years | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name J. David Anthony
13. Birthplace Pittsylvania Co. Va.

MOTHER
14. Maiden Name Georgianna Dickens
15. Birthplace Virginia

16 (a) Informant J. David Anthony
(b) Address 104 N. McMechen St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George W. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) SEP 23 1942 (Date received by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 19 42 at 9:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 19 42 to Sept 21 19 42 and that I last saw h 2 alive on Sept. 19 42

Immediate cause of death Meningitis
Tetanus

Duration 2 Weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling, M.D.
Address Provident Hosp. Date signed 9-23-42

F 95934 T.N. 74522

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95934 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months

(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Betty Rosebud (Roseborough)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Seperated

6 (b) Name of husband or wife George Rosebud

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept ? 1887 ?

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Athen Washington (D)

13. Birthplace Va.

MOTHER 14. Maiden Name Eliz Smith (D)

15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location Baltimore, Md.

18 (a) Funeral director Mrs. Edw. H. Holland

(b) Address 1610 Druid Hill Ave.

19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Huntington Indiana Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-15-42 19 , at 9 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-8-42 19 , to 9-15 1942, and that I last saw h[illegible] alive on 9-15 1942

Immediate cause of death Hypertensive cardio vascular disease — Duration ?

Due to

Due to

Other Conditions Generalized Arteriosclerosis — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. Cross M. D.

Address B.C.H. Date signed 9-16-42

F 95935

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95935 Registered No. 1554

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38 E. Mt. Vernon Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH McCURLEY WHITE

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Julia E. Ford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16. 1866

8. AGE: Years	Months	Days	If less than one day
76	8	3	hr. min.

9. Birthplace Somerset County, Maryland
(Town, county, and state)
10. Usual Occupation Retired Seaman
11. Industry or business

FATHER
12. Name Henry Prettyman White
13. Birthplace Somerset County, Maryland.

MOTHER
14. Maiden Name Hines Howard
15. Birthplace Somerset County, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) SEP 22 1942 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19, 1942, at 4:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1942, to Sept. 19, 1942, and that I last saw him alive on Sept. 19, 1942.

Immediate cause of death	Duration
Cachexia and inanition	3 months
Due to Widespread metastases of melanoma from eye	3 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/23/42
Major findings of operation: Implantation of stilbestrol pellets
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Guthrie, M.D.
Address US Marine Hospital Baltimore, Maryland. Date signed 9/21/42

F 95936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43d

F 95936 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1910 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1910 Edmondson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eugene C. Watt

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-8626

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 8, 1890

8. AGE: Years	Months	Days	If less than one day
52	8	11	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Retired Policeman

11. Industry or business

FATHER
12. Name James Watt
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Cora McCurdy
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Edith Sauer
(b) Address 3722 Nortonia Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Harry A. Fitzke
(b) Address 1910 Edmondson Ave.

19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1942 at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1942 to Sept 19 1942, and that I last saw him alive on Sept 16 1942.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular	
Due to Disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Albert J. Sauer M. D.
Address 2301 Edmondson Ave Date signed 9/22/42

Howard J. Andrews M. D.

VS 3

F 95937 × F 95937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9.5 C

Registered No. _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address _____
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Raspeburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 E Clifton Ave. (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3 (a) FULL NAME Mrs. Virginia M. Burdette

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Archibald H. Burdette
6 (c) If alive, give age _____ years
7. Birth date of deceased (mo., day, yr.) Feb. 18 1917

8. AGE: Years	Months	Days	If less than one day
25	7	3	_____ hr. _____ min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Henry H. Jeffries
13. Birthplace _____

MOTHER
14. Maiden Name Bertha Grimm
15. Birthplace _____

16 (a) Informant A. N. Burdette
(b) Address 22 E Clifton Rd. Raspeburg
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Balto. City, Md.
18 (a) Funeral director Forsaken Funeral Home
(b) Address 7 Harlem Ave. Catonsville Md.
19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Hunting Williamson M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 21 1942, at _____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1942 to Sept. 21 1942, and that I last saw her alive on Sept. 21 1942.

	Duration
Immediate cause of death Cerebral Embolism	3 days
Due to Rheumatic Heart Disease	11 years
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation _____
Major findings of operation: _____
of autopsy: _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature William H. Fursting M. D.
Address St. Joseph's Hosp. Date signed 9-21-42

VS 3

95938

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 95938

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished as applicable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2344 Reisterstown Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2344 Reisterstown Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Labowitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Anna

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Furniture Store

11. Industry or business

FATHER
12. Name Lutez
13. Birthplace Russia

MOTHER
14. Maiden Name Anna
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 9-22-42 (month) (day) (year)
(c) Cemetery Pinedale
Location Balto Md

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 SEP 25 1942 (Date received by local registrar) (b) Huntington West Virginia, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1942 at 11 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from May 6 1942 to Sept 20 1942 and that I last saw h[illegible] alive on Sept 20 1942.

Immediate cause of death	Duration
myocardial insufficiency	1 hr.
Due to aortic insufficiency, rheumatic endocarditis	42 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1720 Eutaw Pl Date signed Sept 21 1942

VS 3

F 95939

B.S. (76860)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 944a

F 95939

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution:

Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2609 Liberty Heights Ave. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Dora Abrams

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1870

8. AGE: Years	Months	Days	If less than one day
71	8	24	hr. min.

9. Birthplace Romania (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Abraham Dover

13. Birthplace Romania

MOTHER

14. Maiden Name Sarah

15. Birthplace Romania

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Mem. Park

Location Long Lane

18 (a) Funeral director Jack Levy Inc.

(b) Address 1439 E. Baltimore

19 SEP 22 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19 1942 at 9 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-19 1942, to 9-19 1942, and that I last saw her alive on 9-19 1942.

Immediate cause of death	Duration
Myocardial infarction	?
Due to Cancer of Thorax	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. Cross I. M. D.

Address B.C.H. Date signed 9-20-42

VS 3

F 95940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 95940 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3605 Hillsdale Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 Allendale Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Caroline D. Rolker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Herman Rolker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 7, 1856

8. AGE: Years	Months	Days	If less than one day
86	7	13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John F. Diering
13. Birthplace Germany

MOTHER
14. Maiden Name Carline Marquardine
15. Birthplace Germany

16 (a) Informant Mr. W. Edwin Rolker
(b) Address 2507 Allendale Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director
(b) Address 4640 Liberty Heights Ave.

19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Registered

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1942 at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Sept 20 1942 and that I last saw her alive on Sept 19 1942

Immediate cause of death Pneumonia Bronchs — Duration 5 days
Due to Bronchopneumonia
Due to
Other Conditions Arteriosclerosis — 7

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home or farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Dublitz M. D.
Address 2220 Garrison Blvd. Date signed

F 95941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95941 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: E. Monument St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 37 S. Floyd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Morris Hyman

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male.	white	married

6 (b) Name of husband or wife Mollie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 1889

8. AGE: Years	Months	Days	If less than one day
53	5	26	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Tailor for Self

FATHER
12. Name David Hyman
13. Birthplace Russia

MOTHER
14. Maiden Name Rose
15. Birthplace Russia

16 (a) Informant Molly Hyman
(b) Address 37 S. Floyd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23/42 (month) (day) (year)
(c) Cemetery or crematory Bnai Israel Cemetery
Location Southern ave

18 (a) Funeral director Sol Levinson & Bro
(b) Address 1210-26 W. North ave

19 (a) SEP 23 1942 (Date rec'd by registrar) (b) Huntington Willis (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1942 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 24 1942 to Sept 21 1942 and that I last saw h[er] alive on Sept 20 1942

Immediate cause of death Coronary Thrombosis — Duration 6 hrs.
Due to Arteriosclerosis —
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Katz M.D.
Address Sinai Hosp Date signed 9/24/42

VS 8

F 95942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 95942 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 5607 Roland Ave

(c) Hospital or institution: Melrose Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 5607 Roland Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances C. O'Neill

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 15, 1894

8. AGE: Years	Months	Days	If less than one day
47	9	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Michael J. O'Neill

13. Birthplace Baltimore

MOTHER 14. Maiden Name Catherine Reddington

15. Birthplace Ireland

16 (a) Informant George D. O'Neill

(b) Address 6206 Pinehurst Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23/42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rita Wiedefeld

(b) Address 914 Greenmount Ave

19 SEP 22 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 20 1942, at 12:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1941, to Sept 16 1942, and that I last saw h alive on Sept 16 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 2 hours

Due to Hyperpiesia — Duration many yrs.

Due to

Other Conditions Numerous progressive attacks of Cerebral Thrombosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Milton Sperry M. D.

Address 115 E. Chase St Date signed 9/21/42

VS 3

F 95943 (rev)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

File No. 1942 Registered No. F 95943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: Univ. Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balt. County
(c) City or town Glen Arm, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Campbell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-21-42

8. AGE: Years | Months 2 | Days | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name James Campbell
13. Birthplace Va

MOTHER
14. Maiden Name Isaphine Henderson
15. Birthplace Md

16 (a) Informant James R. Campbell
(b) Address Glenarm

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Sept. 23 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Longreen Md.

18 (a) Funeral director Clarence E. Arthur
(b) Address Cork Md.

19 (a) SEP 22 1942 (Date rec'd by registrar) **(b)** Thurston Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 19 42, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1942 to Sept 21 1942, and that I last saw him alive on Sept. 20 1942

	Duration
Immediate cause of death Thrombus Pneumonia	1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. Wiecha M. D.

Address Univ. Hosp. Date signed 9/24/42

F 95944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95944 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1123 N. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard J. Moss

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: M | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1903

8. AGE: Years: 39 | Months: 0 | Days: 8 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Florist

11. Industry or business Self

FATHER
12. Name Isaac H. Moss
13. Birthplace --

MOTHER
14. Maiden Name Lucy B. Holloway
15. Birthplace Va.

16 (a) Informant Mrs. M. Mohlhenrich
(b) Address 551 Allegheny Ave., Towson

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Crematory
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave., Baltimore, Md.

19 SEP 22 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21 1942, at 11:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Hemothorax bilateral	
Due to: puncture of lungs	
Due to: accident	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 20 1942 at 1:15 P.M.
(c) Where did injury occur? Emerson Road (City or town) by old Rd (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? road (Specify type of place) While at work? no
(e) Means of injury auto turned over

23. Signature Robert Emerson Gratton M.D. Medical Examiner
Date signed Sept. 22 1942

F 95945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 830

F 95945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town New York (Bronx)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1061 Teller Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Anna Paplowska

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/30/1886

8. AGE: Years 56 | Months 3 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business --

FATHER
12. Name -- Tyminski
13. Birthplace Poland

MOTHER
14. Maiden Name Anna --
15. Birthplace Poland

16 (a) Informant Mr. John M. Poplawska
(b) Address 29 E. 7th St., New York City.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/22/42 (month) (day) (year)
(c) Cemetery or crematory St. Raymonds, Bronx, N.Y. City.
Location Bronx, New York City, N. Y.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves., Balto., Md.

19 (a) Filed (Date received by Registrar) SEP 23 1942 (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22/42 19 ... at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/21 1942 to 9/22 1942, and that I last saw h alive on 9/22 1942.

Immediate cause of death	Duration
Respiratory Failure	
Due to Cerebral hemorrhage	
Due to Hypertension	
Other Conditions --	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman M. D.
Address Md. Sanitary Date signed 9-22-42

Approved: Robert Lee Grayson M.D.

F 95946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95946
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3211 White Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town, Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3211 White Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Antonina Paxatero

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Tonio Paxatero
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1857

8. AGE: Years	Months	Days	If less than one day
87	9	14	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Mariano Sconnacchi
13. Birthplace Italy

MOTHER
14. Maiden Name Unknown
15. Birthplace Italy

16 (a) Informant Mrs. Josephine Tracy Nuccio
(b) Address 3211 White Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/42 (month) (day) (year)
(c) Cemetery or crematory New Catholic Cemetery
Location Old Frederick Rd.

18 (a) Funeral director Edward Cocklin & Son
(b) Address 924 E. Eager St.

19 (a) SEP 23 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20 19 42, at 10:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/22 19 42, to 9/20 19 42, and that I last saw h e alive on 9/20 19 42.

Immediate cause of death	Duration
Cerebral hemorrhage	3 days
Due to Arteriosclerotic cardiovascular renal disease	10 yrs ?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature S. A. Alessandroni M. D.
Address 6217 Harford Rd Date signed

VS 3

F. 95947

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95947

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2528 Keyworth Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2528 Keyworth Ave.,
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth ... Carlin,

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John J. Carlin,
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 24, 1880

8. AGE: Years	Months	Days	If less than one day
62	1	26	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business at home

FATHER
12. Name John McCormick,
13. Birthplace Ireland.

MOTHER
14. Maiden Name Margaret Brogman,
15. Birthplace Boston, Mass.

16 (a) Informant John J. Carlin,
(b) Address 2528 Keyworth Ave.,

17 (a) Burial, (b) Date thereof 9/23/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Washington, D.C.

18 (a) Funeral director C. Vernon Lennon
(b) Address 4611 Park Heights Ave.

19 (a) SEP 22 (b) J. Hunting for Hilburn
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20, 1942 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to Sept 20 1942.
and that I last saw h alive on 19 .

Immediate cause of death
... Thrombosis
Due to Arteriosclerosis
Due to Hypertension
Diabetes Mellitus
Other Conditions

Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (While at work?
(Specify home, farm, etc.)
(e) Means of injury
23. Signature H. E. Beedle
Address 2314 ... North Ave. Date signed 9/22/42

VS 3

F 95948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 H

Registered No. F 95948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 N. Collington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth J. Kreisel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Wm. A. Kreisel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 23 1875

8. AGE: Years	Months	Days	If less than one day
67	0	29	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name - - - Grosfort
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name - -
15. Birthplace Balto. Md.

16 (a) Informant Wm. A. Kreisel
(b) Address 612 N. Collington Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 '42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Balto. Md.

18 (a) Funeral director Philip Henry Sapp
(b) Address 2024 Eutaw St

19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21 1942 at 4:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & investigation thereon and from the evidence (Autopsy or Inquiry) obtained by said inquiry & investigation (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Asphyxiation due to Carbon Monoxide	
Due to Illuminating gas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Sept. 21 1942 at 3 P.M.
(c) Where did injury occur? 612 N. Collington Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Inhaled gas

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept. 22 1942

VS 6

F 95949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
X 93 N

F 95949 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete. Do not abbreviate. Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ellicott City, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Frederick Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jun. George Laumann

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Alice P. Laumann (nee Smith) 6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Aug. 9 1873

8. AGE: Years	Months	Days	If less than one day
69	1	9	hr. min.

9. Birthplace Graye Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Trunkee
11. Industry or business Catonsville Police Station

FATHER 12. Name Nicholas Laumann
13. Birthplace Germany

MOTHER 14. Maiden Name Susan A. Johnson
15. Birthplace Philadelphia Penna

16 (a) Informant George Laumann
(b) Address U.S. Army

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cemetery
Location Ellicott City, Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City, Md.

19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 18 1942, at 4 35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7 1942, to Sept. 18 1942, and that I last saw him alive on Sept. 18 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Hypertensive C-V-D	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature C. Luther Rosenberg M.D.
Address St. Agnes Hosp. Date signed 9/18/42

Hunting Co. Md.

VS 8

F 95950

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 924 F 95950

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 723 Dolphin Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 723 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie Anderson Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Eli Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1894

8. AGE: Years	Months	Days	If less than one day
48		13	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Anderson
13. Birthplace Md.

MOTHER
14. Maiden Name Ella Green
15. Birthplace Md.

16 (a) Informant Mr. Eli Johnson
(b) Address 723 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Balto. Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

SEP 22 1942

VS 3

MEDICAL CERTIFICATION A

20. DATE OF DEATH Sept. 20, 1942 19 , at 2:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1, 1941, to Sept. 20, 1942 and that I last saw her alive on Sept. 20, 1942.

Immediate cause of death Cerebral accident — Duration

Due to Cardiac hypertension

Due to

Other Conditions Chronic aortic insufficiency (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. R. Campbell, M. D.
Address 718 Dolphin St. Date signed 9-22-42

F 95951

F 95951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1511

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1426 N. Parrish St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nellie Thomas 76007

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	widowed

6 (b) Name of husband or wife Nathan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1888

8. AGE: Years	Months	Days	If less than one day
54	3	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name ?
13. Birthplace Md.

MOTHER
14. Maiden Name Rose
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Gorsuch Mill Rd - Balto Co. Md

18 (a) Funeral director Wm. E. White
(b) Address 1318 Light St.

19 (a) (Date received by local registrar) SEP 22 1942 (b) Irving Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 16 1942, at 1:45AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 11 1942 to Sept. 16 1942, and that I last saw her alive on Sept. 16 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	2 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Hatty
Address Balto City Hosp Date signed 9/16/42

F 95952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193D

F 95952 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai
(c) Hospital or Institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3003 Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrea Perez

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Donaciano Perez
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30, 1884

8. AGE: Years 57 | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace Mexico (Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER
12. Name Marcelino Alferez
13. Birthplace mexico

MOTHER
14. Maiden Name Julita Montelongo
15. Birthplace mexico

16 (a) Informant Carlos Perez
(b) Address 3003 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24, 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto md

18 (a) Funeral director Albert W Geregory
(b) Address 4 40 E north Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport

SEP 29 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1942, at 8 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1942. to Sept 21 1942. and that I last saw h[illegible] alive on Sept 21 1942.

Immediate cause of death Cerebral hemorrhage + Encephalomalacia — Duration 1 month?

Due to Autopsy not performed. Diabetes, moderate.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No stated.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E. Brodsky M.D.
Address Sinai Hospital. Date signed 9/24/42

F 95953

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 95953

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2003 E. Federal St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) about 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2003 E. Federal St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy Ann Dowdy

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Luther M. Dowdy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7-1880

8. AGE: Years	Months	Days	If less than one day
62	6	15	hr. 7 min.

9. Birthplace Pulaskie Co. Virginia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel K. Robertson
13. Birthplace Virginia

MOTHER
14. Maiden Name Cinthia M. Runyon
15. Birthplace Unknown

16 (a) Informant Dolly D. Dowdy
(b) Address 2003 E. Federal St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem
Location Baltimore Md

18 (a) Funeral director Milton Schellenberg
(b) Address 3914 S. Hanover Balt

SEP 29 1942 (Date rec'd by Registrar) (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22, 1942, at 8.15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1942 to Sept 22 1942 and that I last saw alive on Sept 21 1942

Immediate cause of death	Duration
Cerebral Hemorrhage -	2 days
Due to Hypertension	10 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. L. Smith
Address 1223 E. Monument Date signed 9/24/42 M/D

VS 3

F 95954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 95954

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3618 Elkader Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3618 Elkader Road
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME James McGetrick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Sarah Ann Marriett
6 (c) If alive, give age --years

7. Birth date of deceased (mo., day, yr.) August 30, 1860

8. AGE: Years	Months	Days	If less than one day
82	10	020	--hr. ---min.

9. Birthplace Trenton, New Jersey
(Town, county, and state)
10. Usual Occupation Retired Machinist
11. Industry or business --------

FATHER
12. Name Patrick McGetrick
13. Birthplace Ireland

MOTHER
14. Maiden Name ------ Reagan
15. Birthplace Ireland

16 (a) Informant Mrs. Eugene Connor
(b) Address 3618 Elkader Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/42 (month) (day) (year)
(c) Cemetery or crematory Riverview Cemetery
Location Trenton, New Jersey

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) SEP 22 1942 (Date rec'd by registrar) (b) Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1942, at 7.30P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-19 1942, to 9-20 1942 and that I last saw h[illegible] alive on 8-20 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Philip H. Hyman M. D.
Address 1123 E. Hoffman Date signed 9/24/42

F 95955 MPR 58232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95955 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 31
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 S Highland Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Rose

3 (b) If veteran, name war W
3 (c) Social Security Account No. NONE

4. Sex M | 5. Color or race W | 6 (a) Single ~~Married, Widowed, Divorced~~

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18, 1879

8. AGE: Years 63 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laundry
11. Industry or business B. C. H.

FATHER
12. Name Wm. Rose (D)
13. Birthplace Germany

MOTHER
14. Maiden Name Frances Haggen (d)
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location Baltimore, Md.

18 (a) Funeral director Williams Cook, Inc.
(b) Address 1217 St. Paul St.

SEP 23 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20 1942 at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-18 1942, to 9-20 1942, and that I last saw him alive on 9-20 1942.

Immediate cause of death: Carcinoma of Prostate & Metastases to Lumbar & Dorsal Spine — Duration: 8 yrs
Due to
Due to
Other Conditions Cerebral Accident ??

(Include pregnancy within 3 months of death)
Date of operation 10-4-40
Major findings of operation: Carcinoma of prostate
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. J. Beegan M. D.
Address Balto City Hosp. Date signed 9-24-42

95956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 95956 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5313 Edmondson Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2349 Lauretta Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMILY F. FETTER

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Edward Fetter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 80 | Months 4 | Days 16 | If less than one day hr. min.

9. Birthplace: Bedford Co., Pa.
(Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: James W. Troutman
13. Birthplace: Franklin, Co., Pa.

MOTHER
14. Maiden Name: Huldah Willison
15. Birthplace: Bedford Co., Pa.

16 (a) Informant: Miss Etta Troutman
(b) Address: 3434 Mondawmin Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/42 (month) (day) (year)
(c) Cemetery or crematory: Clearville Cem.
Location: Clearville, Pa.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: North Pa. Ave.

19 (a) SEP 23 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20, 1942, at 6.15 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 16 1942 to Sept 20 1942 and that I last saw her alive on Sept 20 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 5 days
Due to: Pneumonia
Due to: General Arteriosclerosis
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operation: ✓
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?
(e) Means of injury ✓

23. Signature Helen L. Fratarcangeli M.D.
Address 2219 Eastern Ave. Date signed 9/21/42

F 95957 MPR 76245 BALTIMORE CITY HEALTH DEPARTMENT F 95957
CERTIFICATE OF DEATH 1562 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3
(e) Length of stay in Baltimore (yrs., mos., or days) 8

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1028 McDonough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise Harris

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Separated

6 (b) Name of husband or wife Richard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1206

8. AGE: Years	Months	Days	If less than one day
36	0	0	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name John Eaton
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph B. Lock, Jr.
(b) Address 1801 N. Central Ave

19 SEP 23 1942 (Date Rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22 1942, at 12.40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/21 1942 to 9/22 1942 and that I last saw h alive on 9/22 1942.

Immediate cause of death Dermatomyositis — Duration P

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Magee M.D.
Address Balto. City Hosp. Date signed 9/24/42

VS 3

95958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95958

Registered No. 1706

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1737 Orleans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry Daugherty

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1928

8. AGE: Years	Months	Days	If less than one day
13	9	9	hr. min.

9. Birthplace Balti. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Carlos Daugherty
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Stanley
15. Birthplace Md.

16 (a) Informant Catherine Daugherty
(b) Address 1737 Orleans St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Location A. A. County Md.

18 (a) Funeral director Joseph D. Locke, Jr.
(b) Address 2 E. 20th St. Central Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 23 1942

VS 6

MEDICAL CERTIFICATION

40

20. DATE OF DEATH Sept. 21 1942, at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Shock — Duration

Due to ruptured spleen

Due to accident

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 6/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 21 1942 at 7 15 P M
(c) Where did injury occur? Broadway & Orleans Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? No
(e) Means of injury Fell off M & O truck

23. Signature Chas. Lee Gresham M.D. Medical Examiner

Date signed Sept 22 1942

F 95959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

462 F 95959 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2808 W.Mulberry St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2808 W.Mulberry St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Spurley

3 (b) If veteran, name war	3 (c) Social Security Account No.
---	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Wht.	Widow

6 (b) Name of husband or wife William Spurley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1878

8. AGE: Years	Months	Days	If less than one day
64	8	13	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation House-wife

11. Industry or business

FATHER

12. Name Henry Oldhouser

13. Birthplace Penna.

MOTHER

14. Maiden Name Christina Kappas

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Viola C. Stormer

(b) Address 2808 W.Mulberry St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 24, 1942 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Balto. Co. Md

18 (a) Funeral director John O. Miller

(b) Address 2806 W. Mulberry St.

19 (a) SEP 23 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21 1942, at 11 46 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 5 1941, to Sept 21 1942, and that I last saw her alive on Sept 20 1942.

Immediate cause of death: carcinoma, metastatic from uterus — Duration: 14 Months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation July 1941

Major findings of operation: Metastatic carcinoma originating in uterus

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Nathan Raeman M. D.

Address 20 S. Eutaw St. Date signed 9-22-42

VS 3

F 95960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16 1a

F 95960 Registered No.

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1139 Parrish alley
(c) Hospital or institution:

16

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1139 Parrish alley
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cewen Ross (Birth F-55734)

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-6-42

8. AGE: Years	Months	Days	If less than one day
	1	21	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name James Foyer
13. Birthplace md

MOTHER
14. Maiden Name Blanch Ross
15. Birthplace Md

16 (a) Informant Blanch Ross
(b) Address 1139 N. Parrish H-

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23-42 (month) (day) (year)

(c) Cemetery or crematory
Location Mt Zion Cem

18 (a) Funeral director George G. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Huntington Registrar

SEP 23 19

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20- 1942, at 9 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death	Duration
Atelectasis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner
Date signed 9-21-42

F 95961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1942 Registered No. F 95961

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BARIUM RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 Llewelyn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin Adams (Birth F 39833)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

(Nov. 29, 1941) 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18 1941

8. AGE: Years	Months	Days	If less than one day
	10	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Arthur Adams
13. Birthplace Baltimore

MOTHER
14. Maiden Name Dorothy Young
15. Birthplace Baltimore

16 (a) Informant Arthur Adams
(b) Address 2009 L Lewelyn ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co

18 (a) Funeral director Daniel Sanders
(b) Address 1412 E Preston St

19 (a) SEP 23 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1942, at 7 00 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Infantile diarrhea — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed Sept 22 1942

VS 6

F 95962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95962 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BORDER RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2006 Hunter Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elijah Isaacs

3 (b) If veteran, name war	3 (c) Social Security Account No.
-	-

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/15/1880

8. AGE: Years	Months	Days	If less than one day
62	4	5	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Joseph Isaacs
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Earles
15. Birthplace Md

16 (a) Informant Daniel Earle
(b) Address 2016 Hunter St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. G. W.

18 (a) Funeral director Rayner Sanders
(b) Address 1412 E. Preston St

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20-1942 at 6 57 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Lobar Pneumonia — Duration
Due to
Due to
Other Conditions Focal necrosis, Contusion and bruise brain
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-17-42 at 9 30 P.M.
(c) Where did injury occur? St. Paul & 21st St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No - Pedestrian
(Specify type of place)
(e) Means of injury Pedestrian struck by auto

23. Signature Howard J. Waldron M.D.
Medical Examiner.
Date signed 9-21-42

VS 6

F 95963

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95963 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: Baltimore
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carlin St.
(c) Hospital or institution: St Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3642 Elm Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob N. Shauck / JACOB N. SHAUCK

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M.

5. Color or race White

6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Susie C. Shauck

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-30-1865

8. AGE: Years 77 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)

10. Usual Occupation Retired 20 years

11. Industry or business Stationary Engineer

FATHER
12. Name John Shauck
13. Birthplace Maryland

MOTHER
14. Maiden Name Louisa Hubbard
15. Birthplace Maryland

16 (a) Informant Mrs. Daniel Krouk
(b) Address 3646 Hickory Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) Sept. (day) 23 (year) 1942
(c) Cemetery or crematory St. Mary's Hampden
Location Baltimore Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3636 Falls Road

19 (a) SEP 23 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20 1942, at 9 45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Sept 20 1942, and that I last saw h 9th alive on Sept 20 1942

Immediate cause of death Thrombosis Coronary

Due to C. V. D.

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9-14-42

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Krouk
Address St Joseph's Hosp Date signed 9/24/42 M. D.

VS 3

F 95964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93d

F 95964 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor 10
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3. (a) FULL NAME James Chase

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 3 1871

8. AGE: Years	Months	Days	If less than one day
70 69	10	17 18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Roache
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4400 Old Frederick Rd

18 (a) Funeral director Elmer H. Codling & Son
(b) Address 924 E. Eager St.

19 (a) SEP 23 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 1942, at 9 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 30 1942, to Sept 21 1942, and that I last saw him alive on Sept 20 1942.

Immediate cause of death	Duration
Acute Dilatation of Heart	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E. North Ave Date signed Sept 22 1942

VS 3

F 95965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95965 Registered No. 9151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. To correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 S. CONKLING ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 6
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD. (If outside city or town limits, write RURAL and give town)
(d) Street No. 600 S. CONKLING ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME REV. JOSEPH MARY (SNYDER) C.S.S.R. Schneider

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 19 1871

8. AGE: Years	Months	Days	If less than one day
71	0	3	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation CLERGYMAN
11. Industry or business

FATHER
12. Name JOHN SNYDER
13. Birthplace GERMANY

MOTHER
14. Maiden Name MARY BUNN
15. Birthplace GERMANY

16 (a) Informant RECORDS OF SACRED HEART
(b) Address 600 S. CONKLING ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 25/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Sullivan
(b) Address 403 S. WOLFE ST. Williamsport Md.

19 (a) SEP 23 1942 (Date received by Registrar) (b) Hunting Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 21 1942 at 11/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/21 1942, to 9/21 1942, and that I last saw h[illegible] alive on 19

Immediate cause of death	Duration
Arteriosclerosis	2
Due to	
Due to acute Cardiac dilatation	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Sheridan M. D.
Address 633 S. Conkling St. Date signed 9/22/42

VS 3

F 95966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95966 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3904 FOURTH ST. BROOKLYN
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3904 FOURTH ST. BROOKLYN (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN G. WISCHER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	212 01 5362

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife ROSE WISCHER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JAN. 10 1883

8. AGE: Years	Months	Days	If less than one day
59	8	14	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation Supt
11. Industry or business C. V. Barksdale Fairfield

FATHER
12. Name MICHAEL WISCHER
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name OCHS
15. Birthplace GERMANY

16 (a) Informant ROSE WISCHER (WIFE)
(b) Address 3904 FOURTH ST. BROOKLYN

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 25/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Feiser Inc
(b) Address 403 S. WOLFE ST.

19 (a) SEP 23 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 21 19 42 at 8/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 19 42 to Sept 21 - 19 42 and that I last saw h[illegible] alive on Sept 21 19 42

Immediate cause of death: Cerebral Embolism — Duration: 1 Day
Due to
Due to
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Gillespie D. Scott.
Address 18 S. Fleming Ave. Towson Md. Date signed Sept 23-42 M. D.
Howard J. McFeeley, M. D.

VS 3

F 95967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 d

F 95967
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore, Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N Loudon Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George R Biermann

3 (b) If veteran, name war Worlds War #1

3 (c) Social Security Account No. 214-61-7025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Anna E Biermann
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jan 3 - 1895

8. AGE: Years	Months	Days	If less than one day
47	8	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Sch Chauffeur
11. Industry or business Royal Farms

FATHER
12. Name August Biermann
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Stenge
15. Birthplace Germany

16 (a) Informant Anna E Biermann
(b) Address 422 N Loudon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

19 (a) SEP 23 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/21/42 19 . at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/9/42 19 . to 9/21/42 19 , and that I last saw h 1h alive on 9/21/42 19

Immediate cause of death Coronary Thrombosis — Duration

Due to Arterio Sclerotic Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Oscar Hartman, M.D.
Address Franklin Square Hosp. Date signed 9/24/42

VS 3

F 95968 ✓ F 95968

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1125 Orleans St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Barnett Jr

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-9029

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1942

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace Tenn. (Town, county, and state)

10. Usual Occupation Defense Worker.

11. Industry or business

FATHER 12. Name Joseph Barnett Sr

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Beatrice McGee

(b) Address 907 S. Baylis St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cem Location Brooklyn A.A. Co

18 (a) Funeral director Mrs Ida Bailey

(b) Address 1421 Jefferson St Hunting for Witness H.P.

19 (a) SEP 23 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/20 1942, at 5:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19 1942, to 9/20 1942, and that I last saw h[illegible] alive on 9/20 1942

	Duration
Immediate cause of death Massive cerebral damage	20 hrs.
Due to Cerebral hemorrhage	20 hrs.
Due to Probably hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Patrick C. Whelan Jr. M.D.

Address Mercy Hospital Date signed 9/21/42

Howard L. Mendes, M.D.

VS 3

F 95989 39193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 b

Registered No. F 95969

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4940 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter Mc Guire

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18th, 1879

8. AGE: Years	Months	Days	If less than one day
62	10	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John
13. Birthplace Ireland

MOTHER
14. Maiden Name Cecelia Hopkins
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart Cem
Location Govanstown Md Rd Balto Co Md

18 (a) Funeral director John J Faber Sons
(b) Address 1318 E Light St

19 (a) SEP 23 1942 (b) Huntingtown Williams, M.D. Registrar
(Date received by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-19 1942, at 7 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-9 1942 to 9-19 1942, and that I last saw h[illegible] alive on 9-19 1942.

Immediate cause of death Carcinoma of stomach — Duration 7

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.

Address Balto City Hosp Date signed 9-23-42

F 95970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95970 Registered No. 170

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Ruxton (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ellen F. Francis Preston

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1st 1887

8. AGE: Years	Months	Days	If less than one day
55 50	4	21	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John T. Preston
13. Birthplace Hanford Md

MOTHER
14. Maiden Name Eliza P. Thomas
15. Birthplace Baltimore Md

16 (a) Informant Mrs Henry J. Cargill
(b) Address Ruxton Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry H. Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) SEP 23 42 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1942, at 11 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an autopsy thereon and from the evidence obtained by said inquiry & autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral injuries of chest

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: no

Duration
over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 22 1942 at 10 45 A.M.
(c) Where did injury occur? Lexington & Arch Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street, While at work? no (Specify type of place)
(e) Means of injury Struck by auto while walking

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Sept 22nd 1942

F 95971

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94A

F 95971 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Steubenville Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hollingsworth Road 5201 Walther Ave
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm F. Bishop

3 (b) If veteran, name war –

3 (c) Social Security Account No. –

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married –
6 (b) Name of husband or wife: Myra Bishop –
6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) Sept 2. 1868

8. AGE: Years 74 | Months | Days 21 | If less than one day hr. min.

9. Birthplace Monroe Co Ohio (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name James Milton Bishop
13. Birthplace Ohio

MOTHER
14. Maiden Name Sara
15. Birthplace Ohio

16 (a) Informant Wm S Shelling
(b) Address 5201 Walther Blvd.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 23. 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Steubenville Ohio

18 (a) Funeral director Wm F Tuckner & Sons
(b) Address Md & Pa Ave

19 (a) SEP 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23- 1942, at 9:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D. Medical Examiner.
Date signed 9-23-42

(over)

VS 6

F 95972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95972 Registered No.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 W. Fairmount (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME VIRGIL IMES

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-7917

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife Lillian Imes
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1899

8. AGE: Years	Months	Days	If less than one day
43	1	1	hr. min.

9. Birthplace Annapolis (Town, county, and state)
10. Usual Occupation Yard carrier
11. Industry or business Contracting work

FATHER
12. Name Wm. Imes
13. Birthplace annapolis

MOTHER
14. Maiden Name Amelia ?
15. Birthplace Annapolis

16 (a) Informant Lillian Imes (wife)
(b) Address 721 W. Fairmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore Md.

18 (a) Funeral director Charles B. Cooper
(b) Address 574 N. Calhoun St.

19 (a) SEP 23 1942 (Date rec'd by Registrar) (b) Huntington Williams (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 20 19 42 at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Hemorrhage, pericardial	
Due to Aneurysm syphilitic aorta	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
Findings of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. (Medical Examiner.)
Date signed 9-24-42

F 95973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13P

F 95973 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 215 da. 17*
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Chaney Hyman 71967

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	widowed

6 (b) Name of husband or wife Nathan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1902

8. AGE: Years	Months	Days	If less than one day
40	1	13	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation housework
11. Industry or business

FATHER
12. Name George Johnson
13. Birthplace N.C.

MOTHER
14. Maiden Name Betty Coefield
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5 1942 (month) (day) (year)
(c) Cemetery or crematory Larboro N.C.
Location

18 (a) Funeral director Rudolphus Hazlett
(b) Address 925 Druid Hill Ave

19 (a) SEP 23 (Date filed by registrar) (b) Wellington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1942, at 1:50A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 19 1942 to Sept. 22 1942, and that I last saw her alive on Sept. 22 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 15 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy Pulmonary tbc.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. J. Hartz M.D.
Address Balto City Hosp. Date signed 9-22-42

VS 2

F 95974

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95974 ✓ 13B

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or instit. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 405 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johnnie Bell Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1917

8. AGE: Years	Months	Days	If less than one day
25	1	24	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Maid

11. Industry or business

FATHER
12. Name John Dawson
13. Birthplace N.C.

MOTHER
14. Maiden Name Rachael Edwards
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/22/42 (month) (day) (year)
(c) Cemetery or crematory Pine Oak
Location Pulton, Md.

18 (a) Funeral director Burns Hennessey
(b) Address 510 Park Ave.

19 (a) SEP 23 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 19 42 at 1:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 1942 to Sept. 22 1942, and that I last saw her alive on Sept. 22 1942

Immediate cause of death	Duration
Pulmonary tuberculosis	2½ mos?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. L. Hartz
Address Balto City Hosp Date signed 9/24/42

VS 3

F 95975

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 E

F 95975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 04
(e) Length of stay in Baltimore (yrs., mos., or days) 04

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County St. Marys
(c) City or town Leonardtown
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Stephen M. Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Mrs. Mildred Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1873

8. AGE: Years	Months	Days	If less than one day
69 68	-	4	hr. min.

9. Birthplace Sandgates, Md. (Town, county, and state)
10. Usual Occupation Bank Cashier
11. Industry or business Banking

FATHER
12. Name Stephen Jones
13. Birthplace Sandgates, Md.

MOTHER
14. Maiden Name Posey Chloe
15. Birthplace Oakville Md

16 (a) Informant Mrs. Mildred Reeds
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 1942 (month) (day) (year)
(c) Cemetery or crematory M. E. Cemetery
Location Leonardtown Md.

18 (a) Funeral director H. C. Mattingly Sons.
(b) Address Leonardtown Maryland

19 SEP 23 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1942, at 10:10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 22 1942, to Sept 23 1942, and that I last saw him alive on 9/23 1942.

Immediate cause of death Lobar Pneumonia — Duration 2 days

Due to

Due to

Other Conditions Carcinoma of Sigmoid, operative Removal — Duration 2

(Include pregnancy within 3 months of death)
Date of operation August 23, 1942
Major findings of operation: Carcinoma of Sigmoid
of autopsy: Lobar Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Goodbey, M. D.
Address Church Home & Infirmary Date signed 9/28/42

VS 2

F 95976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95976 Registered No. 108

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland St. Agnes Hosp.
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 wks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Blenheim, Md
(If outside city or town limits, write RURAL and give township)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Klapp

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Charles C. Klapp
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 16, 1870

8. AGE: Years	Months	Days	If less than one day
72	7	7	hr. min.

9. Birthplace Harford Co. Md
(Town, county and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Conrad Gordon
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Feisler
15. Birthplace Germany

16 (a) Informant Elroy Klapp
(b) Address Phoenix, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26-42 (month) (day) (year)
(c) Cemetery or crematory Blenheim Lutheran
Location Blenheim Md

18 (a) Funeral director P. Mackenbrow
(b) Address White Hall, Md

19 (a) (Date received by registrar) (By) Huntington Hillman, M.D. Registrar

SEP 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1942, at 12 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 20 1942 to Sept. 23 1942 and that I last saw h[illegible] alive on Sept. 23 1942.

	Duration
Immediate cause of death Lobar pneumonia	8 days
Due to Cerebral hemorrhage	35 days
Due to Essential hypertension	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosberg
Address St. Agnes Hosp. Date signed 9/23/42

F 95977 ✓ F 95977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. DO NOT USE PENCIL. DO NOT FOLD. DO NOT BIND.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., ~~mos.~~, or days) 3
(e) Length of stay in Baltimore (yrs., ~~mos.~~, or ~~days~~) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1813 W. Pratt St (If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME Peter Kesselbach

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 218-18-1587

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Mary Kesselbach Heingelman 6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Apr. 3 1863

8. AGE: Years 79 | Months 5 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (town, county, and state)

10. Usual Occupation Baker

11. Industry or business Kratto Bakery

FATHER 12. Name Kesselbach
13. Birthplace Germany

MOTHER 14. Maiden Name —
15. Birthplace Germany

16 (a) Informant Mrs. Mary Kesselbach
(b) Address 1813 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Balto Md

18 (a) Funeral director Harry H. Pietsch
(b) Address 7101 Edmondson Ave

19 (a) 9-23-1942 (Date received by registrar) (b) Huntingtown Md (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22/42 19..., at 1:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19/42 19... to 9/22/42 19..., and that I last saw h[illegible] alive on 9/22/42 19....

Immediate cause of death Cerebral Hemorrhage — Duration .....
Due to Hypertensive C. V. Disease .....
Due to ....
Other Conditions ....
(Include pregnancy within 3 months of death)
Major findings:
Of operations ....
Of autopsy ....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature O. Scoy Hartman, M.D.
Address Franklin Square Hospital Date signed 9/24/42

VS 3

F 95978 ✓ F 95978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st Street
(c) Hospital or institution: US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 918 Argonne Drive (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MARION L. COLE

3 (b) If veteran, name war XXX

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Gertrude Alban
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1884

8. AGE: Years	Months	Days	If less than one day
58	3	19	hr. min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Administrative Officer
11. Industry or business US Public Health Service

FATHER
12. Name C. Wallace Cole
13. Birthplace England

MOTHER
14. Maiden Name Sarah Sapp
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto. Md.

18 (a) Funeral director Harry A. Lutzke
(b) Address 4101 E. Monument Ave

19 (a) SEP 23 1942 (Date rec'd by Registrar) (b) Registrar Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21, 1942, at 8:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 12, 1942, to Sept. 21, 1942 and that I last saw him alive on Sept. 21, 1942.

Immediate cause of death: Cardiac disease, coronary occlusion with myocardial XXXXX infarction — Duration: 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: None

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify)
(e) Means of injury

23. Signature H. Williams M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 9/21/42

95979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

Registered No. F 95979

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Data correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 310 S. Catherine Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 S. Catherine Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FREDERICK EBENER

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 215-10-2017

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Marie Ebener
6 (c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): Oct. 26, 1900

8. AGE: Years	Months	Days	If less than one day
41	10	26	---hr. ---min.

9. Birthplace: Germany (Town, county, and state)
10. Usual Occupation: Machinist
11. Industry or business: Bird Machine Co.,

FATHER
12. Name: Fred. Ebener
13. Birthplace: Germany

MOTHER
14. Maiden Name: Carolina Kramer
15. Birthplace: Germany

16 (a) Informant: Mrs. Marie Ebener (wife)
(b) Address: 310 S. Catherine Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 24/42 (month) (day) (year)
(c) Cemetery or crematory: New Cathederal Cemetery
Location: Baltimore Maryland

18 (a) Funeral director: A. B. Hilbert & Son.
(b) Address: 1300 Eutaw Place

19 (a) SEP 24 1942 (Date received by Registrar) (b) Huntington Wilson, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22/42 19 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942, to Sept 22 19 42 and that I last saw h alive on Sept 16 19 42.

Immediate cause of death: Cutaneous Bilateral Pulmonary Tuberculosis — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr J. J. Montagnino M. D.
Address 550 E. Fred Lee Date signed Sept 23

F 95980

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 95980 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 81 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 3312 Alameda Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Gertrude Kramer.

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: James H Kramer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): May 1, 1875

8. AGE: Years: 67 | Months: 4 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Baltimore, Md. (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Baltimore, Md.,

MOTHER
14. Maiden Name: Unknown
15. Birthplace

16 (a) Informant: William H Kramer
(b) Address: 3312 Alameda Blvd Balt,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 24 1942 (month) (day) (year)
(c) Cemetery or crematory: Oaklawn
Location: Baltimore, Md.,

18 (a) Funeral director: William Cook & Son.,
(b) Address: 1317 N Gaul St, Balt,

19 (d) SEP 24 1942 (Date rec'd by registrar) Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 21 19 42, at 4:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 19 42 to 9/21 19 42 and that I last saw h alive on 9/21 19 42

Immediate cause of death: Chronic myocarditis — Duration:
Due to: Hypertensive disease
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: L J Coffman
Address: Md. General Hosp. Date signed: 9/21/42 M. D.

VS 8

F 95981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 95981
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 877 N. Howard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 877 N Howard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK BANTRUM SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
World War I	216-10-8026	male	white	married

6 (b) Name of husband or wife Naomi A VAN ZANDT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 1888

8. AGE: Years	Months	Days	If less than one day
54	2	9	hr. min.

9. Birthplace SPARTA TENN.
(Town, county, and state)
10. Usual Occupation Time Keeper
11. Industry or business Southern Hotel

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant NAOMI A. SMITH
(b) Address 877 N Howard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28 42 (month) (day) (year)
(c) Cemetery or ~~cemetery~~ National
Location Baltimore Md

18 (a) Funeral director Henry W Jenkins & Sons
(b) Address McCulloh-Oschrane & Co

19 (a) SEP 24 1942 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22/1942 at 10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 7/42 to Sept 22 1942
and that I last saw him alive on Sept 22 1942

Immediate cause of death Coronary Thrombosis — Duration 35 Days
Due to Chronic Myocarditis — 3 yr.
Due to ✓
Other Conditions ✓
(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operation: ✓
of autopsy: ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work? ✓
(Specify type of place)
(e) Means of injury ✓

23. Signature H K Slemp M.D.
Address 1405 W Mount St Date signed Sept 23/42

VS 8

F 95982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

F 95982 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully examined. The correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 Mallow Hill Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 110 Mallow Hill Ave.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PERMILLAH (MILDRED) AMANDA BRANNAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Emora T. Brannan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26, 1874

8. AGE: Years	Months	Days	If less than one day
68	- 2	26	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Wm. S. Simmons
13. Birthplace Washington, D. C.

MOTHER
14. Maiden Name Elizabeth A. Weimer
15. Birthplace Mercer Co., Pa.

16 (a) Informant Mr. Emory O. Brannan
(b) Address 110 Mallow Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (c) SEP 24 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940 to Sept 22 1942
and that I last saw h[illegible] alive on Sept 21 1942.

Immediate cause of death Coronary Occlusion — Duration 21 days

Due to hypertension with arterio-sclerosis — 2 yrs?

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. P. Vanderschuyt M. D.
Address 818 Edmondson Ave Date signed 9/23/42

F 95983 ✓ F 95983

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92a

Registered No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Balto., Md.
(b) Street address 4001 - 4th St., Brooklyn,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4001 Fourth St., Brooklyn (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AUGUSTA MALINDA LERP

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: John P. Lerp
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 9/30/1866

8. AGE: Years 75 | Months 11 | Days 21 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name George W. Birely
13. Birthplace Pittsburgh, Pa.

MOTHER
14. Maiden Name Caroline Albright
15. Birthplace Germany

16 (a) Informant Miss E. Mignon Lerp
(b) Address 4001 Fourth St., Brooklyn, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/24/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North Ave. & Pa. Aves., Balto., Md.

19 (a) SEP 24 1942 (Date rec'd by registrar) (b) Hunting for Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 21, 1942, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 5, 1941 to Sept. 21 1942 and that I last saw h[illegible] alive on Sept. 2 1942.

Immediate cause of death: Cardiac Decompensation. — Duration: 5 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wilbur Mc Coll M. D.
Address 481 S. Pennington Ave. Date Sept 23 - 42

F 95984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 95984

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1700 N Caroline St

(c) Hospital or institution:

at

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1700 N Caroline St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Moses Arthur Weinberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 115-05-0435

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan, 18, 1891

8. AGE: Years	Months	Days	If less than one day
51	8	4	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business Shoe Salesman

FATHER

12. Name Nathan Weinberg

13. Birthplace Germany

MOTHER

14. Maiden Name Hester Kauffman

15. Birthplace Germany

16 (a) Informant Mrs Bessie Weinberg

(b) Address 1700 N Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept, 24, 1942 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship Cem.

Location East Baltimore St

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W North Ave

19 (a) SEP 24 1942 (Date filed by registrar) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22nd 1942, at 6.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21st 1942, to Sept 22nd 1942, and that I last saw him alive on Sept 22nd 1942.

Immediate cause of death Coronary Thrombosis — Duration 2 hrs

Due to Arteriosclerosis

Due to La Grippe

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Samuel Steinberg M. D.

Address 3735 Park Heights Ave Date signed 9-23-42

F 95985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 f

F 95985 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 937 N Dallas
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 937 Dallas St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Richard Dixon

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-8804

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Married

6 (b) Name of ~~husband~~ or wife Clara

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24, 1891

8. AGE: Years	Months	Days	If less than one day
51	-	26	hr. min.

9. Birthplace McCormick S. Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Henry Dixon Sr
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Smart ?
15. Birthplace S. Carolina

16 (a) Informant Clara Dixon
(b) Address 937 Dallas St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A.A. County
18 (a) Funeral director Mort Elliott & Daughter
(b) Address 1129 N. Caroline
19 (a) SEP 24 1942 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1942 at 9P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Sept 20 1942 and that I last saw him alive on Sept 20 1942.

Immediate cause of death Primary Carcinoma Liver — Duration July 1942

Due to —

Due to —

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation Aug 1942 JH Hospital

Major findings of operation Primary Carcinoma Liver

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Means of injury

23. Signature R. J. Young
Address 1424 E Monument Date signed 9/23/42

VS 3

F 95986

F 95986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14da
(e) Length of stay in Baltimore (yrs., mos., or days) 14da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 412 S. Madeira St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Gniazdowski (Garth 5779)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sep 10 1942

8. AGE: Years	Months	Days	If less than one day
		14	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Gniazdowski
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Helen Szerszen
15. Birthplace Baltimore Md.

16 (a) Informant Mrs Helen Gniazdowski
(b) Address 412 S. Madeira Street

17 (a) Burial (b) Date thereof Sep 24 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 1000 S. Chester Street

19 (a) SEP 24 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1942 at 11:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-17 1942 to 9-23 1942 and that I last saw him alive on 9-23 1942.

Immediate cause of death
Epidemic Diarrhoea of Newborn.

Duration
10da

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M.D.

Address St. Joseph's Hosp. Date signed 9/23/42

VS 3

F 95987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 95987 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Try to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give name)
(d) Street No. 2207 North Howard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fred Bland

3 (b) If veteran, name war: WW —

3 (c) Social Security Account No. 213-52-6890

4. Sex: M | 5. Color or race: C | 6 (a) Single, married, widowed or divorced: Married

6 (b) Name of husband or wife: Margaret W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan 26, 1894

8. AGE: Years 48 | Months 7 | Days 25 | If less than one day hr. min.

9. Birthplace: Kinston, N.C. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: James B. Bland
13. Birthplace: Bergan N.C.

MOTHER
14. Maiden Name: Zephelia Walker
15. Birthplace: Bergan, N.C.

16 (a) Informant: Margaret Bland
(b) Address: 2207 N. Howard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-42 (month) (day) (year)
(c) Cemetery or crematory: Cemetery
Location: Bergan - N.C.

18 (a) Funeral director: Mrs. Katie R. Williams
(b) Address: 322 N. Schroeder St.

19 (a) (Date rec'd by Reg.) (b) SEP 24 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 21 1942, at 11 50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of chest — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: homicide
(b) Date of occurrence: Sept. 21 1942 at 11 15 PM
(c) Where did injury occur? 2206 N. Howard St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? house (Specify type of place) While at work? no
(e) Means of injury: Bullet wound

23. Signature: Robert L. Graham M.D. Medical Examiner.
Date signed: Sept. 22 1942

VS 6

F 95988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1192 Registered No. F 95988

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if the information can be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1069 W Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d
(e) Length of stay in Baltimore (yrs., mos., or days) 43 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1069 W Lexington St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Mary Alexander (Ruth F 55728)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1942

8. AGE: Years | Months: 1 | Days: 13 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Clarence Alexander
13. Birthplace Smithee Okla.

MOTHER
14. Maiden Name Susie Elam
15. Birthplace Scottsville Va

16 (a) Informant Clarence Alexander
(b) Address 1069 W Lexington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Lion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date received by registrar) (b) 942 Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1942, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1942 to Sept 22 1942 and that I last saw h[illegible] alive on Sept 22 1942

Immediate cause of death: Catarrhal Enteritis — Duration: 1 week

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H Watts
Address 1154 Lexington St Date signed 9/24/42

Huntington Ave Wilmington, Mass.

F 95989

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

940

F 95989 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3027 Hamilton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3027 Hamilton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin W. Bates

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-12-1874

8. AGE: Years	Months	Days	If less than one day
68	3	10	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation Store Keeper
11. Industry or business

FATHER
12. Name Franklin L. Bates
13. Birthplace Pa

MOTHER
14. Maiden Name Rachel Allison
15. Birthplace Balto Md

16 (a) Informant Mrs Robert R. Gillen
(b) Address 3027 Hamilton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard J. Funk
(b) Address 5305 Harford Rd

19 (a) SEP 24 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept - 22 - 1942, at 5 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July - 15 1942, to Sept - 22 - 1942, and that I last saw h alive on 19

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	
Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature J. B. Boyle M.D.
Address 5217 Harford Rd Date signed 9/23/42

VS 8

F 95990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46

F 95990
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1716 Homestead Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 Homestead Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Householder

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Harry
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20-1891

8. AGE: Years	Months	Days	If less than one day
51	8	20	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Louis M. Simpson
13. Birthplace Md.

MOTHER
14. Maiden Name Cora Meier
15. Birthplace Md.

16 (a) Informant Cora Simpson
(b) Address 1716 Homestead St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Leonard J. Keech
(b) Address 5305 Harford Rd.

19 (a) SEP 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/22/1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 20 1942 to 9/22/1942 and that I last saw h- alive on 9/22/1942.

Immediate cause of death	Duration
Carcinoma of Liver	6 mos
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation May 20, 1942
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence. at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury.

23. Signature H. H. Herrmann M. D.
Address 1710 E. 33rd Date signed 9/24/42

VS 3

MD F 95991 70850

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 95991 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1725 Bank ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Rosier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Divorced

6 (b) Name of husband or wife Charles Rosier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1890

8. AGE: Years	Months	Days	If less than one day
52	7	6	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-42 (month) (day) (year)
(c) Cemetery or crematory Woodland Park
Location

18 (a) Funeral director Leonard J. Rank
(b) Address 5305 Harford Rd

19 (a) SEP 24 1942 (Date rec'd by Registrar) Hattie Pearlington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-21 1942, at 11:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1942, to 9-21 1942, and that I last saw h alive on 9-21 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 days
Due to Hypertensive C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. R. Rathbun M.D.
Address Balt. City Hosp. Date signed 9-23-42

VS 3

F 95992

BALTIMORE CITY HEALTH DEPARTMENT ✓ 47C

CERTIFICATE OF DEATH

F 95992 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 31st & Wyman Park Drive
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 1905

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town altimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2823 Alvarado Sq.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Filipo Catalillo (Cortelillo)

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 2?2-07-5619

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1891

8. AGE: Years	Months	Days	If less than one day
51	-	23	hr. min.

9. Birthplace ? Italy (Town, county, and state)
10. Usual Occupation Tailoring Co.
11. Industry or business Presser

FATHER
12. Name Anthony Catalillo (Cortelillo)
13. Birthplace ? Italy

MOTHER
14. Maiden Name Lucille Salerno
15. Birthplace ? Italy

16 (a) Informant Records-U.S. Marine Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 26 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard L Ruck
(b) Address 530 Fayette Rd

19 (a) SEP 24 1942 (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1942, 4:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942, to Sept. 23 19 42, and that I last saw h. in alive on Sept. 23 1942.

Immediate cause of death	Duration
Inanition and malnutrition	2 mos.
Due to Pressure on esophagus	3 Mos.
Due to Lung abscess, rt. upper lobe	1 Mo.
Carcinoma rt. upper bronchus with	6 mos.
Other Conditions atelectasis of rt. upper lobe of lung, extension to mediastinum and metastasis to abdominal viscera, liver & pleural	
Date of operation cavity.	
Major findings of operation: none	
of autopsy: As above	

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. S. Bean, Medical Officer M. D.
Address U.S. Marine Hospital Date signed 9/23/42
Baltimore, Md.

VS 3

95993 (com)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1904 Registered No. E 95993

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs 4 M

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1820 W Hoyt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew J Dombowski

3 (b) If veteran, name war NV
3 (c) Social Security Account No. [illegible]

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9 1942

8. AGE: Years | Months 4 | Days 14 | If less than one day hr. min.

9. Birthplace Cumberland Md
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Andrew J Dombowski
13. Birthplace Pa

MOTHER (maiden)
14. Maiden Name Lottie Rawlings
15. Birthplace Md

16 (a) Informant Andrew J Dombowski
(b) Address 1820 W Hoyt St

17 (a) Burial, cremation, or removal Remove (b) Date thereof 9/24/42
(month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Cumberland Md

18 (a) Funeral director Nelson Funeral
(b) Address 1217 Huntington Ave Baltimore Md

19 (a) Date received SEP 24 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/23/42 19 , at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19 1942 to 9/23 1942 and that I last saw him alive on 9/23 1942

Immediate cause of death Dehydration
With Acidosis
Due to Diabetes
Etiology undetermined
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy Cor. Atheroma A. Kidneys

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry F. Muse M. D.
Address Bon Secours Hosp Date signed 9/23/42

VS 2

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 95994

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 95994 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave
(c) Hospital or institution:
Sinai Hospital of Baltimore Inc. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2428 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Fuld

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2, 1863

8. AGE: Years 80 | Months 2 | Days 21 | If less than one day: hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Fuld
13. Birthplace Unknown

MOTHER
14. Maiden Name Fannie —
15. Birthplace Unknown

16 (a) Informant Mr. Joseph M. Hess,
(b) Address Atlantic City, N.J.

17 (a) Burial (b) Date thereof 9/25/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Pikesville, Md.

18 (a) Funeral director Harris Sondheim & Sons
(b) Address 2422 Eutaw Place

19 (a) SEP 24 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1942, at 8:12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1942 to Sept 23 1942 and that I last saw her alive on Sept 23 1942

Immediate cause of death	Duration
Hyperpyrexia	1 day
Due to Cachexia	several months
Due to Metastatic carcinoma from left breast	2 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Carcinomatosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Monument St & Rutland Ave Date signed 9-25-42
Sinai Hospital.

VS 3

COPIES MAY BE OBTAINED FROM THE BALTIMORE CITY HEALTH DEPARTMENT

95995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1866

Registered No. E 95995

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Since 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 North Exeter St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Coutts

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
No	209-03-7784	M	W	married

6 (b) Name of husband or wife Anna H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7 1913

8. AGE: Years	Months	Days	If less than one day: hr.	min.
29	—	17		

9. Birthplace Pittsburg Pa.
(Town, county, and state)
10. Usual Occupation boiler upset
11. Industry or business Bath. Steel Co.

FATHER
12. Name John Coutts
13. Birthplace Poland

MOTHER
14. Maiden Name Jane Lawrie
15. Birthplace Scotland

16 (a) Informant Anna Coutts
(b) Address 8 N Exeter St

17 (a) Removal (b) Date thereof 9/24/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Royal
Location Pittsburg, Pa

18 (a) Funeral director Martin W. E. Dippel's Sons
(b) Address 1800 Eastern Ave.

19 (a) SEP 24 1942 (b) Furnished to Williams M.O.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 40

20. DATE OF DEATH Sept. 24 1942, at 6 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said partial autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

	Duration
Immediate cause of death Fracture of neck	
Due to accident	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 21 1942 at 8 AM
(c) Where did injury occur? Bath. Shipyards - Key Highway
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? Yes
(Specify type of place)
(e) Means of injury fall from scaffold

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept. 24 1942

VS 6

F 95996

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 95996

1. PLACE OF DEATH:
(a) Baltimore City or Maryland
(b) Street address Harlestown, W. Virginia
(c) Hospital or institution: South Baltimore General

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) [illegible] yr.

2. USUAL RESIDENCE OF DECEASED
(a) State W. Va (b) County
(c) City or town Harlestown Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maude Ennis

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Ralph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1912

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Writt
13. Birthplace W. Va.

MOTHER
14. Maiden Name Alice Longenbeam
15. Birthplace Va.

16 (a) Informant Ralph Ennis
(b) Address Charles Town W. Va.

17 (a) Removed Burial (b) Date thereof Sept. 26-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Charles Town W. Va
Location W. Va.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St.

19 (a) SEP 24 1942 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1942, at 12 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Duration

Immediate cause of death Acute pancreatitis
Extensive fat necrosis
Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Grattan M.D.
Medical Examiner.
Date signed Sept 24 1942

VS 6

Correct age if incorrectly important. If uncertain, please write the cause of death clearly in pencil

F 95997

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 95997 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day 17
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ~~Baltimore~~ N
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3216 Abell Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Bertha Perry Naylor

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5/14/1875

8. AGE: Years	Months	Days	If less than one day
67	4	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Dr H. Louis Naylor
13. Birthplace Maryland

MOTHER
14. Maiden Name Margretta Brady
15. Birthplace Maryland

16 (a) Informant ~~Mrs Margaret Dorsey~~
(b) Address 3216 Abell Ave. Balt. Md. (Niece)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/42 (month) (day) (year)

(c) Cemetery or crematory Garrison Forest
Location Maryland

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) SEP 24 1942 (Date filed by Registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/23 1942 at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/22 1942 to 9/23 1942 and that I last saw h[illegible] alive on 9/23 1942.

Immediate cause of death	Duration
~~Cerebral Hemorrhage~~ Cardio-Respiratory failure	
Due to Cerebral Hemorrhage	1 day
Due to Hypertensive Cardio Vascular Disease - [illegible]	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jordan A. Haviland Jr.
Address Union Memorial Hosp. Date signed 9-23-42 M. D.

F 95998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42 c

F 95998 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Mullikin Ct (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Felton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11 - 2 - 23

8. AGE: Years	Months	Days	If less than one day
18	10	20	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Albert Travers
13. Birthplace ?

MOTHER
14. Maiden Name Josephine Felton
15. Birthplace VA

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantly Court

19 (a) SEP 24 1942 (Date received by registrar) (b) Huntington Hill, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 22 1942, at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1942 to Sept 22 1942, and that I last saw him alive on Sept 22 1942.

Immediate cause of death: Cardiac Failure — Duration 2 hrs.
Due to: Subacute Bacterial Endocarditis — 2 mo.
Due to: ? MYOCARDITIS — 7 yrs.
Due to: ~~? PERICARDIAL EFFUSION~~
Due to: Rheumatic Fever
Other Conditions: Mitral & Aortic Valvular Disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Klemperer
Address Johns Hopkins Date signed 9/22

F 95999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

F 95999 Registered No.

1. PLACE OF DEATH: 5607 Roland Ave. Balto Md
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Melrose Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 76 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Hill Dawson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	widower

6 (b) Name of husband or wife Virginia White Dawson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22, 1864

8. AGE: Years	Months	Days	If less than one day
78	2	2	hr. min.

9. Birthplace Georgia (Town, county, and state)

10. Usual Occupation Clerk at Towson Courth

11. Industry or business

MOTHER / FATHER

12. Name Edgar L Dawson

13. Birthplace Georgia

14. Maiden Name Lucy Terrill

15. Birthplace Georgia

16 (a) Informant Priscilla R. D. Stumpf

(b) Address Owings Mills Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 42 (month) (day) (year)

(c) Cemetery or crematory St Johns

Location Ellicott City Md

18 (a) Funeral director Henry M. Stephens Sons Co

(b) Address McCulloh & Orchard Sts.

SEP 24 1942 (Date rec'd by registrar) Thomas Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24th 1942, at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 6th 1941, to Sept 24 1942, and that I last saw him alive on Sept 22 1942

Immediate cause of death

Myocardial Insufficiency — Duration 17 mos.

Due to Arteriosclerosis — 17 mos.

Due to Chronic Bronchitis — 17 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dennis & St Thos. Jenifer M. D.

Address Towson Md Date signed 9/24/42

96000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 96000
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1928 Ramsey St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balt. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1928 Ramsey St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Owens (Birth F 58991)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Girl	White	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1942

8. AGE: Years	Months	Days	If less than one day
			7 hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name David B. Owens
13. Birthplace Cleveland, Va

MOTHER 14. Maiden Name Amelia M. Herrada
15. Birthplace Detroit, Mich

16 (a) Informant David B. Owens
(b) Address 1928 Ramsey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25 1942 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave

18 (a) Funeral director Howard N. Blight Jr.
(b) Address 4914 Belair Rd

19 (a) SEP 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1942 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1942 to Sept 24 1942 and that I last saw h[illegible] alive on Sept 24 1942.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edw. L. Hassman M. D.
Address 4037 Falls Rd. Date signed 9/24/42

96001 #17

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 B

Registered No. F 96001

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3205 Woodland Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3205 Woodland Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Joseph Reip

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-8571

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Katherine Reip
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1892

8. AGE: Years	Months	Days	If less than one day
49	11	22	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Night Chief Operater
11. Industry or business Postal Telegraph

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown.

16 (a) Informant Mrs. Katherine Reip
(b) Address 3205 Woodland Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore, Co. Maryland.

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

19 (a) SEP 25 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22, 1942, at 9.47 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 4 1942 to Sep 22 1942 and that I last saw h alive on Sep 22 1942

Immediate cause of death	Duration
Mitral Insufficiency	2
Due to	
Ulcer Stomach	5/1942
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard D. Bubert M. D.
Address 4803 Park Heights Date signed 9/23/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1190 Registered No. F 96002

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 24-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 E. Clement St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William L. Saddler Jr. (Birth F-55659)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 4- 1942

8. AGE: Years	Months	Days	If less than one day
	6	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business —

FATHER 12. Name William E. Sadler Sr
FATHER 13. Birthplace Virginia
MOTHER 14. Maiden Name Sadie V. Scardina
MOTHER 15. Birthplace Baltimore

16 (a) Informant William E. Sadler
(b) Address 522 E. Clement St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A-A-G

18 (a) Funeral director William Cook Inc
(b) Address 1207 St Paul St.

19 (a) SEP 25 1942 (Date rec'd by registrar) Huntington Williams Myer

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1942, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1942 to Sept 24 1942 and that I last saw him alive on Sept. 24 1942

Immediate cause of death: Diarrhea of Infancy — Duration: 10 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuseling M. D.
Address St. Joseph's Hosp. Date signed 9-24-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

96003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

Registered No. 96003

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2612 Miles ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elmer Stubbins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Mary C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 21, 1869

8. AGE: Years	Months	Days	If less than one day
72	3	2	hr. min.

9. Birthplace Carroll Co., Md.
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name William Stubbins
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachel J. Wilkins
15. Birthplace Maryland

16 (a) Informant Mrs. Vernon James
(b) Address 1215 W. 45th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/42 (month) (day) (year)

(c) Cemetery or crematory Dug Spring
Location Carroll Co. Md.

18 (a) Funeral director Wilhelm Corp. Inc
(b) Address 1217 E. Pratt St. Baltimore, Md.

19 (a) (b)

SEP 25 1942
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23- 1942, at 11:40 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon (Autopsy or Inquiry) and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions Compound fracture of left femur & bruised brain (Include pregnancy within 3 months of death)	leg

Date of operation

Major findings of operation:

of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1/3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-1-42 at 12:45 P M
(c) Where did injury occur? Home & Fissures & Streets
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fall from ground by automobile

23. Signature Howard J. Wheeler M.D.
Medical Examiner.

Date signed 9-23-42

VS 6

Please write the causes of death very carefully. Physicians: please write the causes of death in this registry. Correct age is especially important.

96004 F 96004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 837 N Amerusty Pkg
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 837 N Amerusty Pkg (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Whitridge Rider

3 (b) If veteran, name war
3 (c) Social Security Account No. none

4 Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise H Rider
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 1883

8. AGE: Years 59 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Grain Broker
11. Industry or business Stock Broker

FATHER
12. Name Daniel Rider
13. Birthplace Penna

MOTHER
14. Maiden Name Mary Wilson
15. Birthplace Baltimore Md

16 (a) Informant Wm W Rider Jr
(b) Address 4 Dumbarton Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Cockeysville Md

18 (a) Funeral director Wilhelm & Feldmeier Inc
(b) Address 1219 Park Ave

19 (a) SEP 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1942 (Month) (day) (year) at 2 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1942 to Sept 23 1942 and that I last saw him alive on Sept 20 1942

Immediate cause of death: Coronary Thrombosis — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jno A Luetscher M. D.
Address 12 E. Eager St Date signed Sept 24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96005

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 25
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 5525 Selma Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Paul Farinholt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 27-1926

8. AGE: Years 15 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Frank W. Farinholt

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Mildred C. Farinholt

MOTHER 15. Birthplace Carroll Co Md.

16 (a) Informant Mrs Mildred C. Farinholt

(b) Address 5521 Selma Ave Arbutus

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26-42 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Balto.

18 (a) Funeral director William Cookson

(b) Address 1217 N Paca St

19 (a) SEP 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27, 1942, at 4:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquest) thereon and from the evidence obtained by said autopsy (Autopsy or Inquest) find that said deceased came to his death on the day stated above.

Immediate cause of death Hemothorax, right

Due to Compound fracture 4th rib, right

Due to Amputation of forearm, right

Due to accident

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Date of autopsy: yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Sept. 23 1942 at M

(c) Where did injury occur? Rolling Road (City or town) Balto Co (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? road (Specify type of place) While at work? no

(e) Means of injury auto accident

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Sept 24 1942

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly

96066

HEALTH DEPARTMENT—CITY OF BALTIMORE

96006

CERTIFICATE OF DEATH

93D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1101 Walnut Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 92 yrs. 9 mos. 7 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME SARAH M. BROTHERTON

If U. S. Veteran specify WAR

(a) Residence: No. 1101 Walnut Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

28-4

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris C. Brotherton

6. DATE OF BIRTH (month, day, year) Dec. 15, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Joseph H. Mattingley

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Maddox

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Julia B. Stevens
(Address) 3910 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Burial Date Sept 25, 1942

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 1800 Eutaw Place

20. FILED SEP 25 1942 by Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept. 22, 1942, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 19 42, to Sept 22, 19 42

I last saw her alive on Sept 22, 19 42. Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cardio Vascular disease	2 yrs
Cerebral Hemorrhage	14 da
Cardiac Asthma	3 da

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edgar Tompkins M. D.

(Address) 800 N. Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 8

F 96007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47a

Registered No. F 96007

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga and Calvert Streets
(c) Hospital or institution: Mercy Hospital 24-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 75 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 Williams (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Ferdinand Schwarz

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Mary Schwarz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-7-67

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	1	17		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name George Schwarz
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Rice
15. Birthplace Germany

16 (a) Informant Mrs. Nora V. Muir
(b) Address 1306 Williams street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.A. Co.

18 (a) Funeral director Bernard C. Hartz
(b) Address 121 E. West St

19 (a) (Date rec'd by Registrar) SEP 25 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24, 1942 at 7:45 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from September 23 1942 to September 24, 1942, and that I last saw him alive on Sept. 23, 1942

Immediate cause of death	Duration
Cardio Respiratory Failure	
Due to Carcinoma of Larynx	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Davis, Jr. M. D.
Address Mercy Hospital Date signed 9-24-42

F 96008

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 138

F 96008

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 810 Mayfield St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William Austin Pluck.

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-07-9553

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. married.

6 (b) Name of husband or wife Rena A. Pluck

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Dec 20 1899

8. AGE: Years 42 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Steamfitter

11. Industry or business

FATHER

12. Name Wallace W. Pluck

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Lelia Reed

15. Birthplace Baltimore Md

16 (a) Informant Rena Pluck

(b) Address 810 Mayfield St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location

18 (a) Funeral director Bernard A Zink

(b) Address 1800 N Broadway

SEP 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION.

20. DATE OF DEATH Sept 24 1942, at 3 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8, 1942, to Sept 24, 1942, and that I last saw H M alive on Sept 24 1942.

Immediate cause of death Pulmonary Tuberculosis Bilateral

Duration 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Paul Schmeisser M. D.

Address 725 Arlington Ave Date signed 9/24/42

VS 3

F 96009

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3 B

F 96009

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

15-1

(d) Length of stay in hospital or inst. (yrs., mos., or days) 68 da.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1355 Gilmore St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Carroll 75644

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1910

8. AGE: Years	Months	Days	If less than one day
32	0	8	hr. min.

9. Birthplace Md. (Baltimore). (Town, county, and state)

10. Usual Occupation waitress

11. Industry or business

FATHER

12. Name Norman R. Carroll

13. Birthplace Md.

MOTHER

14. Maiden Name Sidney (Harriett).

15. Birthplace Va. (Lancester. Co.,)

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-42 (month) (day) (year)

(c) Cemetery or crematory MT. Auburn

Location Baltimore, Md.,

18 (a) Funeral director William A. Jackson

(b) Address 916 Penna., Ave.,

19 (a) SEP 25 1942 Huntington Williams M.D. (Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1942, at 10:08 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 1942, to Sept. 23 1942, and that I last saw her alive on Sept. 23 1942.

Immediate cause of death

Pulmonary tuberculosis — Duration: 4 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A S Hartz

Address Balto City Hosp. Date signed 9/23/42 M.D.

VS 8

E 96010

T.N 15691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

Registered No. E 96010

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 2/12
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert S. Gardner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1860

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 24 1942

18 (a) Funeral director Commissioner of Health
(b)

19 (a) SEP 24 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-17 1942, at 8.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1942, to 9-17 1942, and that I last saw h[illegible] alive on 9-17 1942.

Immediate cause of death Bronco-pneumonia — Duration 3 days

Due to

Due to

Other Conditions Gen. Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Cross I.
Address B.C.H. Date signed 9-10-42 M. D.

VS 3

9436

96011

MCM - 75505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43 B

F 96011

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and fully

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 - 12

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street N413 Moore St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Amos Dudson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
60	?	?	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name ?

13. Birthplace ?

MOTHER

14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Balto. City Records Hosp.

(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL SEP 24 1942

Location Commissioner of Health

18 (a) Funeral director

(b) Address

19 SEP 24 1942 Huntington Williams, M.D.

(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-1 1942, at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-2 1942 to 9-1 1942, and that I last saw h alive on 9-1 1942.

Immediate cause of death	Duration
Cerebral thrombosis	
Due to Basil. arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature V. K. Rathbun M. D.

Address Balto. City Hosp. Date signed 9-3-42

9437

F 96012

E.S. (76458)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 132

F 96012

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospital 16

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore 2
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1218 Parkish St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME James Smith

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1897

8. AGE: Years	Months	Days	If less than one day
45	6	0	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name ?

FATHER 13. Birthplace ?

MOTHER 14. Maiden Name ?

MOTHER 15. Birthplace ?

16 (a) Informant B.C.H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL SEP 24 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 SEP 24 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-6-42 19 42, at 5:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-1-42 19 42, to 9-6 19 42, and that I last saw him alive on 9-6 19 42.

Immediate cause of death: Pulmonary tuberculosis — Duration: 8 months

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature R. J. Hartz

Address Balto City Hosp Date signed 9/7/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

9438

96013

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 159

Registered No. F 96013

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 23
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 44 N. West St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ernest Jackson (Birth F- 58105)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	premature

6 (b) Name of husband or wife Sarah Jackson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-11-42

8. AGE: Years	Months	Days	If less than one day
[redacted]		9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Augustus Jackson
13. Birthplace

MOTHER
14. Maiden Name Sarah Jackson
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 24 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) SEP 24 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 20 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19/42 to 9/20/42 and that I last saw h[illegible] alive on 9/20/42.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature V. Lashley M. D.
Address University Hosp Date signed 9/21/42

VS 3

9439

F 96014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 96014 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 1/2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 6 1/2 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 N. Calhoun Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James (Birth F. 57621)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 14, 1942

8. AGE: Years	Months	Days	If less than one day
			6 1/2 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Edward Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Doris James
15. Birthplace Chio

16 (a) Informant Hospital Records
(b) Address The Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL SEP 24 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) SEP 24 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1942, at 9:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 14 1942 to Sept. 14 1942 and that I last saw her alive on Sept. 14 1942

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard T. Eastman M. D.
Address The Johns Hopkins Hospital Date signed 9-17-42

VS 3

9340

9604300 31

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. E 96015

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1536 N. Gilmore (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Webster (Curtis E. 54648)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-29-42

8. AGE: Years	Months	Days	If less than one day
	1 Week	1	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Henry Webster
13. Birthplace Va

MOTHER 14. Maiden Name Nannie ?
15. Birthplace

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location JOHN HOPKINS HOSPITAL SEP 21 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) SEP 24 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 17 1942 at 9 22/60 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Sept 17 1942 and that I last saw h alive on Sept 17 1942

Immediate cause of death Aspiration of formula — Duration

Due to Suffocation

Due to Prematurity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe, M.D.
Address Johns Hopkins Hosp. Date signed 9/18/42

VS 3

9441

96016

T.N 33247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 96016

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. No Home
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luke Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14/1866

8. AGE: Years	Months	Days	If less than one day
76	6	28 27	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John Luke
13. Birthplace Maryland

MOTHER
14. Maiden Name Sophia Finrick
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 24 1942

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams, M.D.

19 (a) SEP 24 1942 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-11 1942, at 2 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-10 1938, to 9-11 1942, and that I last saw him alive on 9-11 1942.

Immediate cause of death	Duration
Cardiac failure	4 years
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto City Hosp Date signed 9-13-42

VS 3

9442

96017

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 96017
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution:
The Johns Hopkins Hospital 8-7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs. 8 min.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 hrs. 8 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 East Biddle Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Barrett (Birth F 5 353)

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1942

8. AGE: Years	Months	Days	If less than one day
			9 hr. 8 min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James Barrett
13. Birthplace Maryland

MOTHER
14. Maiden Name Elenora Everhart
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address The Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL SEP 24 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 SEP 24 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 12 1942 at 2:11 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 1942 to Sept. 12 1942, and that I last saw her alive on Sept. 12 1942

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nicholson T. Eastman M. D.
Address The Johns Hopkins Hospital Date signed 9-14-42

VS 8

9443

F 96018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

F 96018 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 S. Kenwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2
(e) Length of stay in Baltimore (yrs., mos., or days) 24 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 S. Kenwood ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Apolonia Gomkowski

3 (b) If veteran, name war	3 (c) Social Security Account No. 220-09-3480

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Joseph Gomkowski (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 21 1886

8. AGE: Years	Months	Days	If less than one day
56	6	2	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Frank Wysocki
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mr Joseph Gomkowski
(b) Address 517 S. Kenwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 28/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M Welsh
(b) Address 1101 S. Chester Street

19 (a) SEP 25 1942 (Date filed by Registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sep 23 1942 at 1 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1942 to Sept 23 1942 and that I last saw h[illegible] alive on Sept 22 1942.

	Duration
Immediate cause of death Coronary Occlusion	1 day
Due to	
Due to	
Other Conditions Diabetes Mellitus	2

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny M.D. M. D.
Address 2200 E Madison Date signed 9/24/42

VS 3

correct age in carefully supervising expenses, please write the causes of death clearly and legibly.

419800
F 96019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96019
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: North & Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days): about 1 mo 24 days
(e) Length of stay in Baltimore (yrs., mos., or days): since birth

2. USUAL RESIDENCE OF DECEASED:
(a) State: Penna. (b) County:
(c) City or town: Philadelphia (If outside city or town limits, write RURAL and give town)
(d) Street No.: Majestic Hotel (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3 (a) FULL NAME: Eugene G. Smith (EUGENE GREELEY SMITH)

3 (b) If veteran, name war: World War 1
3 (c) Social Security Account No.: ?

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: MARRIED
6 (b) Name of husband or wife: Ethel
6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): 5-4-83

8. AGE: Years: 59 Months: 4 Days: 19 If less than one day: hr. min.

9. Birthplace: MASS (Town, county, and state)
10. Usual Occupation: LAWYER
11. Industry or business:

FATHER
12. Name: Rev. EDWARD Smith
13. Birthplace: MAINE

MOTHER
14. Maiden Name: ELLA G. Greeley
15. Birthplace: MAINE

16 (a) Informant: Records
(b) Address: JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-26-42 (month) (day) (year)
(c) Cemetery or crematory: Green Mount
Location: Baltimore Md.

18 (a) Funeral director: Sherwood Mowen Co.
(b) Address: 108 W North Ave.

19 (a) SEP 25 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 23 1942, at 8.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1942 to Sept 23 1942 and that I last saw him alive on Sept 23 1942.

	Duration
Immediate cause of death: CARCINOMATOSIS, GENERALIZED	
Due to: (over)	
Due to:	
Other Conditions:	
(Include pregnancy within 3 months of death)	
Date of operation: 8	
Major findings of operation:	
of autopsy: 0	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature: R. C. Clay M.D.
Address: Johns Hopkins Hosp. Date signed: 9-23-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

96020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96020
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 11
(e) Length of stay in Baltimore (yrs., mos., or days) 15 11

2. USUAL RESIDENCE OF DECEASED Address of parents:
(a) State Md. (b) County Baltimore
(c) City or town Dundalk, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 Pinoak Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Newschafer (Birth F 56651)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/5/42

8. AGE: Years	Months	Days	If less than one day
		15	hr. min.

9. Birthplace Md Gen. Hosp
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph A.
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Eva Logan
15. Birthplace Maryland

16 (a) Informant
(b) Address

17 (a) Cremation (b) Date thereof 9/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location
Disposal by hospital requested by parents

18 (a) Funeral director
(b) Address

19 SEP 24 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/20 19 42 at 2:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/5 19 42 to 9/20 19 42
and that I last saw h[illegible] alive on 9/17 19 42

Immediate cause of death Meningitis

Due to Upper Respiratory Infection

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. J. Coffman
Address Md. General Hosp Date signed 9/22/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42a

F 96021

Registered No.

correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1632 N. Bond St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1632 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm. Bormann

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 212-18-0686

4. Sex: M. | 5. Color or race: W. | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mynna F. Bormann

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Jan 14. 1876

8. AGE: Years 66 | Months 8 | Days 10 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Restaurant Work

11. Industry or business

FATHER
12. Name John A. Bormann
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary C. Miller
15. Birthplace Balto Md

16 (a) Informant Mrs Mynna Bormann
(b) Address 1632 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24, 42 (month) (day) (year)
(c) Cemetery or crematory Cath Cem
Location Edgemont Ave

18 (a) Funeral director Geo M. Fuchs Son
(b) Address 811 N Wolfe St

19 (a) SEP 25 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24, 1942, at 8 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to Sept 24 1942, and that I last saw h[illegible] alive on Sept 24 1942.

Immediate cause of death Coronary Thrombosis — Duration

Due to Inflammation

Due to Sepsis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. O. Carman M.D.
Address 1705 N. Caroline Date signed Sept 25 42

VS 3

F 96622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 164C

F 96622 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3128 Brighton St.
(c) Hospital or institution:
16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3128 Brighton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WALTER CHARLES BARNSLEY

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 218 - 10 - 5429

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: widower

6 (b) Name of husband or wife: Baltimore, Md.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1890

8. AGE: Years 52 | Months 0 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Millinery Salesman

11. Industry or business National Millinery Co.

FATHER
12. Name Charles Barnsley
13. Birthplace England (?)

MOTHER
14. Maiden Name Emma May Hutchins
15. Birthplace Westminster, Md.

16 (a) Informant Mr. Walter M. Barnsley - son
(b) Address 3128 Brighton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Md. Huntingtown Williamsport, Md.

19 (a) SEP 25 1942 (Date) Registered by Registrar
Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1942, at 5 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said ~~Inquiry~~ autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of head	
Due to mental despondency	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Sept 24 at 5 P. M
(c) Where did injury occur? close address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury shot with revolver

23. Signature W. L. Wollenweber M.D. Medical Examiner.
Date signed 9-25-42

F 96023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96023 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St and Rutland Ave.
(c) Hospital or institution:
Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 Piedmont Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Simon Buckner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widow

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-77

8. AGE Years	Months	Days	If less than one day hr.	min.
65				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Solomon
13. Birthplace Russia

MOTHER
14. Maiden Name Esther
15. Birthplace Russia

16 (a) Informant Hosp. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Baltimore County, Md.

18 (a) Funeral director Jack Levin
(b) Address 1438 E. Baltimore

19 (a) SEP 25 1942 (Date rec'd by registrar) (b) Huntington Hill Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1942, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1942, to 9-24 1942 and that I last saw him alive on 9-24 1942.

Immediate cause of death Respiratory failure

Due to Cachexia and hypostatic pneumonia

Due to Cerebral vascular accidents

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
Several weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Moses
Address Sinai Hospital of Baltimore, Monument St & Rutland Ave. signed M. D. 9-24-42

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96024

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96024 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1728 No Appleton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 2
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1728 No Appleton St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Drobis

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Wht | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 58 | Months | Days | If less than one day: hr. min.

9. Birthplace: Russia (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business

FATHER
12. Name: Michel
13. Birthplace: Russia

MOTHER
14. Maiden Name: Stella
15. Birthplace: Russia

16 (a) Informant: Abraham Drobis
(b) Address: 1728 N. Appleton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-25-42 (month, day) (year)
(c) Cemetery or crematory: Hebrew Mt Carmel
Location: Herman Hill Rd

18 (a) Funeral director: Jos Levin's Sons
(b) Address: 1339 E. Balto St

SEP 28 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1942 at 7:39 M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug-15-1942 to Sept-24 1942, and that I last saw h[illegible] alive on Sept-24 1942.

Immediate cause of death: Cerebral Embolism — Duration

Due to: arterio-sclerosis

Due to: hypertension

Other Conditions: Glaucoma with Enucleation-rt eye
(Include pregnancy within 3 months of death)

Date of operation: Sept-8-42

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Herman Drobis
Address: 2404 Entaw Pl Date signed: 9/25/42

VS 8

F 96025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1464 F 96025

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 Callow ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) ~~Street~~ No. 2224 Callow ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Aus

3 (a) FULL NAME Rosa Bonhardi

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Joseph
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years 52 | Months | Days | If less than one day: hr. min.
9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Home
11. Industry or business Wife

FATHER
12. Name Bamach Spiegel
13. Birthplace austria

MOTHER
14. Maiden Name Charlott Deutsch
15. Birthplace Austria

16 (a) Informant Charlott Bonhardi
(b) Address 2224 Callow ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-42 (month) (day) (year)
(c) Cemetery ~~———~~ Balto Hebrew
Location Belair Rd

18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Balto st

19 (a) (Date rec'd by registrar) (b) Hunting for Williams, M.P. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25- 1942, at 9 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-2- 1942 to 9-25- 1942 and that I last saw h[illegible] alive on 9-25- 1942.

Immediate cause of death Heart failure — Duration
Due to Cachexia.
Due to Lymphosarcoma pelvis
Metastases of lungs, spine
Other Conditions pelvis and thighs.
(Include pregnancy within 3 months of death)
Date of operation (none)
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Weinberger M. D.
Address 912 Brooks Lane Date signed 9-25-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96026
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1003 E. Lombard St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1003 E. Balto St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Barry Elliott Mesaner

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 6 - 1933

8. AGE: Years	Months	Days	If less than one day: hr.	min.
9	1	18		

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation Child
11. Industry or business

FATHER
12. Name Bernard Mesaner
13. Birthplace Poland

MOTHER
14. Maiden Name Gladys Rosen
15. Birthplace Russia

16 (a) Informant Father
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/42 (month) (day) (year)
(c) Cemetery Beth Tfiloh
Location Windsor Mill Rd.

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1942, at 5 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1942 to Sept 24 1942 and that I last saw him alive on Sept 24 1942

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to

Due to

Other Condition Acute Myocarditis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature David Snyder
Address 1634 E. Baltimore St. Date signed 9/24/42 M. D.

V8 3

F 96027

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46E

F 96027
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere
(c) Hospital or institution:
Hebrew Home for Aged & Infirm 2nd 7
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sophie Fleper

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
84y			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Abbut —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Greenspring - Belvedere

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Hebrew Rev
Location Bowley's Lane

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto. St

19 (a) SSD 25 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25 1942, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-25 1936 to 9-25 1942, and that I last saw her alive on 9-25 1942.

Immediate cause of death Carcinoma of descending colon
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin M.D.
Address Lewindale Date signed 9/28/42

VS 3

42188 96028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96028 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 Pressatman St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William J. Johnson
3 (b) If veteran, name war
3 (c) Social Security Account No. 215-09-2589
4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Separated
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1-8-97
8. AGE: Years 45 Months 8 Days 1 If less than one day hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Porter
11. Industry or business
FATHER 12. Name Phillip Johnson.
13. Birthplace Md.
MOTHER 14. Maiden Name Mary Thompson
15. Birthplace Md.
16 (a) Informant Relative.
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Richmond Cem.
Location Baltimore Md.
18 (a) Funeral director Mrs. G.W. [illegible] Woodland
(b) Address 1601 Druid Hill Ave.
19 (a) SEP 25 1942 (Date rec'd by registrar) Huntington Nuttall Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept-22- 1942 at 1125 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept-8 1942 to Sept-22 1942, and that I last saw him alive on Sept-22 1942

	Duration
Immediate cause of death: Cardiac failure	
Due to: Rheumatic heart disease, with auricular fibrillation	12 yrs.
Due to:	8 mos.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Large heart, aortic & mitral stenosis.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harold E.C. Chamberlain M. D.
Address Johns Hopkins Hosp Date signed 9/23/42

VS 3

F 96029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96029

Registered No. 1147

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr 3 Mon.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 43 Holmehurst Caton (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Thornley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F M

5. Color or race W

6 (a) ~~Single, married, widowed, or divorced~~ Married

6 (b) Name of husband or wife Florence C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 4 1891

8. AGE: Years 51 | Months | Days 19 | If less than one day hr. min.

9. Birthplace Penn. (Town, county, and state)

10. Usual Occupation machinist

11. Industry or business U. S. Navy Yard Wash. D. C.

FATHER 12. Name Wm. H. Thornley

13. Birthplace Penn.

MOTHER 14. Maiden Name Lydia Hitz

15. Birthplace Penn

16 (a) Informant Mrs. Florence C. Thornley

(b) Address 43 Holmhurst Catonsville

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof Sept 25/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md.

18 (a) Funeral director Harry H. Wilkes

(b) Address 4101 Edmondson Ave.

19 (a) SEP 25 1942 (Date filed by registrar) (b) Huntington Williamsville, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1942, at 7:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1942 to Sept. 23 1942 and that I last saw him alive on Sept. 23 1942.

Immediate cause of death Emphysema, eft. — Duration 3 days

Due to Lung Abscess — @ 6 mo

Due to (not)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Emphysema, lung abscess

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. Arthur Rosebery M. D.

Address St. Agnes Hosp. Date signed 9/23/42

F 96030

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96030 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Hanover St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country —

3 (a) FULL NAME Anna Schmidt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Henry Schmidt Deceased
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 9, 1867

8. AGE: Years	Months	Days	If less than one day
75	8	15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business —

FATHER
12. Name George Wright
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Elmira Murdock
15. Birthplace Balto., Md

16 (a) Informant Miss Anna L. Schmidt (Daughter)
(b) Address 1400 Carlson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location A. A. Co., Md.

18 (a) Funeral director R. Bowman Evans
(b) Address 1200 N. Charles St.

19 (a) SEP 25 1942 (Date rec'd by registrar) Hunter H. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24, 1942, at 8:10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1937, to Sept 24 1942, and that I last saw her alive on Sept 24 1942.

Immediate cause of death Arteriosclerotic Heart Disease — Duration —
Due to Hypertension —
Due to —
Other Conditions Cardiac Hypertrophy, Cardiac Dilatation —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury —

23. Signature Vincent M. Mennuna M. D.
Address 1403 S. Charles St Date signed 9/25/42

VS 3

Correct age is especially important

F 96031

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 937

F 96031
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 S. Belnord Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 S. Belnord Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John George Smith.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-6244

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Hannah H. Orzech
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 2, 1885

8. AGE: Years	Months	Days	If less than one day
57	4	20	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business National Can Co.

FATHER
12. Name John G. Smith
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Not known
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. H. H. Smith
(b) Address 615 S. Belnord Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/25/42 (month) (day) (year)
(c) Cemetery or crematory Ist. Evan. Cemetery
Location Odonnell St.

18 (a) Funeral director Clarence E. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) SEP 25 1942 (Date rec'd by Registrar) Harrington Williams (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22, 1942 at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17, 1942 to Sept. 21, 1942 and that I last saw him alive on Sept. 21, 1942

Immediate cause of death — Duration

Coronary Thrombosis — Instantaneous

Due to Chronic myocarditis — about 2 yrs several years

Due to Chronic Hypertension

Other Conditions Hernia Operation in July 1942
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —
(e) Means of injury

23. Signature John J. Kruger M. D.
Address 267 E. Eastern Ave. Date signed 9/23/42

correct age is especially important. Physicians, please write the cause of death clearly and legibly.

VS 3

F 96032

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186

F 96032 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Warner Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Jane Walker Savage

3 (b) If veteran of what war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 1, 1941

8. AGE: Years 1 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name David Walker
13. Birthplace Castlehayne N C

MOTHER 14. Maiden Name Bellalaree Mae Savage
15. Birthplace Wallace N C

16 (a) Informant Bellalaree Mae Savage
(b) Address 713 Warner Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 26, 1942 (month) (day) (year)

(c) Cemetery or crematory Mount Zion
Location Baltimore County

18 (a) Funeral director Joseph A Sively
(b) Address 408 N Mount Street

19 (a) (Date received by registrar) (b) Huntington Williams M D (Registrar)

SEP 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1942, at 1:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1942 to Sept 22 1942, and that I last saw her alive on Sept 22 1942.

Immediate cause of death Respiratory failure following Convulsion

Due to Lead poisoning

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Beverly Jr. M. D.
Address University Hospital Date signed

Please answer all questions. Physicians: please write the cause of death clearly and legibly. Information as to age is especially important.

96033

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. E 96033

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 54yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3635 Roland Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME WILLIAM L. BROYLES

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married.

6 (b) Name of husband or wife Barbara A. Broyles
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) May 5, 1877

8. AGE: Years	Months	Days	If less than one day
65	4	19	..... hr. ..... min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Retired - machinist
11. Industry or business

FATHER
12. Name Louis Broyles
13. Birthplace Pa.

MOTHER
14. Maiden Name Elizabeth Walker
15. Birthplace Pa.

16 (a) Informant Barbara A. Broyles
(b) Address 3635 Roland Ave
17 Burial (Burial, cremation, or removal) (b) Date thereof Sept 26/42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden
18 (a) Funeral director Edmondson & Donovan
(b) Address 3615-17 Eastern Ave
19 (a) SEP 25 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1942 at 11 25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation: .....
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature H L Wollenweber M.D.
Medical Examiner.
Date signed 9-24-42

VS 6

F 96034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 161a

F 96034 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary Broadway Balto. Md
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs 50 min
(e) Length of stay in Baltimore (yrs., mos., or days) 6 hrs 50 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto City
(c) City or town Balto. City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Eastern Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Pitts (Birth F 58813)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife: None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1942

8. AGE: Years | Months | Days | If less than one day: 6 hr. 50 min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business None.

FATHER
12. Name Earl Pitts
13. Birthplace Unknown.

MOTHER
14. Maiden Name Pearl Gore.
15. Birthplace Maryland.

16 (a) Informant PEARL PITTS (MOTHER)
(b) Address 1912 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept. 25/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location O'Donnell st.

18 (a) Funeral director Lilly & Feiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) SEP 25 1942 (Date) (b) Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1942, at 12:24 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1942, to Sept 25 1942, and that I last saw h[illegible] alive on Sept 24 1942.

Immediate cause of death: Congenital Atelectasis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. David Bankerd M. D.
Address Church Home & Infirmary Date signed 9/25/42

VS 2

Physicians: please write the cause of death clearly and legibly. Be sure correct age is especially important.

F 96035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 96035 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1176 Nanticoke St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1176 Nanticoke St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Eldonora Bell Grieves

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-05-8979

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1890

8. AGE: Years 52 | Months 1 | Days 17 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Trimmer

11. Industry or business Hat Factory

FATHER 12. Name Charles Mack

13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant William Grieves

(b) Address 1176 Nanticoke St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26, 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Ave.

18 (a) Funeral director Lombrano, Inc.

(b) Address 1 Frankelstown Rd

19 (a) SEP 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 22 1942 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from FEB 6 1940 to SEPT 22 1942 and that I last saw her alive on SEPT 22 1942.

	Duration
Immediate cause of death: CEREBRAL HEMORRHAGE	9-18-42
Due to ARTERIOSCLEROSIS	
CHRONIC NEPHRITIS	
Due to ARTERIOSCLEROSIS	1940
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward F Milar M. D.
Address 68 Washington Blvd Date signed 9-23-42

correct age is especially important

VS 3

F 96036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 139a

F 96036
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Baker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy R Hawkins

3 (b) If veteran, name war

(c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1910

8. AGE: Years	Months	Days	If less than one day
32	2	25	hr. min.

9. Birthplace Baltimore City (Town, county or state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James H. Hawkins
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Annie E Smith
15. Birthplace Mathews Co. Va

16 (a) Informant Annie E Hawkins
(b) Address 608 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A & A Co. Md.

18 (a) Funeral director Robert E Williams
(b) Address 1515 M Eldery St

19 (a) SEP 25 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/24 1942, at 1.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19 1942, to 9/24 1942 and that I last saw her alive on 9/24 1942.

Immediate cause of death	Duration
Respiratory Failure	Sudden during coma
Due to Acute Pneumonia	
Due to (Ether) (Gas)	
Other Conditions Syphilis (Include pregnancy within 3 months of death)	

Date of operation 9/24/42

Major findings of operation Chronic Salpingo-Oophoritis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J M O'Beck, M. D.
Address Mercy Hosp Date signed 9/25/42

VS 8

correct age is especially important

JL- 74969

F 96037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 96037 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo-26
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Mutaw Place (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Berlre, nor Berlin

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Michael Berlin
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) ? 1877

8. AGE: Years	Months	Days	If less than one day
65	?	?	hr. min.

9. Birthplace ? IRELAND (Town, county, and state)
10. Usual Occupation ? AT HOME
11. Industry or business

FATHER
12. Name MICHAEL FLANIGAN
13. Birthplace IRELAND

MOTHER
14. Maiden Name CATHERINE FLANIGAN
15. Birthplace IRELAND

16 (a) Informant [illegible] Thomas J. Mahaney
(b) Address 2124 Greenmount Ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9/26/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Old Frederick Road

18 (a) Funeral Director J. Logan Smith
(b) Address 118 W. Mt. Royal Ave. Baltimore, Md.

19 (a) SEP 25 (Date filed by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24 1942 at 5 3/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1942 to 9-24 1942 and that I last saw her alive on 9-24 1942.

Immediate cause of death: Cardiac failure — Duration 7
Due to: Gen'l. arteriosclerosis
Due to: (Old)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 9-24-42

correct age is especially important

VS 8

F 96038

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 96038 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 206 Tremont road
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 206 Tremont road (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ARTHUR J. MOXLEY

3 (b) If veteran, name war: No
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Edith M. Moxley
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) Feb. 20, 1903
8. AGE: Years 39 | Months 7 | Days 4 | If less than one day ____ hr. ____ min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Patrolman
11. Industry or business Police Dept. Balto. City

FATHER
12. Name Jonathan E. Moxley
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Mary T. O'Sullivan
15. Birthplace Ireland

16 (a) Informant Mrs. Edith M. Moxley
(b) Address 206 Tremont road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) ____ (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 19 42 at ____ M

21. I certify that death occurred on the date above stated; that I attended deceased from May 19 28 to Sept 24 1942 and that I last saw h alive on Sept 24 19 42

Immediate cause of death: Coronary Thrombosis — Duration: 3 years
Due to: Coronary Occlusion — Duration: 1 day
Due to: ____
Other Conditions: Hypertension — Duration: 2 years
(Include pregnancy within 3 months of death)

Date of operation ____
Major findings of operation: ____
of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury ____

23. Signature [illegible] M.D.
Address 413 Frederick Rd Date signed 9/29/42

correct age is especially important

VS 3

F 96039

F 96039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 53

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2m013da
(e) Length of stay in Baltimore (yrs., mos., or days) 2mo, 13da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Dorchester
(c) City or town Hooperville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ADELBERT HOOPER

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Martha V. Parks
6 (c) If alive, give age: 65 years

7. Birth date of deceased (mo., day, yr.): May 3, 1869

8. AGE: Years	Months	Days	If less than one day
73	4	22	hr. min.

9. Birthplace: Dorchester County, Maryland. (Town, county, and state)
10. Usual Occupation: Seaman
11. Industry or business: Seafaring

FATHER
12. Name: Benjamin Hooper
13. Birthplace: Dorchester County, Maryland.

MOTHER
14. Maiden Name: Elizabeth Meakins
15. Birthplace: Dorchester County, Maryland.

16 (a) Informant: Records-US Marine Hospital,
(b) Address: Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/26/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore, Md.

18 (a) Funeral director: Wilhelm & Son Inc.
(b) Address: 1214 E. Baltimore St.

19 (a) SEP 25 1942 (Date rec'd by registrar) (b) Burlington Hill Rec'd by

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 25, 1942, at 3:30 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 12, 1942 to Sept. 25, 1942 and that I last saw him alive on Sept. 25, 1942.

	Duration
Immediate cause of death: Bronchopneumonia	1 week
Due to: Myeloma, multiple	6 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation: 7/27/42
Major findings of operation: Excision of squamous cardinoma, rt. ear
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: W. S. Bean M. D.
Address: US Marine Hospital, Baltimore, Maryland. Date signed 9/25/42

correct age is especially important.

VS 8

F 96040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1190a

F 96040 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1741 S Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Mary Louis MAJOR. (Birth Fu 6816)

3 (b) If veteran, name war	3 (c) Social Security Account No.
N	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife (3-14-42)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1942

8. AGE: Years	Months	Days	If less than one day
	6	10	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name James E Major
13. Birthplace Ga

MOTHER
14. Maiden Name Catherine Norton
15. Birthplace Baltimore Md

16 (a) Informant James E Major
(b) Address 618 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore, Md

18 (a) Funeral director Wellington Coffin Co
(b) Address 1217 E Paul Street

19 (a) SEP 25 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25, 1942, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1942, to Sept 25 1942, and that I last saw her alive on Sept 25 1942.

Immediate cause of death	Duration
Acute gastro-enteritis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Mongarano M. D.
Address 1213 Light Street Date signed Sept 25-42

correct ago is especially important

VS 8

F 96041

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

F 96041 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4008 Park Heights Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4008 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRED E GREEN

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Viola L Green
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 20 1874

8. AGE: Years 68 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace New York
(Town, county, and state)

10. Usual Occupation Auto Mechanic
11. Industry or business Self

FATHER
12. Name Frederick C Green
13. Birthplace New York

MOTHER
14. Maiden Name Anna Tyler
15. Birthplace Germany

16 (a) Informant Mrs Viola L Green
(b) Address 4008 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 St Paul St

19 (a) SEP 25 1942 (Date rec'd by registrar) (b) Huntington Pittsburgh Pa. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1942, at 6 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions: No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 9-25-42

VS 6

F 96042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96042 Registered No. 1313

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 231 N. Front St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Novotny 75750

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 10, 1897

8. AGE: Years	Months	Days	If less than one day
44	10	14	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Novotny
13. Birthplace Europe

MOTHER
14. Maiden Name Mary
15. Birthplace Europe

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) burial (b) Date thereof Sept 26/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto

18 (a) Funeral director John Ulland
(b) Address 2008 Orleans St

19 (a) SEP 25 1942 (b) Irving to Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1942 at 2:45P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 30 1942, to Sept. 24 1942, and that I last saw him alive on Sept. 24 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	3 yrs?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A J Hautz
Address Balto City Hosp Date signed 9/25/42

VS 3

F 96043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96043 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 447 S. Drew St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 447 S. Drew St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN H. SKINNER

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Henry H. Skinner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 19, 1915

8. AGE: Years	Months	Days	If less than one day
27	3	4	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Harry Parsons
13. Birthplace Maryland

MOTHER
14. Maiden Name Carolyn Rolfes
15. Birthplace Maryland

16 (a) Informant Mr. Henry H. Skinner
(b) Address 447 S. Drew St.

17 (a) Burial (b) Date thereof Sept. 26, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore, Md.

18 (a) Funeral director John Allen
(b) Address 2008 Orleans St.

19 (a) SEP 28 1942 (b) Howard A. Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1942 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 12 1942 to Sept 23 1942 and that I last saw h alive on Sept 23 1942

Immediate cause of death	Duration
Tuberculosis	
Due to (over)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Adam Tod M. D.
Address 1126 Dulaney Ave Date signed Sep 24

VS 3

F 96044

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 183

F 96044 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Recovered from Balto. City Harbor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
No fixed permanent residence.
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edwin A. Mack

3 (b) If veteran, name war —

3 (c) Social Security Account No. 417-12-3941

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1919

8. AGE: Years	Months	Days	If less than one day
23	7	9 4	hr. min.

9. Birthplace Columbus, Georgia (Town, county and state)

10. Usual Occupation Seaman

11. Industry or business

FATHER
12. Name Robert Mack
13. Birthplace Columbus, Georgia

MOTHER
14. Maiden Name Edna Murray
15. Birthplace Columbus, Georgia

16 (a) Informant Robert Mack
(b) Address Mobile, Alabama

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-42 (month) (day) (year)
(c) Cemetery or crematory
Location Columbus, Ga.

18 (a) Funeral director George L. Kelson
(b) Address 1303 Presstman St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-20- 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Drowning — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide Found drowned
(b) Date of occurrence Probably 9-17-42 at Death M
(c) Where did injury occur? Found in harbor Mobile Ala
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Drowning

23. Signature Howard J. Caldwell M.D.
Medical Examiner.
Date signed 9-23-42

VS 4

96045

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96045

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. East Calvert
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Kent
(c) City or town Kennedyville
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Walter A. Hurlock

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white.	married.

6 (b) Name of husband or wife Mrs. W. A. Hurlock.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31. 1898

8. AGE: Years	Months	Days	If less than one day
43 44	10	24	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Farmer.
11. Industry or business

FATHER
12. Name William M. Hurlock
13. Birthplace Maryland

MOTHER
14. Maiden Name Wilmina Hessner
15. Birthplace Maryland.

16 (a) Informant Hosp. Record.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28/42 (month) (day) (year)
(c) Cemetery or crematory cemetery
Location Still Pond Md

18 (a) Funeral director B.K. Fellows
(b) Address Still Pond Md

19 (a) SEP 26 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1942, at 3:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31 1942, to Sept 25 1942, and that I last saw him alive on Sept 25 1942.

Immediate cause of death Cardio-respiratory failure — Duration 3 mins.

Due to Partial Intestinal Obstruction

Due to Annular Carcinoma of Transverse Colon & fistula into

Other Conditions Stomach.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Carcinoma of Colon & Stomach

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Union Mem. Hosp. Date signed 9-25-42
Balto. Md.

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96026

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 N Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 N Cold Spring Lane
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Shirk

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1856

8. AGE: Years 86 | Months 2 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Isaac Shirk
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Kate Orick
15. Birthplace Baltimore Md

16 (a) Informant H E Forster
(b) Address 419 Frankford Ave Rodgers Forge

17 (a) Final (b) Date thereof 9/28/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilson Cook Inc
(b) Address 1219 E Fayette St

SEP 26 1942
(Date received by local registrar)

(b) Signature Virgil Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1942, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1942, to Sept 25 1942, and that I last saw h[im] alive on Sept 22 1942.

Immediate cause of death Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M H Patterson M.D.
Address 2324 Reisterstown Rd Date signed 9/26/42

96047 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 96047

CERTIFICATE OF DEATH 161a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. D Ward)

Length of residence in city or town where death occurred 5hrs. yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME PAUL L. Millman. Jr

If U. S. Veteran specify WAR

(a) Residence: No. 1837 W. Fayette St. St., Ward, (Birth F. 58388)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 24 1942

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
5hrs.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt Md

FATHER

13. NAME Paul Leonard Millman.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Clara May Nichols.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Clara May Nichols.

(Address) 1837 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place Date 9/26 19 42

19. UNDERTAKER

(Address)

20. FILED SEP 26 1942 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25/ , 1942

22. I HEREBY CERTIFY, That I attended deceased from September 24 1942 to Sept 25 1942

I last saw h[illegible] alive on Sept 25 1942 Death is said to have occurred on the date stated above, at 1 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fetal Malformation ?	
(28 Weeks.)	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) William J. McClafferty M. D.

(Address) Bon Secours Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. ANY OCCUPATION is very important. See instructions on back of certificate.

VS 3

96048

LPR 76745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

F 96048 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days) 26 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 624 Warner St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George King

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Lucy King

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 188

8. AGE: Years	Months	Days	If less than one day
57	3	14/6	hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Jim King

13. Birthplace N. C.

MOTHER

14. Maiden Name Nancy Carter

15. Birthplace N. C.

16 (a) Informant Lucy B King

(b) Address 624 Warner St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-26-42 (month) (day) (year)

(c) Cemetery or crematory Morlans

Location N C

18 (a) Funeral director Isaiah L. Brownston

(b) Address 108 W Montgomery St

SEP 26 1942 (Date received by Registrar) Awaiting for Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23-42 19 , at 11 05 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 1942 to 9-23 1942 and that I last saw him alive on 9-23 1942

Immediate cause of death Cardiac failure and anemia — Duration

Due to Hypertension S.V.D

Due to

Other Conditions Benign prostatic hypertrophy

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Henry Hearn M. D.

Address Balto City Hosp. Date signed 9-27-42

Please fill in all items, where they apply, correctly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 96049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B

Registered No. F 96049

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 E. North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 704 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country no

3 (a) FULL NAME MARGARET WELLSLAGER

3 (b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife - -

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Nov. 7. 1874

8. AGE: Years	Months	Days	If less than one day
67	10	16	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business - - -

FATHER
12. Name Stephen Decatur Wellslager-deceased
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Brenner-deceased
15. Birthplace Baltimore

16 (a) Informant Mrs. Emma Eichberg(sister)
(b) Address 704 E. North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 25. 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) (Date received by Registrar) SEP 26 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23. 1942 at 8.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1941 to Sept 23 1942 and that I last saw deceased alive on Sept 22 1942

Immediate cause of death: Coronary occlusion (arterio-sclerosis) mitral insufficiency — Duration: last 5 yrs.

Due to:

Due to:

Other Conditions: Emphysema + asthma (by patient's history) — 5 yrs

(If female, pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

Signature Louis F. Krummen M. D.
Address 722 N. Kenwood Ave Date signed Sept 27 42

PHYSICIAN
Underline the cause to which death should be charged statistically.

Please write plainly, with unfading ink. Give correct age in years, months, days if under one year. Physicians: please write the causes of death clearly and legibly. This certificate is especially important.

96050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 V

F 96050 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 S. Woodyear St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 329 S Woodyear St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Flora

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife Wm Flora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1864

8. AGE: Years	Months	Days	If less than one day
78	6	18	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation housework

11. Industry or business at home

FATHER
12. Name Anton Grunder
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs Frederick Georgius
(b) Address 329 Woodyear St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Ave

18 (a) Funeral director John J. Leonard & Son
(b) Address 901 Hollins St.

SEP 26 1942 (Date rec'd by Registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1942 at 5-30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942, to Sept 25 1942, and that I last saw h alive on Sept 23 1942.

Immediate cause of death Mitral regurgitation
Cardiac Hypertrophy
Due to Old age

Due to

Other Conditions Arteriosclerosis
Senility
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M G Quinn M. D.
Address Med arts Date signed 9-25-42

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

96051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a ✓ Registered No. F 96051

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1252 Washington Blvd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1252 Washington Blvd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Wroten
3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1856

8. AGE: Years	Months	Days	If less than one day
86	6	21	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation housework
11. Industry or business at home

FATHER
12. Name Thomas Kimmey
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Md.

16 (a) Informant Mrs Geo. H. Musgrove
(b) Address 1252 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director John J. Lancaster & Son
(b) Address 90 Hollins St.

19 (a) SEP 26 1942 (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24, 1942, at 10 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1942, to 9/24 1942, and that I last saw ~~her~~ alive on 9/24/42

Immediate cause of death — Duration

Coronary Thrombosis — 1 week

Due to

Due to

Other Conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard D. Jones M. D.
Address Date signed 9/26/42

F 96052

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 96052 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2120 Penna. Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2120 Penna. ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-10-8790

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife Rachel Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 5 1895

8. AGE: Years	Months	Days	If less than one day
47	7	18	hr. min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace md

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Rachel Johnson
(b) Address 1616 N. Gilmore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-42 (month) (day) (year)

(c) Cemetery or crematory
Location Annapolis md

18 (a) Funeral director George E. Kelson
(b) Address 17 Prestman St

19 (a) SEP 26 1942 (To be f'd by registrar) (b) Hunting for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23- 1942, at 8 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	Years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.

Date signed 9-23-42

F 96053

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

F 96053
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 N Bradford St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1614 N Bradford St
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine J. Stewart

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Robert Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22nd 1885

8. AGE: Years	Months	Days	If less than one day
56 57	5	2	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John O'Leary
13. Birthplace Md

MOTHER
14. Maiden Name Catherine Taylor
15. Birthplace Md

16 (a) Informant Robert Stewart
(b) Address 1614 N Bradford St

17 (a) Burial (b) Date thereof Sept 28 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave Road

18 (a) Funeral director Leo G. Crook
(b) Address 1701-03 N. Patt Park Ave

19 (a) [illegible] (b) Huntington Williams
SEP 26 1942
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1942, at 11:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/21 1942 to 9/24 1942, and that I last saw h[illegible] alive on 9/23 1942.

Immediate cause of death: Chronic myocardial degeneration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Max Baum, M.D.
Address 1501 N. Hilton Ave Date signed 9/25/42

(over)

F 96054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

F 96054 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 Walbrook Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARTIN BROOKS WEBB

3 (b) If veteran, name war --

3 (c) Social Security Account No. 213 - 18 - 6490

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Nettie May Webb
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1881

8. AGE: Years	Months	Days	If less than one day
61	2	14	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Urban Laundry

FATHER
12. Name Richard Webb
13. Birthplace Fawn Grove, York, Pa.

MOTHER
14. Maiden Name Ella Cary
15. Birthplace Va.

16 (a) Informant Mrs. Nettie May Webb, wife
(b) Address 2216 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Baltimore, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS,
(b) Address North & Pa. Aves., Balto., Md.

19 (a) SEP 26 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24, 1942 at 9:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushing of chest — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: S/A
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-24-42 at M
(c) Where did injury occur? alley in rear of 2100 N. Mulberry (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury struck by hit + run driver

23. Signature H. J. Waldenmaier M.D. Medical Examiner.
Date signed 9-25-42

F 96055

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93E

F 96055
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 702 Newington Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 702 Newington Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM U. STARKEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	213-05-8441

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Clara E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 10, 1878

8. AGE: Years	Months	Days	If less than one day
63	11	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Buyer
11. Industry or business Daniel Miller

FATHER
12. Name August D. Starkey
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha Schnell
15. Birthplace Germany

16 (a) Informant Mrs. Clara E. Starkey
(b) Address 702 Newington Ave.

17 (a) Entombment (b) Date thereof 9/26/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount Maus.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) SEP 26 1942 (Date rec'd by Registrar) Hunter to Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/23 19 42, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Myocardial Insufficiency.
Due to
Due to
Other Conditions Coronary Heart Disease for 7 years
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elmer B Kreeman M. D.
Address 807 Cathedral St Date signed

Please fill in all items. Physicians: please write the causes of death clearly and legibly. Be sure to give correct age as especially important.

F 96056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1952 Registered No. F 96056

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1106 N Fulton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 23 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 1106 N Fulton
(If outside city or town limits, write RURAL and give town)
(d) Street No. Balto, Md.
(If rural give location)
If foreign born, how long in U. S. A.? years

3 (a) FULL NAME David Lee Hanshaw. (Birth F. 56772)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-31-42

8. AGE: Years | Months | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Robert Hanshaw
13. Birthplace Kermit W. Va

MOTHER 14. Maiden Name Ruby McCready
15. Birthplace Groton Ohio

16 (a) Informant Robert Hanshaw
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 24 1942

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams, M.D.

19 SEP 24 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24-1942 (2304) M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23 1942 to 9-24 1942 and that I last saw h... alive on ... 19...

Immediate cause of death: Acute Asphyxia — Duration

Due to: Aspiration of milk into Trachea

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis J. Sloan M. D.
Address 726 Walnut Ave Date signed

V8 3

944 Howard J. Haman M-D- 9/24/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 96057

Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 954 Forrest St

(c) Hospital or institution: Maryland Penitentiary Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos 14 days

(e) Length of stay in Baltimore (yrs., mos., or days) ✓

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 309 N. Fremont Ave.

(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Henry B. Williams

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Ruth Williams

6 (c) If alive, give age ?? years

7. Birth date of deceased (mo., day, yr.) March 22, 1904

8. AGE: Years	Months	Days	If less than one day
38	6 5	16 15	hr. min.

9. Birthplace Orange Grove, Cal. (Town, county, and state)

10. Usual Occupation Bricklayer

11. Industry or business

FATHER

12. Name Richard Williams

13. Birthplace India

MOTHER

14. Maiden Name Nellie Lawrence

15. Birthplace California

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL SEP 24 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (c) SEP 24 1942 Huntington Williams, M.D.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 7 1942, at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 2-24-42 19 to 9-7-42 19, and that I last saw him alive on 9-7-42 19

Immediate cause of death: Pulmonary Tuberculosis — Duration: 7 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ruth Williams M. D.

Address Talbot St. Date signed

VS 3

9444

F 96058 ✓ F 96058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2916 E. Pratt St.;
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 E. Pratt St.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary M. Krause.

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ------

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Divorced

6 (b) Name of husband or wife Martin Krause
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1898

8. AGE: Years	Months	Days	If less than one day
43	10		hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Home Work
11. Industry or business

FATHER
12. Name John J. Pittenger.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Blanche Thompson
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Blanche Pittenger
(b) Address 2916 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director John A. McCan
(b) Address 3000 E. Baltimore St.

19 (a) SEP 26 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23. 1942, at 2. P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 5 1942 to Sept 23 1942, and that I last saw h[illegible] alive on Sept 23 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to Hypertensive Cardiovascular Renal Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
Signature Samuel J. McCafe M. D.
Address 1331 Eutaw Ave Date signed 9-25-42

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. Please state the correct age in years, months, days. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 8

422657 F 96059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 96059 Registered No.

PLEASE WRITE PLAINLY. Use typewriter if possible. Entry of items 1 to 19 inclusive is required. Any false statement or omission should be reported. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State VA (b) County
(c) City or town The Plains (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Eva Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	WIDOW

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace VIRGINIA (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER
12. Name Montaque Payne
13. Birthplace VA

MOTHER
14. Maiden Name Elizabeth Payne
15. Birthplace VA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery ~~crematory~~ Orlean
Location Orlean, Va.

18 (a) Funeral director John J. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) (Date received by local registrar) SEP 26 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942, at 515 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1942 to Sept 26 1942 and that I last saw h. ER alive on Sept 26 1942.

Immediate cause of death	Duration
Metastases from Carcinoma of the breast	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hope L. Hunt
Address Johns Hopkins Hospital Date signed 9/29/42

F 96060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96060 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County Nassau
(c) City or town Baldwin, Long Island
(If outside city or town limits, write RURAL and give town)
(d) Street No. 142 Harrison Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Cook Sheffield

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Catherine
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov. 11-1882

8. AGE: Years	Months	Days	If less than one day
59	10	14	hr. min.

9. Birthplace New York, N. Y. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Church fixtures

FATHER
12. Name John Sheffield
13. Birthplace New York, N.Y.

MOTHER
14. Maiden Name Louise Cook
15. Birthplace New York, N.Y.

16 (a) Informant Mrs Mary Catherine Sheffield
(b) Address 142 Harrison Ave, Baldwin Long Island N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Baldwin, Long Island, N.Y.

18 (a) Funeral director H. W. Meaussen
(b) Address 805 N. Calvert St.

19 (a) (Date received) SEP 26 1942 (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25- 1942, at 3:15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldeis M.D. Medical Examiner.
Date signed 9-26-42

F 96061

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a

F 96061
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 769 Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Lowery (Birth F-52969)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7-10 42

8. AGE: Years	Months	Days	If less than one day
	2		hr. min.

9. Birthplace Balto. — Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Lowery
13. Birthplace South Carolina

MOTHER
14. Maiden Name Emma Coleman
15. Birthplace South Carolina

16 (a) Informant James Lowery
(b) Address 769 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Sandowne — Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) SEP 26 1942 (Registrar) (b) Huntington Williams M.D.

TS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1942, at 11 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & an autopsy thereon and from the evidence obtained by said inquiry & autopsy (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

Immediate cause of death	Duration
Infantile diarrhea	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Roland Lee Graham M.D.
Medical Examiner.
Date signed Sept. 24 1942

F 96062

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96062 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1844 Chesapeake Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emmons James Alexander 76852

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	sep.

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1893

8. AGE: Years	Months	Days	If less than one day
48	11	3	hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name William Alexander
13. Birthplace N.C.

MOTHER
14. Maiden Name Alice McDonald
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balt. Co. Md.

18 (a) Funeral director Mrs. Geo. M. Hubbard
(b) Address 1631 Druid Hill Ave.

19 (a) SEP 26 1942 (Date received by Registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 19 42 at 2:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18 19 42 to Sept. 23 19 42, and that I last saw him alive on Sept. 23 19 42

Immediate cause of death — Duration

Pulmonary tuberculosis — 5 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

(f) Signature William Goodman M.D.
Address Baltimore City Hosp. Date signed 9/23/42

96063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 96063

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10m
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1306 W. Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Grosh

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-7276

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
W	W	Married

6 (b) Name of husband or wife Debora R

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17 1889

8. AGE: Years	Months	Days	If less than one day
52 ~~55~~	11 10	4	hr. min.

9. Birthplace Balto
(Town, county, and state)

10. Usual Occupation Conductor B & O RR

11. Industry or business

FATHER
12. Name Charles C Grosh
13. Birthplace Balto

MOTHER
14. Maiden Name Mary J Woodside
15. Birthplace Balto

16 (a) Informant Mrs Mabel L Arnold (Friend)
(b) Address 3446 Hanover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (Date received by Local Registrar) SEP 26 1942 (b) Huntington Williams Mort

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1942 at 12 ~~P~~ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions ko	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ko
Was autopsy: Ye

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Wallenmeyer M.D.
Medical Examiner.
Date signed 9-24-42

96064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 96064
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2819 Baker st
(c) Hospital or institution:

5

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 31

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto. City
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2819 Baker ST.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John B Fennick

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3694

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lillian M Fennick
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 31, 1888

8. AGE: Years	Months	Days	If less than one day
54		24	hr. min.

9. Birthplace St Mary Co Md
(Town, county, and state)

10. Usual Occupation Motorman Balto Transit Co
11. Industry or business

FATHER
12. Name William B Fennick
13. Birthplace Md

MOTHER
14. Maiden Name Julia Adams
15. Birthplace Md

16 (a) Informant Mrs Lillian M Fennick
(b) Address 2819 Baker st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/42 (month) (day) (year)
(c) Cemetery or crematory Popular Hill
Location Valley Lee Md

18 (a) Funeral director P B Adkinson
(b) Address Stayton, Del

SEP 28 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1942, at 8 a. M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 23 1942 to Sept 25 1942 and that I last saw h alive on Sept 23 1942

Immediate cause of death Coronary Occlusion — Duration ✓

Due to

Due to

Other Conditions ✓

(Include pregnancy within 3 months of death)

Date of operation ✓

Major findings of operation: none

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓ at M
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury ✓

23. Signature Allen L. Rowland M. D.
Address 1219 Dolphin Street Date signed 9/25/42

H. F. Wollenweber, M. D. Del & M. Y.

correct age is especially important. Typewrite or print plainly with pen and ink. Use no abbreviations. Do not use ditto marks. Be sure to answer every question.

VS 8

F 96065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 96065
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1340 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl CARLYN Gisvin (Birth F-59590)

3 (b) If veteran, name war

3 (c) Social Security Account No.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/25 1942, at 11:25 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/24 1942 to 9/25 1942, and that I last saw h[illegible] alive on 9/25 1942.

Immediate cause of death Prematurity — Duration 2 days

Due to Non term

Due to

Other Conditions Delivered 9 cst

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

4. Sex female | **5. Color or race** white | **6 (a) Single, married, widowed, or divorced.** single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1942

8. AGE: Years | Months | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Russell Gisvin
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Elda Russell
15. Birthplace W. Va.

16 (a) Informant Russell Gisvin
(b) Address 1340 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Bethel M. E. Cemetery
Location Harford County, Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 127 St. Paul St.

19 (a) (Date received by registrar) SEP 26 1942 (b) Huntington Williams, M.D. Registrar

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Davis M. D.
Address St. Agnes Date signed 9/26

VS 3

correct age is especially important

96066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

91a ✓

Registered No. E 96066

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St
(c) Hospital or institution: Mercy Hospital 27
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2½ months
(e) Length of stay in Baltimore (yrs., mos., or days) Life (32 yrs)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4201 Kenyon (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Willard Lembach

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-10-0483

4. Sex: Male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19 1904

8. AGE: Years 37 | Months 11 | Days 23 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Cable Splicer

11. Industry or business Telephone Co

FATHER
12. Name George C. Lembach
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Mary Yossmeth
15. Birthplace Balto.

16 (a) Informant Brother – Kenneth Lembach
(b) Address 4201 Kenyon

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard F. Rupp
(b) Address 5305 Harford Rd Huntington Williams

19 SEP 26 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942 at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 25 1942 to Sept 19 1942 and that I last saw him alive on Sept. 25 1942

Immediate cause of death: Heart Failure — Duration: ?

Due to Subacute Bacterial Endocarditis — Duration: 2½ mos.

Due to Staph. Septicemia — Duration: 2½ mos

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Osborne
Address Mercy Hospital Date signed 9/26/42

VS 3

correct age is especially important. If unknown, please write the words "age unknown" in this space.

96067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1220 ✓ F 96067 Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (~~years~~, months or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1250 E. North Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth G. Dudley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Edward J. Dudley Jr.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 22, 1878

8. AGE: Years	Months	Days	If less than one day
63 64	10	3	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Foley
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Johnson
15. Birthplace Ireland

16 (a) Informant Mrs Emma Bernstein
(b) Address 1104 E Fairvale St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 9-28-42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director Leonard J. Buck
(b) Address 5306 Harford Rd

19 (a) SEP 26 1942 (Date received by Registrar) Huntington Williams M.D. (Signature)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 23 1942, to Sept 25 1942, and that I last saw h[illegible] alive on Sept 25 1942.

Immediate cause of death	Duration
Cerebral angiospastic attack	
Due to Arteriosclerosis	
Due to	
Other Conditions Ventral hernia	

(Include pregnancy within 3 months of death)
Date of operation 0
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. Herman Williams M. D.
Address Maryland General Hosp. Date signed Sept 26 1942

96068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 V

Registered No. F 96068

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5930 Kavon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6930 Kavon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Salvatore Bracata

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Serafina Bracata
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 8. 1866

8. AGE: Years	Months	Days	If less than one day
75	11	1716	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Simone Bracata
13. Birthplace Italy

MOTHER
14. Maiden Name Annette Bracata
15. Birthplace Italy

16 (a) Informant Serafina Bracata
(b) Address 5930 Kavon Ave

17 (a) Burial (b) Date thereof 9 28 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location

18 (a) Funeral director Leonard J. Rupp
(b) Address 5305 Harford Rd

19 (a) SEP 26 1942 (b) Huntington Williams M.D.
(Date rec'd by local registrar) (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to Sept. 24 1942 and that I last saw him alive on Sept 24, 1942

Immediate cause of death
Cerebral Hemorrhage
Due to
Arterio-sclerosis and Hypertension
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
3 hours
many years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Williamson M. D.
Address 5713 Bel Air Rd Date signed 9-28-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

M. D. B. 1268-6

96069 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 96069

CERTIFICATE OF DEATH

131a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1120 N. Stockton St Ward) 16

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Herbert James

(a) Residence: No. 1120 N. Stockton St., 8th Ward 217-01-0497

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Estella James

6. DATE OF BIRTH (month, day, year) March 17-1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Hyde Co. N. C

FATHER

13. NAME Herbert James

14. BIRTHPLACE (city or town) (State or country) Hyde Co. N. C

MOTHER

15. MAIDEN NAME Annie Shaw

16. BIRTHPLACE (city or town) (State or country) Hyde Co. N. C.

17. INFORMANT Katie E. Harlee (Address) 215 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Cem Date 9-26 1942

19. UNDERTAKER Mrs Katie R. Williams (Address) 212 N. Schroeder St

20. FILED SEP 26 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-23, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept 21, 1942 to Sept 23, 1942

I last saw him alive on Sept 23 1942. Death is said to have occurred on the date stated above, at 10½ a m.

The principal cause of death and related causes of importance were as follows:

Hypertensive - Cardio Renal - Vascular Syndrome

Date of onset: 2 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury, ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) B. N. Natcher M. D.

(Address) 1225 Penna Ave

INSTRUCTIONS: Fill in all items, using terms as far as possible which are in common use. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

96070

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. F 96070

PLEASE WRITE PLAINLY with pen or indelible pencil. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lafayette Ave and John St.

(c) Hospital or institution: Hospital for the Women of Maryland

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 216 Woodlawn Road (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Sarah Hyacinth Wood

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12/19/1874

8. AGE: Years	Months	Days	If less than one day
67	9	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business

FATHER 12. Name Geo. W. Wood

13. Birthplace La.

MOTHER 14. Maiden Name Laura Alexander

15. Birthplace La

16 (a) Informant Viola Wood

(b) Address 216 Woodlawn Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 27 42 (month) (day) (year)

(c) Cemetery or crematory Greenwood

Location Brooklyn N.Y.

18 (a) Funeral director Henry W. Sparks & Son Co

(b) Address McCulloh & Richards

19 (a) SEP 26 1942 (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1942 at 3:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22 1942 to Sept 25 1942, and that I last saw her alive on Sept. 25 1942.

Immediate cause of death Auricular standstill — Duration 2 days

Due to Coronary artery sclerosis — ?

Due to Arteriosclerotic cardiovascular disease — ?

Other Conditions Diabetes mellitus — 15 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of ~~operation~~ of autopsy numerous old infarctions of left ventricle.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Carl S. Halligan M.D.

Address Hospital for Women Date signed 9/26/42

VS 2

42-24-68 F 96071

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96071 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA (b) County
(c) City or town Pittsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 1249 Tweed (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Shissler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	MARRIED

6 (b) Name of husband or wife Ruth

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day hr.	min.
34				

9. Birthplace PENNA (Town, county, and state)

10. Usual Occupation CLERK

11. Industry or business

FATHER 12. Name HARRY Shissler

13. Birthplace PENNA

MOTHER 14. Maiden Name PAULINE BARDER

15. Birthplace PENNA

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Interment (Burial, cremation, or removal) (b) Date thereof 9-26-42 (month) (day) (year)

(c) Cemetery or crematory Pittsburg Pa

Location

18 (a) Name of funeral director Sigmund Emery

(b) Address Fulton + Fayette

19 (a) Filed SEP 27 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942 at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1942 to Sept 26 1942, and that I last saw him alive on Sept 26 1942.

Immediate cause of death Increased intracranial pressure

Due to Acute subdural hemorrhage

Due to Ruptured aneurysm

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9-21-42; 9-23-42

Major findings of operation: subdural hygroma hygroma

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H Brunet M. D.
Address U. H. Date signed 9/26/42

F 96072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 54a

✓ F 96072 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette St & Payson
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3038 Guilford Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr George Groin

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 705-08-9401

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gillian G. Groin
6 (c) If alive, give age 39 years
7. Birth date of deceased (mo., day, yr.) July 7 1900
8. AGE: Years 42 | Months 2 | Days 19 | If less than one day: hr. min.
9. Birthplace Yugoslavia (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business B & O. R.R.

FATHER
12. Name Samuel Groin
13. Birthplace Yugoslavia

MOTHER
14. Maiden Name Sophia —
15. Birthplace Yugoslavia

16 (a) Informant Gillian G. Groin
(b) Address 3038 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
(d) Location City

18 (a) Funeral director Doff C & B M. Walter
(b) Address Preble Hershey & Co.

SEP 27 1942
SEP 28 1942
(Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942 at 3 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1942 to 9-26 1942 and that I last saw him alive on 9-26 1942

Immediate cause of death: Medullary Edema — Duration: 2 days
Due to Glioma Right Hemisphere — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 1-9/30/42 & 9/25/42
Major findings of operation: Glioma Right Hemisphere
Of autopsy: None.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Krieg M.D.
Address Bon Secours Hosp. Date signed 9-28-42

VS 3

Copy to be especially important. Physicians: please write the causes of death clearly and legibly.

F 96073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96073

91a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 439 S Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country .....

3 (a) FULL NAME Mrs Shirley K Miller

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 217-18-6671

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Albert O Miller
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) February 16 1924

8. AGE: Years 18 | Months 7 | Days 8 | If less than one day: hr. ..... min. .....

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Housewife
11. Industry or business: Housewife

FATHER
12. Name: Joseph Zacks
13. Birthplace: Baltimore Md

MOTHER
14. Maiden Name: Beatrice E Thompson
15. Birthplace: Baltimore Md

16 (a) Informant: Albert O Miller
(b) Address: 439 S Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 28 1942 (month) (day) (year)
(c) Cemetery or crematory: Mt Olivet Balto Md

18 (a) Funeral director: Pott & Co H. M. Walters
(b) Address: Baltimore Md

SEP 27 1942
SEP 26 1942
(Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1942 at 7 40 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 13 1942 to Sept. 24 1942, and that I last saw her alive on Sept. 24 1942.

Immediate cause of death: Subacute bacterial endocarditis — Duration .....

Due to .....

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....

23. Signature Catherine Rossberg
Address St. Agnes Hosp. Date signed 7/24/42

VS 3

correct as to especially important. Physicians, please

(Birth # 58179)

96074

HEALTH DEPARTMENT—CITY OF BALTIMORE

96074 F

CERTIFICATE OF DEATH

107 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 16 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Girl- Pabst. 2871 W. Lanvale St.

(a) Residence: No. Bon Secours Hospital. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9/16/42.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) ...

FATHER

13. NAME Earl William Pabst.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Dorothy Pastorius.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Mary Dorothy Pabst.
(Address) 2871 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loraine Date 9/28, 19 42

19. UNDERTAKER Mrs Mary Garthoop
(Address) 3939 Reisterstown Ave.

20. FILED SEP 27 1942 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/26/42., 19 ...

22. I HEREBY CERTIFY, That I attended deceased from 9/16/42. 19 ... to 9/26 ... 1942

I last saw her alive on 9/26/ ... 1942 Death is said to have occurred on the date stated above, at 12.20 m. P.M.

The principal cause of death and related causes of importance were as follows: OAH

	Date of onset
1- Spontaneous Hemorrhage	
2- (Monster)	
3- Aspiration Pneumonia	

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) William J. McClafferty M.D.

(Address) Bon Secours Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 96075

F 96075

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √93D

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: Union Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3 (a) FULL NAME John Frew Smyth

3 (b) If veteran, name war: W
3 (c) Social Security Account No. none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: ?
6 (b) Name of husband or wife: —
6 (c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) July 21. 1860.
8. AGE: Years 82 | Months 7 | Days 21 | If less than one day: hr. ..... min.
9. Birthplace Baltimore, Md. (Town, County, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Will C. Smyth (D)
13. Birthplace .....

MOTHER
14. Maiden Name Helen Frew
15. Birthplace .....

16 (a) Informant Lyd Storm (ex) Nurse
(b) Address 1400 W Lexington St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 28 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.
18 (a) Funeral director Wm Lorkshire
(b) Address 1217 Eutaw St
19 (a) Huntington Williams (Name registrar)
(b) SEP 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25, 1942 at 3 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19 1942 to Sept. 25 1942 and that I last saw him alive on Sept. 25 1942

Immediate cause of death: Resp. & Cardiac failure — Duration: Terminal
Due to: Uremia — Terminal
Due to: Prostatic Obstruction — 8 years
Other Conditions: Arterio sclerotic H.T. disease
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury .....
23. Signature Frank R. Ridgely Jr. M. D.
Address Union Memorial Hospital Date signed 9/25/42

F 96076 × F 96076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47c

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67
(e) Length of stay in Baltimore (yrs., mos., or days) 48

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Martinsburg
(If outside city or town limits, write RURAL and give town)
(d) Street No. 199 Tennessee Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Conrad Klank (Klunke)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Stella Klank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1888

8. AGE: Years	Months	Days	If less than one day
54		16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Insurance

FATHER
12. Name Frederick Klank
13. Birthplace Baltimore

MOTHER
14. Maiden Name Albertina Noll
15. Birthplace Philadelphia

16 (a) Informant Hospital Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

SEP 27 1942 (b)
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 24 1942, at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1942, to 9/24 1942, and that I last saw him alive on 9/24 1942.

Immediate cause of death Branchogenic Carcinoma — Duration 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C.A. Greenberg M. D.
Address Church Home & Infirmary Date signed 9/24/42

Huntington Williams M.D.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

96077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 96077

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Elmtree St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. Curtis Bay (If outside city or town limits, write RURAL and give town)
(d) Street No. 1608 Elmtree St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry J Smith

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Bessie M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) Oct 2 - 1880

8. AGE: Years	Months	Days	If less than one day
61	11	22	hr. min.

9. Birthplace Brooklyn Md (Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

FATHER
12. Name Henry Smith
13. Birthplace Germany

MOTHER
14. Maiden Name Mary A Appel
15. Birthplace Brooklyn Md

16 (a) Informant Mrs William Smith
(b) Address 3935 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marsek
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) SEP 27 1942 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1942, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1942 to Sept 24 1942 and that I last saw him alive on Sept 23 1942.

Immediate cause of death: Mitral Regurgitation — Duration: 7 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify in the latter case)
(e) Means of injury

23. Signature William A Scott
Address 1615 Fremont Ave Date signed Sept 28 1942

Wm. B. Scott

correct age is especially important. Physicians: please write the causes of death

F 96078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1242

F 96078

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or institution:
South Baltimore Gen Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore City

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 105 E. Cross St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse Warren Bowers

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Carrie Bowers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 3 - 1875

8. AGE: Years	Months	Days	If less than one day
67	7	15	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation Plumbing

11. Industry or business Plumbing

FATHER
12. Name Henry Bowers
13. Birthplace Maryland

MOTHER
14. Maiden Name Sabal (?)
15. Birthplace ?

16 (a) Informant Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) Filed SEP 27 1942 (b) Huntington Williams M.D.
(Date filed by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1942, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/18 1942, to 9/24 1942, and that I last saw him alive on 9/24 1942

Immediate cause of death	Duration
Hypostatic pneumonia	24 Hrs.
Due to Postoperative -	72 Hrs.
Due to Carcinoma of Rectum	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 9/21/42

Major findings of operation: Ascites and Carcinoma of Rectum

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature H. Andrew Zeph M.D.

Address 1213 Light St Date signed 9/24/42

VS 3

F 96079

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96079
Registered No.

Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 Cherry St. (Curtis Bay)
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Curtis Bay
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Cherry Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna [illegible]

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Charles (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1, 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Czeckoslovakia
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Andrew Capek
13. Birthplace Czeckoslovakia

MOTHER
14. Maiden Name Kola
15. Birthplace Czeckoslovakia.

16 (a) Informant Johanna Ocasek
(b) Address 1417 Cherry St.

17 (a) burial (b) Date thereof 9/26/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Annapolis Blvd.

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) (b) Huntington Terminal P.O.
Registrar

SEP 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1942 at 3:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 1936 to Sept 24 1942 and that I last saw her alive on Sept 24 1942.

Immediate cause of death (a) Hypostatic pneumonia
Due to (b) Arthritis deformans
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration: (a) Several days; (b) Long standing

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leon L. Hoka M. D.
Address 4700 Hamilton Date signed Sept 24 42

F 96080 F 96080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Give correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2619 Loyola N. Hosp
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 Guilford ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Hector

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. ~~Sex~~ Female | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Samuel Hector

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 61 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

FATHER
12. Name Walter Kirshenbaum
13. Birthplace Russia

MOTHER
14. Maiden Name Pearl
15. Birthplace Russia

16 (a) Informant Irvin Hector
(b) Address 5121 Chelsgrove ave

17 Burial (Burial, cremation, or removal) (b) Date thereof 9-28-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Suburban Cem
Location Rosedale

18 (a) Funeral director Jack Levine Jr
(b) Address 1439 E. Balto st

19 (d) SEP 27 1942 Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-26 1942 at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to September 1942 and that I last saw h~~im~~ alive Sept. 26, 1942.

Immediate cause of death Heart Failure — Duration 4 hours

Due to Acute Coronary occlusion — Duration 4 hours

Due to Hypertension and Arteriosclerosis — Duration 1 yr. 2 mos.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. B. Myerowitz M.D.

Address 5803 Chelsgrove Ave Date signed 9/27/42

96081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√13 D

F 96081

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N Stockton St., ... Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mable Hall

If U. S. Veteran specify WAR ...

(a) Residence: No. 604 N. Stockton St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Divorced

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Charles Carr

6. DATE OF BIRTH (month, day, year) — 1898

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	'	"	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Baltimore Md

FATHER

13. NAME — William Hall

14. BIRTHPLACE (city or town) (State or country) — Della Md

MOTHER

15. MAIDEN NAME — Sarah Tasker

16. BIRTHPLACE (city or town) (State or country) — Della Md

17. INFORMANT — Sarah Hall
(Address) 626 N Fulmot St

18. BURIAL, CREMATION, OR REMOVAL.
Place Della, Md Date Sept 27, 19 42

19. UNDERTAKER — May Kate R. Williams
(Address) 322 N Lanvale St

SEP 27 1942 19 ...

Registrar.

Washington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) — Sep. 24, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1942 to Sep 24, 1942

I last saw ... alive on Sep 22, 1942 Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ~

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) W. S. Morrill M. D.

(Address) 604 N Stockton St

F 96082 (Birth F 39920)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1194

F 96082

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Catonsville Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 2646 Lauretta Ave (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME Baby Frank Sandt Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife " "

6 (c) If alive, give age " years

7. Birth date of deceased (mo., day, yr.) Sept. 27. 1941

8. AGE: Years — Months 10 Days 29 If less than one day — hr. — min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Eugene F. Smith
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary E. McSweeney
15. Birthplace Baltimore Maryland

16 (a) Informant Eugene F. Smith
(b) Address 2646 Lauretta Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn - Maryland

18 (a) Funeral director H. R. Wright & Son
(b) Address 1300 Eutaw Place

19 (a) SEP 27 1942 (Date rec'd by registrar) (b) Huntington Hillsboro Md. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1942, at 6 of A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1942 to Sept 26 1942, and that I last saw him alive on Sept. 26 1942.

Immediate cause of death Diarrhea, enteritis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rosebery M.D.
Address St. Agnes Hosp. Date signed 9/26/42

F 96083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96083 Registered No. 1248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Arbutus
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1254 Linden Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Finkner

3 (b) If veteran, name war
3 (c) Social Security Account No. 215-07-3133

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
M	W	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 30, 1900

8. AGE: Years	Months	Days	If less than one day
42 33	8	24	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Manager
11. Industry or business Duffy's Restaurant.

FATHER
12. Name William D. Finkner
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Lillian R. LeVasseur
15. Birthplace Baltimore Maryland

16 (a) Informant William D. Finkner
(b) Address 1254 Linden Ave Arbutus

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Maryland

18 (a) Funeral director C. B. Herbert & Son
(b) Address 300 Eutaw Place

19 (a) SEP 27 1942 (Date rec'd by Registrar) (b) Huntington Williamsport

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1942, at 1:30 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death acute hemorrhagic pancreatitis	
Due to Cirrhosis of liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Scarborough M.D.
Medical Examiner.
Date signed Sept. 24 1942

F 96084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96084 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hospital
(c) Hospital or institution: Caton & Wilkens Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Arbutus (If outside city or town limits, write RURAL and give town)
(d) Street No. 1305 Linden Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Blanche E. Wieber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife George L. Wieber

6 (c) If single, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6 - 1883

8. AGE: Years 58 | Months 9 | Days 21 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John W. Burkey
13. Birthplace Md.

MOTHER
14. Maiden Name Mollie E. Radcliffe
15. Birthplace Md.

16 (a) Informant George James W
(b) Address 1305 Linden Ave Arbutus, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30 - 1942 (month) (day) (year)
(c) Cemetery or crematory Mem. Cathedral
Location Baltimore

18 (a) Funeral director George L. Fahrnt
(b) Address 2101 Frederick Ave

19 (a) [illegible] (registrar) (b) Huntington Williams M.D.

SEP 27 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1942, at 6 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1942, to Sept 27 1942, and that I last saw HER alive on Sept 26 1942.

Immediate cause of death: Amyloglenous Leukemia — Duration: At least 3 mo.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. A. Rossberg M. D.
Address St Agnes Hospital Date signed 9/27/42

96085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96085
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Stafford Hotel, Baltimore
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days): ||
(e) Length of stay in Baltimore (yrs., mos., or days): 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County: Frederick
(c) City or town: Frederick (If outside city or town limits, write RURAL and name town)
(d) Street No.: 215 East Second St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: Judge Hammond Urner

3 (b) If veteran, name war:
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife: Mary L. Floyd
6 (c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Dec 4, 1868

8. AGE: Years	Months	Days	If less than one day
73 72	9	23	hr. min.

9. Birthplace: Frederick, Frederick Md. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business: Chief Judge 6th Judicial Circuit

FATHER
12. Name: Milton A. Urner
13. Birthplace: Frederick, Md.

MOTHER
14. Maiden Name: Laura A. Hammond
15. Birthplace: Frederick, Maryland

16 (a) Informant: Joseph W. Urner
(b) Address: 36 E. Second St. Fred'k

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/29/42 (month) (day) (year)
(c) Cemetery or crematory: Mount Olivet Cemetery
Location: Frederick, Maryland

18 (a) Funeral director: M. R. Etchison Sons
(b) Address: Frederick, Maryland

19 SEP 28 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 27 1942 at 4:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration:
Due to:
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
Autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Robert Lee Fentress M.D. (Medical Examiner)
Date signed: Sept. 27 1942

VS 6

96086

BALTIMORE CITY HEALTH DEPARTMENT 1942 Registered No. E 96086

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marie Neomi LaBelle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Sep

6 (b) Name of husband or wife James LaBelle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 9, 1898

8. AGE: Years	Months	Days	If less than one day
44	6	17	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name John William Burnkouser
13. Birthplace W. Va.

MOTHER
14. Maiden Name Lillie Pough
15. Birthplace W. Va.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Grant Grave
Location Edmondson Ch. ad
18 (a) Funeral director Otho A. Bradley
(b) Address 3 Clarke Place
Huntington Williams Reg.

19 (a) Date received (month) (day) (year) (b) Registrar
SEP 28 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942, at 10 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-14 1942 to 9-26 1942 and that I last saw her alive on 9-26 1942

Immediate cause of death: Hypertension Cardio Vasc. disease — Duration: Chronic

Due to Cardiac insufficiency

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geoffrey F. Osler M.D.
Address Bruce & City Hosp. Date signed 9-27-42

96087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96087 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp. 9
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1328 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bert McKee

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married.

6 (b) Name of husband or wife Hazel M. McKee
6 (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Jan 15 1901

8. AGE: Years	Months	Days	If less than one day
42	8	12	hr. min.

9. Birthplace Washington Co Maryland (Town, county, and state)
10. Usual Occupation Mechanic
11. Industry or business Bethlehem Shipbuilding

FATHER
12. Name Allen. Mc. Kee
13. Birthplace Washington Co Md.

MOTHER
14. Maiden Name Ada. E. Summers
15. Birthplace Washington Co. Md.

16. (a) Informant Lambert Jr. Kee.
(b) Address 1206. Hoffman

17. (a) Sept (Burial, cremation, or removal) (b) Date thereof 29 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Hagerstown. Md.

18 (a) Funeral director Fred W. Kraus
(b) Address 139 N. Paca St

19 (a) SEP 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1942, at 9 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death coronary thrombosis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 26 1942

VS 6

96083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96088
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn (b) County
(c) City or town Whitehouse
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME THOMAS J. WILKINSON

3 (b) If veteran, name war	3 (c) Social Security Account No. NONE
W	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Lucile Wilkinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 11. 1902

8. AGE: Years	Months	Days	If less than one day
40	4	15	hr. min.

9. Birthplace White House Tenn
(Town, county and state)
10. Usual Occupation Carpenter
11. Industry or business Shipyard

FATHER
12. Name T C Wilkinson
13. Birthplace Unknown

MOTHER
14. Maiden Name Sina Covington
15. Birthplace Unknown

16 (a) Informant Mrs Lucile Wilkinson
(b) Address White House Tenn

17 (a) Removal (b) Date thereof 9/27/42
(burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Portland
Location Portland Tenn

18 (a) Funeral director Tallom Co Inc
(b) Address 1214 E Pratt St
(b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

SEP 28 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942 at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Pneumonia lobular	
Due to Acute suppurative appendicitis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 9-23-42
Major findings of operation: Ruptured appendix. Bronchopneumonia 9-26-42
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 9-27-42

F 96089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96089 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Pennsylvania (b) County
(c) City or town Waynesboro Pa. (If outside city or town limits, write RURAL and give town)
(d) Street No. 134 N. Franklin St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Tydings Hess.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white.	married.

6 (b) Name of husband or wife Mrs. Mary Hess
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Sept. ? 1873

8. AGE: Years	Months	Days	If less than one day
68	0	?	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER
12. Name Daniel Webster Hess
13. Birthplace unknown.

MOTHER
14. Maiden Name Anna -------
15. Birthplace Pennsylvania

16 (a) Informant Hosp. records.
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-28-1942 (month) (day) (year)
(c) Cemetery or crematory Green Hill
Location Waynesboro Pa

18 (a) Funeral director Walter Y Grove
(b) Address Waynesboro Pa

19 Date received SEP 28 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1942, at 12:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1942, to Sept. 28 1942, and that I last saw him alive on Sept. 28 1942.

	Duration
Immediate cause of death: Cardio-respiratory failure	5 mins.
Due to: Carcinoma of Esophagus (?)	2
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A. Hedblom Jr. M. D.
Address Union Memorial Hosp. Date signed 9-28-42

E 96090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

836 Registered No. E 96090

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, if supplied. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2717 Brindon Ave
(c) Hospital or institution: (Hamilton)
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2717 Brindon Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Louise Muhly

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles William Muhly
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) June 6th 1878

8. AGE: Years	Months	Days	If less than one day
64	3	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Home
11. Industry or business

FATHER
12. Name Christian Frederick Wittler
13. Birthplace Germany

MOTHER
14. Maiden Name Emily Highard
15. Birthplace Baltimal, Md.

16 (a) Informant Mr. Charles W. Muhly
(b) Address 2717 Brindon street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Balto. Md.

18 (a) Funeral director Hen. Weber & Son
(b) Address 2503 Edmondson Ave
(c) Filed SEP 28 1942 (Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25th 1942, at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24 1942, to Sept. 25 1942, and that I last saw h[illegible] alive on Sept. 25 1942.

Immediate cause of death
Cerebral thrombosis
Due to Arterio-sclerosis.
Due to —
Other Conditions —

Duration
2 days
for yrs

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature W. Beaumont Lord M.D. M. D.
Address 2200 Garrison Blvd Date signed 9/28/42

96091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 Dy
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A.
(c) City or town Annapolis Junction (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel F. Bowie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Married

6 (b) Name of husband or wife John Bowie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 28 1876

8. AGE: Years	Months	Days	If less than one day
66 67	5	29	hr. min.

9. Birthplace Wash. DC (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John G. Cook
13. Birthplace Ohio

MOTHER
14. Maiden Name ? MONROE
15. Birthplace Belfast ME

16 (a) Informant C. Elliott Baldwin
(b) Address 203 Clut Rd Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28 1942 (month) (day) (year)
(c) Cemetery or crematory Baldwin Memorial
Location Millersville A.A. Co. Md.

18 (a) Funeral director Henry H. Jenkins Sons Co
(b) Address McCulloh & Orchard
(c) Signature Huntington Williams, M.D.

SEP 28 1942 Registrar

VS 6.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26 1942, at 2 20 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Duration

Immediate cause of death Shock
Fracture right femur
Due to Internal Injuries.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 25 1942 at M
(c) Where did injury occur? near Laurel, Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Struck by truck

23. Signature Robert Lee Gratton M.D. Medical Examiner.
Date signed Sept 26 1942

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

F 96092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 96092 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Type is preferred. The correct age is especially important. Physicians: please write the causes of death clearly and fully. Copies not legible will be returned for correction.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 626 S. WOLFE ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 S. WOLFE ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PAULINA GRABOWSKI

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife: CARL GRABOWSKI
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 20 1863

8. AGE: Years	Months	Days	If less than one day
79	7	5	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN DAUSH
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant JULIA GRABOWSKI (DAUGHTER)
(b) Address 626 S. WOLFE ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 28/42 (month) (day) (year)
(c) Cemetery or crematory SCHWARTZ
Location ODONNELL SR.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S. WOLFE ST.

19 (a) SEP 29 1942 (Date rec'd by registrar) (b) Huntington Hill (Registrar)

VS 3

MEDICAL CERTIFICATION PM.

20. DATE OF DEATH SEPT. 25 1942 9/15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15 1942 to Sept. 25 1942 and that I last saw her alive on Sept. 25 1942

Immediate cause of death	Duration
Bronchopneumonia	10 days
Due to Hypertension & Arteriosclerosis	2 yrs.
Due to Chronic nephritis.	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John V. Szostecki M.D.
Address 1802 Eastern Ave. Date signed 9-21-42

96093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96093 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1210 N. POTOMAC ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE MD.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1210 N. POTOMAC ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AGUSTA FLEIG.

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 212 05 1091

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife ALBERT FLEIG
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 10 1899

8. AGE: Years	Months	Days	If less than one day
43	0	16	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation TELEPHONE OPERATOR
11. Industry or business C & P TELEPHONE CO.

FATHER
12. Name THOMAS LAMBDIN
13. Birthplace BALTO.

MOTHER
14. Maiden Name BERTHA GOETZ
15. Birthplace BALTO.

16 (a) Informant ALBERT FLEIG (HUSBAND)
(b) Address 1210 N. POTOMAC ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT. 30/42 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly and Zeiler INC
(b) Address 403 S. WOLFE ST.

19 (a) SEP 30 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH SEPT. 26 1942 at 8/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 20 1942 to Sept. 26 1942 and that I last saw her alive on Sept. 24 1942

Immediate cause of death: Carcinoma of Uterus with wide spread Metastases — Duration: 2 yrs

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation Radium treatment
Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vincent V. Joska M.D.
Address 845 N. Path. PK. Date signed 9/26/42

VS 2

F 96094

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 96094 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2432 Woodbrook Ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) — 13
(e) Length of stay in Baltimore (yrs., mos., or days) 69

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 Woodbrook Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Florence E. Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: Col. | 6 (a) Single, married, widowed or divorced: Widowed

6 (b) Name of husband or wife: William H. Jones

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Aug 19, 1873

8. AGE: Years 69 | Months 1 | Days 6 | If less than one day — hr. — min.

9. Birthplace: Snow Hill Md.
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Levin Irving
13. Birthplace: Snow Hill Md

MOTHER
14. Maiden Name: Charlotte
15. Birthplace: Snow Hill Md

16 (a) Informant: Rueben Jones
(b) Address: 2432 Woodbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 26, 1942 (month) (day) (year)
(c) Cemetery or crematory: Snow Hill, Md.
Location: Snow Hill, Md.

18 (a) Funeral director: Mrs. George H. Holland
(b) Address: 1631 Druid Hill Ave.

19 (a) SEP 28 1942 (Date rec'd by Reg.) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 24 1942 at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 9 1942 to Sept 24 1942 and that I last saw h[illegible] alive on Sept 24 1942

Immediate cause of death: Arteriosclerotic Heart Disease — Duration —
Due to: Hypertension —
Due to: —
Other Conditions: —

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Douglass Shepard M. D.
Address: 1063 Wyndham Date signed: 9/27/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96095 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2216 E Hoffman St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HERMAN D HUFF

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 205-10-9552

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Elizabeth Huff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1902

8. AGE: Years 40 | Months 2 | Days 5 | If less than one day: hr. min.

9. Birthplace Salem Va (Town, county, and state)

10. Usual Occupation Engineer
11. Industry or business Potomac - Beck River

FATHER
12. Name Mott Huff
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Nolin
15. Birthplace Va

16 (a) Informant Elizabeth Huff
(b) Address 2216 E Hoffman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Baltimore Co Md

18 (a) Funeral director Wellborn Ford Inc
(b) Address SEP 28 1942 Huntington Williams, Inc.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1942, at 4 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Chronic alcoholism — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wallenmeyer M.D. Asst. Medical Examiner.
Date signed 9-27-42

VS 6

Dr Ogden 2701 N Calvert St

F 96096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96096 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 656 Cokesbury Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 656 Cokesbury Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Esther Pfister

3 (b) If veteran, name war —
3 (c) Social Security Account No. NONE
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Joseph Pfister
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 9. 1866
8. AGE: Years 76 Months 0 Days 20 If less than one day hr. min.
9. Birthplace Somerset Co Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Raymond Walker
13. Birthplace Md

MOTHER
14. Maiden Name Eliza (Unknown)
15. Birthplace Md

16 (a) Informant Joseph Pfister
(b) Address 656 Cokesbury Ave
17 (a) Final (Burial, cremation, or removal) (b) Date thereof 9/30/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Lodge
Location Dorsey Md
18 (a) Funeral director Wilhoyte Funeral Home
(b) Address 1217 E Oval St

19 (a) SEP 28 1942 (b) Huntington Williams M.D. (Registrar)
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1942, at 5 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1942 to Sept 27 1942 and that I last saw her alive on Sept 27 1942.

	Duration
Immediate cause of death Myocardial Failure	1 month
Due to Chronic Myocarditis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Francis H. Ogden M. D.
Address 2701 N. Calvert St. Date signed Sept. 28 42

VS 8

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statements of date, correct age is especially important.

96097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96097 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Mt. Royal Terrace
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) 2yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Mt. Royal Terrace
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Reginald H. Ridgely

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Matilda C.
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 1/27/1875

8. AGE: Years	Months	Days	If less than one day
67	8		hr. min.

9. Birthplace A.A.Co. Md.
(Town, county, and state)
10. Usual Occupation Professor
11. Industry or business St. John8s College

FATHER
12. Name William Ridgely
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Wright
15. Birthplace Md.

16 (a) Informant Mr. Frank H. Wirsig
(b) Address 3220 Klingle Rd. Washington, D.C.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Greenmount & Oliver Sts.

18 (a) Funeral director William J. Tickner & Sons
(b) Address North & Pa. Aves.

SEP 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION A.

20. DATE OF DEATH September 27 19 42, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5, 19 42 to Sept. 27 19 42 and that I last saw h im alive on Sept. 27 19 42.

Immediate cause of death	Duration
Coronary occlusion	1 Mo.
Due to Arteriosclerosis	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Siegmund M. D.
Address 3 E. Mosher Ave. Date signed 9-29-42

PLEASE WRITE PLAINLY, with pen and ink. Every item must be answered. Do not use ditto marks. Be sure to give correct age in years, months, days, or hours. Physicians: please write the causes of death clearly and legibly. Underlying cause is especially important.

F 96098

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 96098 Registered No.

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2619 Fait ave
(c) Hospital or institution: home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2619 Fait ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Mary Piembeck.

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	W	Married

6 (b) Name of husband or wife John Piembeck 6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June 11. 1876

8. AGE: Years	Months	Days	If less than one day
66	3	14	hr. min.

9. Birthplace Poland. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name George Krupski
FATHER 13. Birthplace Poland

MOTHER 14. Maiden Name Pupalski
MOTHER 15. Birthplace Poland.

16 (a) Informant John Piembeck
(b) Address 2619 Fait ave

17 (a) B. (Burial, cremation, or removal) (b) Date thereof Sept 29-42 (Month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Dundalk ave

18 (a) Funeral director John J Duda
(b) Address 2829 Hudson St

19 (Signature) Huntington Williams M.D. Registrar
Date received SEP 28 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1942 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 20 1942 to Sept. 25 1942 and that I last saw h[illegible] alive on Sept. 25 1942

Immediate cause of death Cerebral Thrombosis | Duration 4 days

Due to Chronic Hypertension | Duration several years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature John J Kruger M. D.
Address 267 Eastern Ave Date signed 9/24/42

VS 3

F 96099

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96099

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. and Rutland Ave
(c) Hospital or institution:
Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2119 Clifton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harris Traub

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife Rosch Traub
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace (town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Jarah Traub
(b) Address 2119 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28-42 (month) (day) (year)
(c) Cemetery or crematory Loem
Location Washington Rd

18 (a) Funeral director
(b) Address 1436 E. 03 alto St.

19 (a) SEP 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942 at 6.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 1942 to Sept 26 1942 and that I last saw him alive on Sept 26 1942.

Immediate cause of death a Heart failure — Duration:

Due to Angina Pectoris — several years

Due to

Other Conditions Pulmonary Tuberculosis, old, active.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Monument St and Rutland Ave. Date signed 9-27-42

VS 3

F 96100 (Ex. Maryland) F 96100

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 810 W. 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 810 W 33rd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence E. Peeples.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married.

6 (b) Name of husband or wife James A. Peeples
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 26, 1884.

8. AGE: Years	Months	Days	If less than one day
58	1	29	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James J. Stauffer.
13. Birthplace Md W

MOTHER
14. Maiden Name Annie M. O'Brien.
15. Birthplace Md

16 (a) Informant James A. Peeples.
(b) Address 810 W 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28/42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Hampden
18 (a) Funeral director Ehrenfeld & Donovan
(b) Address 3615-17 Eastern Ave.
19 (a) SEP 28 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 25 1942, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942, to Sept 25 1942, and that I last saw her alive on Sept 21 1942.

Immediate cause of death Coronary Thrombosis — Duration 6 days.
Due to Angina Pectoris — several months
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Simeon V. T. Hamblin M. D.
Address 900 W. 27th St. Date signed 9/29/42

VS 3

F 96101 (Dr. Ogden)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 928

Registered No. F 96101

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3436 Roland Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3426 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Helen I. Gill.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 120-07-3095

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married.

6 (b) Name of husband or wife Morris W. Gill
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Jan 11, 1908

8. AGE: Years	Months	Days	If less than one day
34	8	17	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Sales Girl.
11. Industry or business Schultz Biscuit

FATHER 12. Name Burnett G. Spurrier.
13. Birthplace Md.

MOTHER 14. Maiden Name Mary Hamilton.
15. Birthplace Md.

16 (a) Informant Morris W. Gill
(b) Address 3426 Roland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30/42 (month) (day) (year)
(c) Cemetery or crematory Morland Park
Location Taylor Ave.

18 (a) Funeral director Ebenbarth & Donovan
(b) Address 3605-17 Chestnut Ave.

19 (a) SEP 28 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1942 at 5 30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28, 1942, to Sept. 28, 1942, and that I last saw her alive on Sept. 28, 1942.

Immediate cause of death	Duration
acute Myocardial Failure	immediate
Due to Chronic Endocarditis	3 years.
Due to Chronic myocarditis	3 years.
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank M. Ogden M. D.
Address 2701 N. Calvert St Date signed Sept 28, 42

VS 3

F 96102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131 a

Registered No. F 96102

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital W
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 503 Burgundy Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Eliza Spencer

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife: James H Spencer
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Oct. 23 - 1905

8. AGE: Years	Months	Days	If less than one day
36	11	-	hr. min.

9. Birthplace Norfolk Va.
(Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Wm P.
13. Birthplace N. Carolina.

MOTHER
14. Maiden Name Rosa P.
15. Birthplace N. Carolina.

16 (a) Informant James H Spencer
(b) Address 503 Burgundy St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 9 25 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cemty
Location Baltimore Md.

18 (a) Funeral director Walter B. Price's Sons
(b) Address 1320 Hamburg St.

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 25 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH September 23 1942 at 12:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection & Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Cardiac failure

Due to chronic hypertensive cardiovascular-renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh O. McKelvey M.D.
Medical Examiner.
Date signed Sept. 23, 1942.

VS 6

F 96103

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 96103

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1705 North Bruce St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1705 N. Bruce St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Evelyn Mary Rowlett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 12-1941

8. AGE: Years	Months	Days	If less than one day
1	19½	15	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Ralph Rowlett
13. Birthplace Md.

MOTHER
14. Maiden Name Dora Hawley
15. Birthplace Md.

16 (a) Informant Ralph Rowlett
(b) Address 1705 Bruce St.

17 (a) Burial (b) Date thereof 9-28-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location U. A. Co.

18 (a) Funeral director Samuel W. Sullivan Jr.
(b) Address 117 N. Carrollton Ave.

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1942, at 7 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to her death on the day stated above.

Immediate cause of death Bronchial pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Featherson M.D.
Medical Examiner.
Date signed Sept. 27 1942

VS 6

F 96104

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 507

F 96104
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1718 W. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1718 W Lexington st (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Hill

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife Willis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace md (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Hill
13. Birthplace md

MOTHER
14. Maiden Name Mary Becket
15. Birthplace md

16 (a) Informant Ella Byrd
(b) Address 1500 W Mulberry st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantly ave

19 (a) SEP 28 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 24 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1942 to Sept 24 1942, and that I last saw h[illegible] alive on Sept 24 1942.

Immediate cause of death Acute Bronchial Pneumonia — Duration 6 days
Due to Malignate
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address 821 Hamilton st Date signed 9/28/42

VS 8

Correct age is especially important. Physicians: please write the cause

F 96105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 96105 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 435 N. Monument
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 435 N. Monument St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Estelle Basnight

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Ellis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Winslow Midgett
13. Birthplace N. C.

MOTHER 14. Maiden Name Maretha Midgett
15. Birthplace N. C.

16 (a) Informant Roscoe Basnight
(b) Address 614 Perkins Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. Co., Md.

18 (a) Funeral director William G. Jackson
(b) Address 916 Penna. Ave.

19 (a) SEP 28 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 - 1942. 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 14 1942, to Sept 27 1942 and that I last saw her alive on Sept 26 1942

Immediate cause of death Cerebral Hemorrhage — Duration 6 mos

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Tolliver M. D.
Address 817 N. Monument St. Date signed

VS 3

Correct age is especially important. Physicians, please write the exact

F 96106

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96106

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2209 Pelham Avenue
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City of Balti mor
(c) City or town City of Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2209 Pelham Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country No

3 (a) FULL NAME: Clarence Winslow Ritter

3 (b) If veteran, name war: Spanish Amer. War

3 (c) Social Security Account No. none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Nellie M. Ritter

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) abt. Aug-3-1876

8. AGE: Years 66 | Months 1 | Days 23 | If less than one day: hr. min.

9. Birthplace Baltimore-Maryland (Town, county, and state)

10. Usual Occupation Florist

11. Industry or business Florist

FATHER
12. Name John Ritter
13. Birthplace Germany

MOTHER
14. Maiden Name Cecelia Hinds
15. Birthplace Baltimore-Maryland

16 (a) Informant Mrs. Nellie M. Ritter (wife)
(b) Address 2209 Pelham Avenue, City.

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof Sept-29-42. (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore-Maryland

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Avenue, City.

19 (a) SEP 28 1942 (Date rec'd by Registrar)

Huntington Williams M.D. Address 2923 DeRaul St

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/26/42 1942, at 7.0 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1942, to 9/25 1942, and that I last saw him alive on 9/25 1942.

Immediate cause of death: Tuberculosis (Pulmonary) — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Chas. R. Ford Borough M.D.

Date signed 9/26/42

correct age is especially important. Physicians: please write the cause of

VS 3

F 96107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96107
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5600 Everhurst Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5600 Everhurst Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Evan L Lydecker

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife W. S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1885

8. AGE: Years	Months	Days	If less than one day
57	2	16	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Edgar Linthicum
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Jessie Busick
15. Birthplace Va.

16 (a) Informant Mr. W. S. Lydecker
(b) Address 5600 Everhurst Rd.

17 (a) Burial (b) Date thereof 9/29/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address SEP 28 1942 Md.

19 (a) SEP 28 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1942 to 9-26-1942 and that I last saw her alive on 9-25-1942

Immediate cause of death Carcinoma of Uterus — Duration 1 yr +

Due to, Duty Metastasis to Spinal Cord — 6 mon +

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. B. Tudor M. D.
Address 4936 Park Heights Ave Date signed 9-26-42

correct age is especially important. Physicians: please write the words or some equivalent in full.

VS 3

F 96108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 b

F 96108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Chilton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James L. Jones (James Lawrence Jones)

3 (b) If veteran, name war	3 (c) Social Security Account No.
world	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Louise D. (Reichel)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1877

8. AGE: Years	Months	Days	If less than one day
65	1	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired Lieut. U. S. N.
11. Industry or business

FATHER
12. Name Lawrence Edward Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jane Harrison
15. Birthplace Md.

16 (a) Informant Mr. C. Edward Jones, Sr.
(b) Address 2910 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons.
(b) Address Balto., Md.

19 (a) SEP 28 1942 (Date received by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 26, 1942 at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1942 to Sept 26 1942, and that I last saw h[illegible] alive on Sept. 26 1942

Immediate cause of death Ruptured esophageal varices — Duration 1/2 hr.

Due to Cirrhosis of liver — Duration ?

Due to — Duration

Other Conditions Cardiac decompensation — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature T. E. Cloonan M. D.
Address Mercy Hosp. Date signed

correct age is especially important. Physicians: please write the causes of death clearly and

VS 8

F 93109

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96109 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1047 W. Lanvale St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie A. Hall

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fe	C	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1865

8. AGE: Years	Months	Days	If less than one day
77	6	11	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jacob Grayson
13. Birthplace Md.

MOTHER
14. Maiden Name Mary A. Colbert
15. Birthplace Md.

16 (a) Informant Mrs Ethel Martin
(b) Address 1047 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-42 (month) (day) (year)
(c) Cemetery or crematory St. Joseph Cem.
Location Texas, Balto., Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date received by Registrar) SEP 28 1942 (b) Huntington Hillsdale

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1942, at 7 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 9 1942 to Sept. 24 1942 and that I last saw h[illegible] alive on Sept. 20 1942

Immediate cause of death	Duration
Myocardial Failure	1 mo.
Due to Arteriosclerotic Heart Disease	
Due to	
Other Conditions Hypertension	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address [illegible] Date signed 9/28/42

correct age is especially important. Physicians: please write the causes of death clearly and

96110

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 L

F 96110

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Josephs Hospital 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6722 Railway Ave (If rural, give location)
(e) Citizen of foreign country? Railway (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH KRAMER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) march 2, 1872

8. AGE: Years	Months	Days	If less than one day
71	6	25	hr. min.

9. Birthplace germany (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Michael Pfaster
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Germany

16 (a) Informant Barbara Cook
(b) Address 1251 Carroll St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Sept 30 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md.

18 (a) Funeral director Martin V. E. Dippel & Sons
(b) Address Lombard and Ann Sts.

19 (a) (b) Huntington Williams, M.D.

SEP 28 1942
SEP 28 1942
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1942 at 3.35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 1942 to 9-27 1942 and that I last saw h.E.R. alive on 9-27 1942

Immediate cause of death	Duration
Intra abdominal carcinomatosis.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 9-14-42

Major findings of operation: abdominal carcinomatosis, point of origin undetermined

of autopsy: (or determined)

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fiesling M. D.
Address St. Joseph's Hosp. Date signed 9-27-42

correct age is especially important. Physicians: please write the causes

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 96111

CERTIFICATE OF DEATH

F 96111

1142

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1601 Terrace Road St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sylvia R. Hershey

(a) Residence: No. 1601 Terrace Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Omar F. Hershey

6. DATE OF BIRTH (month, day, year) July 19, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Dr. E. E. B. Schaeffer

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Rauch

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Omar F. Hershey
(Address) 1601 Terrace Rd., Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date Sept. 30, 1942

19. UNDERTAKER John O. Mitchell & Sons, Inc.
(Address) 4900 Eutaw Place, Baltimore

20. FILED SEP 28 1942 Huntington Wallace M.D.

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9-28, 1942

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1942 to Sept 28, 1942

I last saw her alive on Sept 27, 1942. Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis - subacute	8-30-42
subsequent to chronic lung infection with streptococcus viridans.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Harry S. McCarty M. D.

(Address) 17 W. Preston St.

VS 3

F 96112

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a ✓

F 96112 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John Hopkins Hospit
(c) Hospital or institution: JOHNS HOPKINS HOSPITEL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 N Caroline (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Collins

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife, Henriettacollins
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business —

FATHER
12. Name Robert Collins
13. Birthplace Maryland

MOTHER
14. Maiden Name Georgianna Williams
15. Birthplace Maryland

16 (a) Informant Henrietta Collins
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-28-42 (month) (day) (year)
(c) Cemetery or crematory Asbury Cemetery
Location Eastern Ave, Balto City

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 (a) SEP 28 1942 (Date received by registrar)

Hunting for Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942 at 1:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1942, to 19..... and that I last saw h..... alive on 19.....

Immediate cause of death Cardiac failure — Duration 30 min.

Due to Coronary arteriosclerosis

Due to Generalized arteriosclerosis

Other Conditions 1 Post-jaw reduction surgical shock.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Coronary arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Zhaentlein M. D.
Address Johns Hopkins Date signed 9/26/42

Hugh B. McNally Cor. S.T.

correct age is especially important. Physicians: please write the cause

Sept 1940

F 96113

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 96113

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette + Fulaski Sts
(c) Hospital or institution:
Bon Secour Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6771 Woodley Rd Dundalk
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby James Eugene McQuade

3 (b) If veteran, name war: no
3 (c) Social Security Account No. no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days: 2 | If less than one day: hr. min.

9. Birthplace Balto Md. (County)
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Gilbert J. McQuade
13. Birthplace Pa

MOTHER
14. Maiden Name Anna C. Brick
15. Birthplace Pa

16 (a) Informant Gilbert J. McQuade
(b) Address 6771 Woodley Rd, Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Fairhope Pa

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Eastmoorland Ave

19 (a) 9-28-1940 (Entered by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1940, at 3 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25 1940 to 9-27 1940 and that I last saw him alive on 9-27 1940.

Immediate cause of death: Bronchial or Pneumonia — Duration: 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Kovey MD M. D.
Address Bon Secours Hosp Date signed 9-27-40

VS 3

914 D St So Pd + Dr D L. Farber sent baby to Bon Sec

F 96114 ✓ F 96114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1512 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Linden Ave
(c) Hospital or institution:
Womans Hospital 14
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Linden Ave
(If rural give location)
(e) Citizen of foreign country? not (Yes or No)
If yes, name country

3 (a) FULL NAME Eugenia Louise Bunkley (Birth F-53869)

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
fem	white	single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 27, 1942

8. AGE: Years	Months	Days	If less than one day
	2 1	29	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Harold Bunkley
13. Birthplace Marion Va

MOTHER
14. Maiden Name Catherine Burroughs
15. Birthplace Baltimore Md

16 (a) Informant Father
(b) Address 1525 Linden ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/42 (month) (day) (year)
(c) Cemetery or crematory St. Paul's
Location Balto. Md

18 (a) Funeral director Howard D. Courson
(b) Address 21 W. 25th St. Baltimore, Md

19 (a) SEP 28 1942 (Date received by registrar) Hunting for Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942, at 6 A.M. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 18 1942 to Sept 26 1942, and that I last saw h[illegible] alive on Sept 25 1942.

Immediate cause of death Bronchial Pneumonia
Due to Heart Disease
Due to Pulmonary Stenosis
Due to atony
Other Conditions

(Include pregnancy within 3 months of death)

Duration
Lifetime

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward P. Ferdenwald M. D.
Address 1616 Linden Ave Date signed 9-26-42

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

VS 3

F 96115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

F 96115 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 S. Carlton St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 S Carlton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Thomas

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~
Fem	Col	married

6 (b) Name of husband or wife Lafayette Thomas
6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Jan 5, 1900

8. AGE: Years	Months	Days	If less than one day
42	8	20	hr. min.

9. Birthplace Royal Oak, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas Nicholas
13. Birthplace Bellvue Md.

MOTHER
14. Maiden Name Mary Cook
15. Birthplace ? Md

16 (a) Informant Lafayette Thomas
(b) Address 18 S. Carlton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Bellevue
Location Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 327 N Schroeder St

19 SEP 28 1942 (Date rec'd by registrar) (b) Huntington Wil Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-25 1942 at 4.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-5 1942 to 9-25 1942 and that I last saw h[illegible] alive on 9-24 1942

Immediate cause of death Hypertension Cardio Vascular Disease — Duration 1 yr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Atwell Jones M. D.
Address 5-5-4 Dolphin St Date signed 9-26-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 95116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9H F 96116

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1436 Branch St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1436 Branch St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Rebecca Simmons Scroggins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	B	Widowed

6 (b) Name of husband or wife William Scroggins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4 1902

8. AGE: Years	Months	Days	If less than one day
40	3		hr. min.

9. Birthplace Mount Pilgrim, Md
(Town, county, State or foreign country)
10. Usual Occupation Domestic
11. Industry or business Home

FATHER 12. Name Phillip Brooks
13. Birthplace Md

MOTHER 14. Maiden Name Ella Rowley
15. Birthplace Md

16 (a) Informant Mrs Rosa Brown
(b) Address 1436 Calhoun

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 1940 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Ruth R. Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 30 1940 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/24/40 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19/40 to 9/24/40, and that I last saw ... alive on 9/24/40

Immediate cause of death Angina Pectoris

Due to Coronal Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 508 N Wolfe St (Address to which signer will receive mail) 9/24/40

F 96117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96117 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 246 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Sarah Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Sweets 65591

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1923

8. AGE: Years	Months	Days	If less than one day
19	3	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation factory work
11. Industry or business

FATHER
12. Name Nathaniel Sweets
13. Birthplace Md.

MOTHER
14. Maiden Name Isabel Sawyer
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof [redacted] (month) (day) (year)
(c) Cemetery or crematory [redacted]
Location [redacted]

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St.

19 (a) SEP 28 1942 (Date received by registrar) (b) Registrar

VS 3

Funeral for Williams, M.F.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 24 1942 at 5:50P M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1941 to Sept. 24 1942, and that I last saw her alive on Sept. 24 1942

Immediate cause of death	Duration
Pulmonary tbc.	14 mos?
Due to	
Due to	
Other Conditions (include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Pul. tbc., renal tbc. tbc. cystitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N G Hartz M. D.
Address Balt City Hosp Date signed 9/25/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

95118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96118

correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 S. Paca St,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 S. Paca St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME AMELIA HENKES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known ?

8. AGE: Years	Months	Days	If less than one day hr.	min
69 ?				

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Peter Lehr
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine ?
15. Birthplace Germany

16 (a) Informant Mr & Mrs Frank Benson
(b) Address 813 S. Paca St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmonson Ave.
18 (a) Funeral director John A. Grebliauskas Jr.
(b) Address 423 S. Paca St,
19 (a) SEP 28 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942 at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1942 to Sept 26 1942 and that I last saw h[illegible] alive on Sept 25 42.

Immediate cause of death	Duration
Bronchio-Pneumonia (Terminal)	
Due to - Secondary anaemia	
arterio-sclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clarence E. Mackey M. D.
Address 3709 Garrison Blvd Date signed Sept 28, 42

VS 3

F 96119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1317 Registered No. F 96119

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 S. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Stahl

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Henry T. Stahl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 7, 1853

8. AGE: Years	Months	Days	If less than one day
88	9	19	hr. min.

9. Birthplace Ellicott City, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jerry Jones
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Ellen Metcalfe
15. Birthplace Maryland

16 (a) Informant Mr. Henry T. Stahl
(b) Address 21 S. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Baltimore, Md.

18 (a) Funeral director Phillips Funeral Home
(b) Address 1005 W. Baltimore St.

19 (a) RECD 09 29 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 26 1942, at 2.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1942 to Sept 26 1942 and that I last saw her alive on Sept 26 1942.

Immediate cause of death	Duration
Mitral Stenosis	
Chronic Myocarditis	
Due to Chronic Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence Sept 26 at 2.45 A.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton Hammond M. D.
Address 1429 N. FayetteSt. Date signed 9/28/42

correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96120 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Joppa, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Thompson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15, 1942

8. AGE: Years	Months	Days	If less than one day
		12	hr. min.

9. Birthplace Joppa, Harford Co., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Frederick L. Thompson
13. Birthplace Georgia

MOTHER
14. Maiden Name Alma Markin
15. Birthplace Georgia

16 (a) Informant Frederick L. Thompson
(b) Address Joppa, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22, 1942 (Month) (day) (year)
(c) Cemetery or crematory Abingdon
Location Abingdon, Harford Co.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

19 (a) (b) SEP 23 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 22 1942, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17 1942 to Sept 22 1942 and that I last saw h alive on September 22 1942.

Immediate cause of death Circulatory Collapse following Cesarean Section & perineal Exploration — Duration

Due to for Hypertonic uterine inertia and recto-vesicular fistula

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Sept 18, 1942

Major findings of operation: recto vesicular fistula + hypertonic uterus.

If autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Beazley Jr. M. D.
Address University Hospital Date signed 9-23-42

VS 3

96121

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. E 96121

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 Bolton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Bennett

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9 1877

8. AGE: Years	Months	Days	If less than one day
65	7	18	hr. min.

9. Birthplace Balto, Md,
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Ulrich Bennett
13. Birthplace Unknown

MOTHER
14. Maiden Name Cordelia Hershey
15. Birthplace Unknown

16 (a) Informant Mrs. H. F.H. Finley
(b) Address 4816 Norwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 - 42 (month) (day) (year)
(c) Cemetery or crematory Western Cem.
Location Baltimore, Md

18 (a) Funeral director Loring Byrne
(b) Address 5005 Belair Rd.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1942, at 3 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1942 to Sept. 27 1942, and that I last saw h er alive on Sept. 26 1942.

Immediate cause of death	Duration
Congestive heart failure	
Due to generalized hypertensive cardio-vascular	
Due to disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J.W. Raynor M. D.
Address Md. General Hosp. Date signed 9/27/42

VS 3

F 96122

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96122

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catons + Wilkins
(c) Hospital or institution:
St. agnes hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Mount Hope Retreat
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Doyle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced.~~
F	W	Single

6 (b) Name of husband or wife ---

6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) --- 07

8. AGE: Years	Months	Days	If less than one day
71	---	---	--hr. --min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation None

11. Industry or business ---

FATHER
12. Name Patrick Doyle
13. Birthplace Ireland

MOTHER
14. Maiden Name Alice Flood
15. Birthplace Ireland

16 (a) Informant Mt. Hope Retreat Records
(b) Address Reisterstown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) SEP 28 1942 (Date rec'd by registrar) (b) Huntington for Wilkinson Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23 1942, to Sept. 29 1942, and that I last saw he alive on, Sept. 28 1942

Immediate cause of death	Duration
Pulmonary embolism	
Due to	
Due to (or)	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Luther Leonard M. D.
Address St. Agnes Hosp. Date signed 9/28/42

F 96123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1614

F 96123 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 W Mulberry St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 731 W Mulberry St
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary Alice Witherspoon

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22- 1942

8. AGE: Years 0 | Months 0 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Witherspoon
13. Birthplace Manning, S. Carolina

MOTHER 14. Maiden Name Ethel Williams
15. Birthplace Manning, S. Carolina

16 (a) Informant Ethel Witherspoon
(b) Address 731 W. Mulberry St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL SEP 26 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 SEP 26 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 23 1942, at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22 1942, to Sept 24 1942 and that I last saw her alive on Sept 23 1942, at 5, 10 P.M.

Immediate cause of death fetal atelectasis — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John C. Cale M.D.
Address University Hosp. Date signed 9/24/42

VS 2

9404

F 96124 HARGE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

F 96124 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Franklin
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 954 Franklin (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Harge

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widowed

6 (b) Name of husband or wife Edward Harge
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-9-98

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace U. S. (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business Empl.

FATHER
12. Name David Rafques
13. Birthplace N. C.

MOTHER
14. Maiden Name Mary Bennett
15. Birthplace N. C.

16 (a) Informant Geo. H. Harge
(b) Address 954 Franklin

17 (a) Burial (b) Date thereof 10/1/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. A. Co. Md.

18 (a) Funeral director Geo. H. Alexander
(b) Address 927 N. Monroe

19 (a) SEP 28 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/28/42 19 6:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/14/42 to 9/28/42.
and that I last saw him alive on 9/26/42.

Immediate cause of death	Duration
(a) Uremia	3 mos.
Due to (b) Following a C.V.A.	
Due to (c)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Ellis M. D.
Address 954 Franklin Date signed 9/29/42

VS 3

96125 Plaza 1100 Lan. 5741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Doctors Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 408 Ridgely Terrace
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Geppi (Birth F 58014)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-26-42

8. AGE: Years | Months | Days 2 | If less than one day: hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Samuel Geppi

13. Birthplace Balto Md

MOTHER 14. Maiden Name Marie Joseph Brettner

15. Birthplace Balto Md

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL SEP 28 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 SEP 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/27/19 42, at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-26-42 19 to 9-27 19 42 and that I last saw h on alive on 9-27 19 42

Immediate cause of death: Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Louis D. Gilden M. D.

Address 76 W Lafayette Ave Date signed 9/28/42

VS 3

9450

F 96125

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 96125 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 932 Greenmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 932 Greenmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas L. Kinney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
		Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18, 1871

8. AGE: Years	Months	Days	If less than one day
70	11	8	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Michael Kinney

13. Birthplace Ireland

MOTHER 14. Maiden Name Margt. Mary Sarah Dugan

15. Birthplace Ireland

16 (a) Informant Fr. Roger Woodin

(b) Address Riverside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 1942 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Rud Tredfield

(b) Address 914 Greenmount Ave

19 (a) Date received by registrar SEP 29 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-26 1942, at 10 40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1942, to Sept 25 1942, and that I last saw h[illegible] alive on Sept 25 1942.

Immediate cause of death Acute Heart failure — Duration

Due to Ch Arteosclerosis — Acute Bronchial Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. L. Hornstein M. D.

Address 733 Aliquot St Date signed 9/29/42

F 96127 ✓ F 96127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St + Rutland ave
(c) Hospital or institution:
Sinai Hospital of Balto., Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1208 E. Baltimore st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Rubin J Rubin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name David Rubin
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Louis Rubin
(b) Address 2204 Mt Royal Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 28/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel Road
Location Mt Carmel Rd

18 (a) Funeral director Sol Levinson & Bros.
(b) Address 1724-26 W North ave

19 (a) SEP 28 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 19 42, at 1.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1942 to Sept 28 1942 and that I last saw h im alive on Sept 28 1942.

Immediate cause of death	Duration
Respiratory failure	
Due to Pulmonary edema	1 day
Due to Uremia, arteriosclerotic CV disease, inanition	1 1/2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Sinai Hospital Date signed 9-28-42
Monument Street + Rutland Ave

F 96128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1350

F 96128 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 N. Caroline St.
(c) Hospital or institution St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 E Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael Finke

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-07-3213

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/6/85

8. AGE: Years 57 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Decorator

11. Industry or business Race Track

FATHER
12. Name Henry Finke
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Buntrager
15. Birthplace Germany

16 (a) Informant Catherine Finke
(b) Address 2914 E Madison St

17 (a) Burial (b) Date thereof Sept 30 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Belair Rd

18 (a) Funeral director Geo M Zumbrun Son
(b) Address 811 N Wolfe St

SEP 28 1942 Baltimore, Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23 1942 to 9-26 1942 and that I last saw him alive on 9-26 1942.

Immediate cause of death Chronic cystitis
Urinary extravasation to subcutaneous tissues.
Duration Unknown

Due to

Due to

Other Conditions Latent syphilis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Keating M.D.
Address St Joseph's Hosp Date signed 9/28/42

VS 3

F 96129

T.N 76773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

F 96129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 243 S. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eugene Adley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Widower

6 (b) Name of husband or wife Mary (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2nd, 1877

8. AGE: Years	Months	Days	If less than one day
65	6	26	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name Henrietta Banks (D)
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof [illegible] (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brandt Ave

19 SEP 29 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27 1942, at 1:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1942 to 9-27 1942 and that I last saw h alive on 9-27 1942

Immediate cause of death Cerebral hemorrhage, right leg — Duration 2 days.

Due to — Duration

Due to — Duration

Other Conditions Diabetes mellitus — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Baldwin M. D.
Address Balto. City Hosp Date signed 9-28-42

VS 3

F 96130

422781

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

309

F 96130

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1028 N. Stricker St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kermit Hooper

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	married

6 (b) Name of husband or wife Elizabeth

6 (c) If alive, give age 20 years

7. Birth date of deceased (mo., day, yr.) 9-9-15

8. AGE: Years	Months	Days	If less than one day
27	-	18	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Croaker Hooper

13. Birthplace Va.

MOTHER

14. Maiden Name Cora Clark

15. Birthplace Va.

16 (a) Informant Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 1942 (month) (day) (year)

(c) Cemetery or crematory Lotheburg Va

Location

18 (a) Funeral director Va Brook

(b) Address 1427 Carey St Huntington Williamsport, W. Va.

19 (a) SEP 29 1942 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1942 at 1 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1942 to Sept 27 1942 and that I last saw him alive on Sept 27 1942

Immediate cause of death Acute Yellow atrophy — Duration Hours 2 wks.

Due to arsphenamine

Due to treatment for Syphilis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Acute liver necrosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harold E.C. Zhentlin M.D.

Address Johns Hopkins Date signed 9/28/42

F 96131

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

F 96131 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 Prospect St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine R. Schaeffer

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Widowed

6 (b) Name of husband or wife John L. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/2/1894

8. AGE: Years	Months	Days	If less than one day
47	10	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name John Hohmer
13. Birthplace Unknown

MOTHER
14. Maiden Name Minnie Greenwald
15. Birthplace Unknown

16 (a) Informant Mrs. May Moore
(b) Address 2709 Prospect St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director J. H. Hudson
(b) Address 2301 E. [illegible]

19 (a) SEP 29 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 35

20. DATE OF DEATH Sept. 27 1942, at 8 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage, spontaneous	
Due to hypertensive cardio-vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 27 1942

VS 6

F 96132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

F 96132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 130 Bloom St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 Bloom St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick Sauer

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-9852

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W.	Married

6 (b) Name of husband or wife Clara Sauer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 2-1886

8. AGE: Years	Months	Days	If less than one day
56	—	25	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Godfred Sigmund
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Clara Sauer
(b) Address 130 Bloom St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30th (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location Rural

18 (a) Funeral director Uhlrich Funeral Home
(b) Address 2004-6 Orleans St

19 (a) (Date received by Registrar) SEP 29 1942 (b) Huntingtown Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1942 at 1:30 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1942 to Sept 27 1942 and that I last saw h. m alive on Sept 27 1942

Immediate cause of death: Pulmonary infarction — Duration: 3 days
Due to: Coronary heart disease — 4 days
Due to: Abdominal hernia — 1 mos
Other Conditions: Chronic myocarditis — 6 mos
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 1225 N Charles Date signed 9/29/42

F 96133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96133 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 319 S. Gilmor St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 43
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 S. Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Geisel (nee Miller)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Married

6 (b) Name of husband or wife Henry Geisel
6 (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) April 2, 1872

8. AGE: Years	Months	Days	If less than one day: hr.	min.
70	5	24		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Nicholas Miller
13. Birthplace Berlin, Germany

MOTHER
14. Maiden Name Catherine
15. Birthplace Richmond Va.

16 (a) Informant Henry Geisel
(b) Address 319 S. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30/42 (Month) (Day) (Year)
(c) Cemetery or crematory Loudon Park
Location Baltimore

18 (a) Funeral director Frederick G. Cluss
(b) Address 1200 W. Lombard St.

19 (a) (Date received by Registrar) SEP 29 1942 (By) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942, at 4:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 19 42 to Sept 26 19 42 and that I last saw her alive on Sept. 26 19 42

Immediate cause of death: Carcinoma of Stomach — Duration: 6 Mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation April 14, 19 42
Major findings of operation:
Carcinoma of stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Means of injury

23. Signature Benjamin Miller M. D.
Address 2020 Wilkens Date signed 9/28/42

COR.

F 96134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96134 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Roundhill Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Roundhill Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F. Dorman

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-01-1327

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ada Dorman
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov. 27-1872

8. AGE: Years	Months	Days	If less than one day
69	10	1	hr. min.

9. Birthplace Milton, Dorchester Co., Md.
(Town, county, and state)
10. Usual Occupation Druggist
11. Industry or business

FATHER
12. Name John M. Dorman
13. Birthplace New Castle, Delaware

MOTHER
14. Maiden Name Sarah Wells
15. Birthplace Milton, Dorchester Co., Md.

16 (a) Informant John F. Dorman Jr.
(b) Address 1511 Ralworth Rd.

17 (a) Burial (b) Date thereof Sept. 30-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore Mem.
Location North Ave. & Gay St.

18 (a) Funeral director John A. Miller
(b) Address 2334 Jefferson St.

19 (a) Huntington Williams, M.D.
(Date received by registrar) Registrar

SEP 30 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1942 at 3:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 4 1935 to Sept. 28 1942 and that I last saw him alive on Sept. 27 1942

Immediate cause of death Cardio-renal-vascular disease — Duration 8 yrs
Due to Hypertension
Due to
Other Conditions Cerebral Thrombosis — Duration 1 wk
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? —
(Specify type of place)
(e) Means of injury
23. Signature Kuren V. Doska
Address 845 N. Eden St. Date signed 9/28/42

correct age if unknown, write the cause of death clearly and legibly.

F 96135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96135

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 7103 EASTERN AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Barbara Grim

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	F	W	M

6 (b) Name of husband or wife JOHN GRIM
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 12 1892

8. AGE: Years	Months	Days	If less than one day
50	6	16	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name GEORGE HUEBSCHMANN
13. Birthplace GERMANY

MOTHER
14. Maiden Name ELIZABETH BECKMAN
15. Birthplace BALTO. MD.

16 (a) Informant JOHN GRIM (HUSBAND)
(b) Address 7103 EASTERN AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 2/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeiler INC.
(b) Address 403 E. WOLFE ST.

19 (a) SEP 29 1942 (Date received by Registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1942, at 2:05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1942 to Sept 28 1942, and that I last saw her alive on Sept 28 1942

Immediate cause of death	Duration
Respiratory failure	
Due to Hemorrhage into the brain.	5 hours
Due to Hypertensive Cardiovascular disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Monument & Rutland Ave Date signed 9-28-42
(Sinai Hospital)

VS 8

F 96136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96136
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: SOUTH BALTO. GEN. HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ALABAMA (b) County
(c) City or town TUSKEGEE
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELY B. WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: MALE

5. Color or race: COLORED

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years 26 | Months | Days | If less than one day hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Removal (b) Date thereof 9/27/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Middletown, Ohio

18 (a) Funeral director Crawford V. Gadsden
(b) Address 2101 M[illegible]

19 (a) SEP 29 1942 (b) Huntington Wilson Registrar
(Date rec'd by registrar)

V2 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27 1942, at 1:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an INQUIRY / INSPECTION thereon and from the evidence (Autopsy or Inquiry)
obtained by said INQUIRY & INSPECTION and that said deceased came (Autopsy or Inquiry)
to [illegible] death on the day stated above.

Immediate cause of death FRACTURE OF SKULL and AVULSION OF SKIN OF FACE & HEAD — Duration

Due to ACCIDENT

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Sept 27 1942 at 1 P.M.
(c) Where did injury occur? near Glen Burnie
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? in a field While at work? No
(Specify type of place)
Means of injury Airplane crash

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Sept. 27 1942

correct age in completing age items. Please write the causes of death clearly and legibly. Use

F 96137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

Registered No. F 96137

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 846 Pierce
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 846 Pierce
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Fisher

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Colored	Widowed

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1871

8. AGE: Years	Months	Days	If less than one day
70	9	-	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Fisher
13. Birthplace Md.

MOTHER
14. Maiden Name Hart
15. Birthplace Md

16 (a) Informant Pauline Martin
(b) Address 846 Pierce

17 (a) Burial (b) Date thereof 9-28-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Baltimore City

18 (a) Funeral director Isaiah L. Brown, Inc
(b) Address 101 W Montgomery St

19 (a) SEP 29 1942 Washington Williams MD
(Date received by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 25 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 10 1942 to Sept 25 1942
and that I last saw him alive on Sept 25 1942.

Immediate cause of death Myocarditis — Duration years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 754 Druid St Date signed Sept 26 42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96138
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Balto Gen'l Hosp'l
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wk.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A.
(c) ~~City~~ or town 1210 Annapolis Blvd
(If outside city or town limits, write RURAL and give town)
(d) ~~Street No.~~ Brooklyn
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas C. SULLENGER.

3 (b) If veteran, name war

3 (c) Social Security Account No. 022-10-5324

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Mamie Tayman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1896

8. AGE: Years	Months	Days	If less than one day
46	7	25	hr. min.

9. Birthplace Fayettaville Tenn.
(Town, county and state)
10. Usual Occupation Structure Iron Worker
11. Industry or business Bldg. Structures

FATHER
12. Name Thomas C. Sullenger, Sr.
13. Birthplace Tenn.

MOTHER
14. Maiden Name Cannie McGee
15. Birthplace Tenn.

16 (a) Informant Mrs. Mamie Sullenger
(b) Address 1213 Annapolis Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/42 (month) (day) (year)
(c) Cemetery or crematory Baden Hill Cem.
Location A. A. Co., Md.

18 (a) Funeral director John J. Fahey & Son
(b) Address 1308 Light St.

19 (a) SEP 29 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28, 1942 at 6.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26, 1942 to Sept 28 1942, and that I last saw him alive on Sept. 28 1942.

Immediate cause of death Hemiplegia. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrews Zafuss M. D.
Address 1213 Light St Date signed 9/29/42

96139 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 96139

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital (Town)

CITY OF BALTIMORE: (No. 2025 W. Fayette St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marianne Gutberlet

If U. S. Veteran specify WAR

(a) Residence: No. Edge Hill Ruxton Rd. St., Ruxton, Md Ward (Birth F-58180)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-20-42

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	16

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME J. Charles Gutberlet

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Loretta Mueller

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT (Address) J. Charles Gutberlet Towson R.D. No 4

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rest Date 9/30 1942

19. UNDERTAKER (Address) Samuel Mench 1305 Harford Rd

20. FILED SEP 29 1942 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Sept 26, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1942, to Sept. 26, 1942

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease ?

Fœtal atelectasis

Other contributory causes of importance Intestinal indigestion

Date of onset
Birth

Was an operation performed? No Date of

For what disease or injury? Fœtal atelectasis

Name of operation Autopsy Bilateral

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J Irvin Burger M. D.

(Address) 3301 N. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

VS B

96140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1110

F 96140

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4808 Richard Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carl O. Butler

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-23-1905

8. AGE: Years 36 Months 11 Days 5 If less than one day hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Photo Engraver

11. Industry or business Social Security

FATHER
12. Name Sprague Butler
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Waronda M McCormick
15. Birthplace Florida

16 (a) Informant Mrs Waronda Butler
(b) Address 4808 Richard Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-42 (month) (day) (year)
(c) Cemetery or crematory Balto. Cem.
Location

18 (a) Funeral director Leonard J Rucker
(b) Address 5305 Harford Rd

19 SEP 29 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1942 at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Subdural hematoma — Duration

Due to fracture of skull

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 26 1942 at 7 30 P M
(c) Where did injury occur? 4704 Harford Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? no
(e) Means of injury fell 3 flights of stairs

23. Signature Robert Lee Fortune M.D. Medical Examiner.

Date signed Sept 27 1942

VS c

96141

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1338

Registered No. F 96141

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton + Watkins
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3207 Piedmont (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth M. Gallagher

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 30. 1869

8. AGE: Years	Months	Days	If less than one day
72	8	2928	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm Emanuel Gallagher
13. Birthplace Md.

MOTHER
14. Maiden Name Jane Mullen
15. Birthplace Md.

16 (a) Informant Clarence O. Sheeler
(b) Address 3207 Piedmont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1 1942 (month) (day) (year)
(c) Cemetery or crematory St. Mary's
Location Homeland Ave. Govans

18 (a) Funeral director H. Howard Strong
(b) Address 3207 N. North Ave.

19 SEP 29 1942 (Date received by Registrar) Wilmer J. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/28 1942, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/25 1942, to 9/28 1942 and that I last saw her alive on 9/28 1942

Immediate cause of death	Duration
Peri nephritis abscess	1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 9/25

Major findings of operation: Peri nephritis abscess

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. R. Dreyer M.D. M. D.

Address 84 Agnes Date signed 9/29

VS 3

F 96142

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96142 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Wyman Park Drive and 31st St.
(c) Hospital or institution: U.S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)
(d) Street No. Route No. 1. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH JAMES

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW	None	Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 10, 1882

8. AGE: Years	Months	Days	If less than one day
60	7	15	hr. min.

9. Birthplace SCRANTON, PENNSYLVANIA (Town, county, and state)
10. Usual Occupation Soldier
11. Industry or business

FATHER
12. Name JOHN JAMES
13. Birthplace UNKNOWN

MOTHER
14. Maiden Name Martha
15. Birthplace Unknown

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road Ext

18 (a) Funeral director A. Lee Oder
(b) Address 4644 York Road.
(c) [illegible] (Name of city or town) Registrar

SEP 29 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25, 1942, at 8:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 31, 1942, to Sept. 25, 1942, and that I last saw him alive on Sept. 25, 1942.

Immediate cause of death	Duration
Asthma, bronchial, intrinsic;	
Pneumonia, bronchial, lobular	3 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital Date signed 9/28/42 M. D.
Baltimore, Maryland.

Correct age is especially important. Physicians: please write the cause of death clearly and fully.

F 96143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96143

F 96143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2331 N. Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2331 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER E. GUNTHER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
	212 - 07 - 4445	Male ~~Female~~	white	married

6 (b) Name of husband or wife Jennie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1882

8. AGE: Years	Months	Days	If less than one day
60	4	2	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Structural Engineer
11. Industry or business Bethlehem Steel

FATHER
12. Name Fred Gunther
13. Birthplace Germany

MOTHER
14. Maiden Name Bertha --
15. Birthplace Germany

16 (a) Informant Mrs. Jennie Gunther
(b) Address 2331 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/42 (month) (day) (year)
(c) Cemetery or crematory Lawn View Cem.
Location Philadelphia, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (b)
SEP 29 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/27/42 19 , at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 17 1942, to Sept 27 1942 and that I last saw h~~im~~er alive on ~~March 7~~ Sept 27 1942.

Immediate cause of death: Gliomda of brain — Cerebral hemorrhage — Duration: 1 hr.
Due to
Due to
Other Conditions advanced arteriosclerosis & Hypertension — 2
(Include pregnancy within 3 months of death)
Date of operation Apr 20/42
Major findings of operation: Glioma of brain
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter E. Gunther M. D.
Address 222 Harrison Blvd Date signed Sept 28/42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 96144

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96144 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 E. Mulberry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 E. Mulberry
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES M. TIEMEYER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary S. Tiemeyer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 15, 1863

8. AGE: Years	Months	Days	If less than one day
78	10	13	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Millinery
11. Industry or business Self

FATHER
12. Name Henry C. Tiemeyer
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Kunkel
15. Birthplace Germany

16 (a) Informant Mrs. Charles M. Tiemeyer
(b) Address 12 E. Mulberry St.

17 (a) Burial (b) Date thereof 10/1/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) SEP 29 1942 Huntington Williams
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28, 1942, at 11:00 M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 1 1942 to Sept 28 1942
and that I last saw h[illegible] alive on Sept 28 1942

	Duration
Immediate cause of death Angina Pectoris	15 Min.
Due to Arteriosclerosis	6 years
Due to Age	Over Eight
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Signed [illegible]

VS 3

PLEASE WRITE PLAINLY, with [illegible] ink. Entry must be complete and correct as shown on the certificate. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 96145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be completed and certificate signed before it is filed. Please answer all questions. Use "None" where necessary. If unknown, or if doubtful, write "Unknown" or "Supposed." Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Dunbarland & Rayner

(c) Hospital or institution: Mercy Baltimore general Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1617 St Paul St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Billy Joe Jordan (Birth F-58273)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-28-42

8. AGE: Years	Months	Days	If less than one day
			6 hr. 30 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Wesley Jordan

13. Birthplace Georgia

MOTHER 14. Maiden Name Mildred Louise Scott

15. Birthplace South Carolina

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL SEP 29 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 SEP 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/21 1942 to 9/28 1942, and that I last saw h[illegible] alive on 9/28 1942.

Immediate cause of death	Duration
Fatal Atelectasis	
Due to Premature Birth	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Emerson W. Clarke M.D.

Address WBGH Date signed 9/29/42

VS 3

9457

F 96146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

91a

F 96146 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. If unknown or not applicable, write "unknown" or "N.A." Physicians: please write the causes of death clearly and legibly. Be sure that the information given in item 8 is correct as to age. Be sure that the cause of death is entered in such terms as will convey a definite meaning. Indefinite or unusual terms should be avoided. Do not use abbreviations or symbols.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 S. East Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur H. Young

3 (b) If veteran, name war	3 (c) Social Security Account No. 705-10-9162

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Nanette M. Choenberger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1898

8. AGE: Years	Months	Days	If less than one day
44	6	12	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business Canton R.R.

FATHER
12. Name Robert V. Young
13. Birthplace Freeland Md.

MOTHER
14. Maiden Name Laura A. Wagner
15. Birthplace Shrewsbury Pa.

16 (a) Informant Nanette M. Young
(b) Address 913 S. East Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) SEP 29 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1942 to Sept 26 1942, and that I last saw him alive on Sept 26 1942.

Immediate cause of death	Duration
Infectious Endocarditis	4 mos
Due to Pneumonia	May 18 to 27th
Due to Run down body; Anemia - Cardiac weakness	5 mos.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. V. Clift M. D.
Address 5010 Greenleaf Rd Date signed 9/28/42

F 96147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96147 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1418 Argyle Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1418 Argyle Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANCES C. GOUGIT

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	Col	married

6 (b) Name of husband or wife Jervase

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 22, 1882

8. AGE: Years	Months	Days	If less than one day
60	8	4	hr. min.

9. Birthplace St. Mary's Co. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Louise ?
15. Birthplace St. Mary's Co. Md.

16 (a) Informant Jervase Gough
(b) Address 1418 Argyle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30, 1944 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1631 Druid Hill Ave

19 (Signature of Registrar) Huntington Williams M.D. Registrar

SEP 29 1944

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1944 at 10 30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said I find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteriosclerotic cardiovascular disease — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Medical Examiner

Date signed 9-29-44

F 96148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

F 96148 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 421 S. Durham St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HELEN GOSCINSKI Goszczynski

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-4986

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 7 1921

8. AGE: Years	Months	Days	If less than one day
21	-	19	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Glen L. Martin

11. Industry or business

FATHER
12. Name Teofil Goszczynski
13. Birthplace Poland

MOTHER
14. Maiden Name Maryanna Kasztelan
15. Birthplace Poland

16 (a) Informant Teofil Goszczynski
(b) Address 421 S. Durham Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 30 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary (cem
Location Baltimore County

18 (a) Funeral director John M Welby
(b) Address 401 S Chester St

19 (a) SEP 29 1942 (Date rec'd by registrar) (b) Huntington Williams Undertaker

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1942 at 12 40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 26, 1942 at 2 a M
(c) Where did injury occur? Broadway & Orleans (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto While at work? no (Specify type of place)
(e) Means of injury Collision of two autos

23. Signature H. L. Wallenmeier M.D. (Medical Examiner)

Date signed 9-26-42

F 96149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96149 Registered No. 11907

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 533 S Paca + Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) 22 DAYS

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County —
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2530 - McELDERRY ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DOROTHY ELIZABETH RUTKOWSKI
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age 22 DAYS

7. Birth date of deceased (mo., day, yr.) SEPT 7, 1942

8. AGE: Years	Months	Days	If less than one day
—	—	22	hr. min.

9. Birthplace BALTIMORE, MD (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name JOSEPH RUTKOWSKI
13. Birthplace BALTIMORE, MD

MOTHER
14. Maiden Name JOSEPHINE NAGRABSKI
15. Birthplace BALTIMORE, MD

16 (a) Informant JOSEPH RUTKOWSKI
(b) Address 2530 - McELDERRY ST, CITY

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 1942 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus (cem)
Location Baltimore City

18 (a) Funeral director John M Weber
(b) Address 401 S. Chester St

19 (a) (Date received by registrar) (b) Registrar

SEP 29 1942
VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT 29 1942, at 7:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT 23 1942, to SEPT 29 1942 and that I last saw her alive on SEPT 29 1942

Immediate cause of death	Duration
BRONCHO-PNEUMONIA	
Due to DIARRHEA	
Due to MARASMUS	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Helen Bowie M. D.
Address Union Mem. Hosp. Date signed 9-29-42

96150

BALTIMORE CITY HEALTH DEPARTMENT 830

CERTIFICATE OF DEATH

F 96150 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4702 Harford Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4042 Belair Rd. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Czarina Hill

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife James Albert Hill
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 15, 1877

8. AGE: Years	Months	Days	If less than one day
65	6	14	######## min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Harry Bean
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Catherine Kelly
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. M.G.Fleet (Daughter)
(b) Address 3034 Pinewood Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore City

18 (a) Funeral director George J. Ruth, Inc.
(b) Address 1706 Harford Avenue

SEP 30 1942 (Date rec'd by registrar) (b) Huntington Valladares, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27th, 1942, at 6:15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1937 1942 to Sept 27 1942 and that I last saw her alive on Sept 25 1942

Immediate cause of death: Myocardial Insufficiency — Duration 10 days
Due to Coronary Thrombosis — 5 yrs
Due to Cerebral Hemorrhage — 5 yrs
Other Conditions Invalid for — time yrs
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. A. Fennell M. D.
Address 9858 Harford Rd Date signed 9/29/42

Correct age is especially important. Physicians: please write the cause of death clearly.

VS 3

96151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 96151 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address E. Balto St.

(c) Hospital or institution: Sinai Hospital 3

(d) Length of stay in hospital or inst. (~~yrs.~~ ~~mos.~~ ~~days~~) 23

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 212 Mason Court (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Wasserman (Birth F56639)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30-42

8. AGE: Years ~~20~~ | Months | Days 29 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Isadore Wasserman

13. Birthplace Balto Md

MOTHER 14. Maiden Name Helen Goodman

15. Birthplace Balto Md

16 (a) Informant Father

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Vaccian Cem

Location Randall

18 (a) Funeral director Lee Funeral Home

(b) Address 1132 E. Balto St.

SEP 30 1942 (b) Huntington Williams M.D. Registrar

(a) Date received by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/29 1942, at 6 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/7 1942, to 9/29 1942, and that I last saw h~~e~~r alive on 9/29 1942.

Immediate cause of death (a) Malnutrition — Duration

Due to Infectious Diarrhea

Due to Salmonella Morgagni

Other Conditions Prematurity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. D. Goldstein M. D.

Address Sinai Hospital Date signed 9/30/42

Object age is especially important. Physicians: please write the cause of death clearly.

VS 3

F 96152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96152 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Preston apts
(c) Hospital or institution: Preston St & Guilford Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Preston & Guilford (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Ethel Chipchase

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8 1880

8. AGE: Years	Months	Days	If less than one day
62	—	24	hr. min.

9. Birthplace Bucks Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name W. Edwin Chipchase
13. Birthplace Md

MOTHER 14. Maiden Name Fannie Lewis
15. Birthplace Bucks

16 (a) Informant Fannie L. Chipchase
(b) Address Preston apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1 42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore Md

18 (a) Funeral director Hennell Bukins & Son
(b) Address 324 E Fallsway

19 (a) SEP 30 1942 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29 1942, at 6.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1 1941 to Sept. 29 1942 and that I last saw her alive on 9-28 1942.

Immediate cause of death CARCINOMA OF THE COMMON BILE DUCT — Duration 12 mos.?

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation Nov. 1941

Major findings of operation: CHOLECYSTITIS CHOLELITHIASIS - Ca. of Bile Duct

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature John L. Straley M. D.
Address 1129 St. Paul St Date signed 9-29-42

VS 3

F 96153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 Pimlico Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 Pimlico Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RUTLEDGE WOOD HAZELTINE

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 1873

8. AGE: Years	Months	Days	If less than one day
69	9		hr. min.

9. Birthplace Ellicott City
(Town, county, and state)

10. Usual Occupation retired minister
11. Industry or business

FATHER
12. Name Silas W. Hazeltine
13. Birthplace Vermont

MOTHER
14. Maiden Name Elizabeth Rutledge
15. Birthplace Md.

16 (a) Informant Mrs. Grace H. Williams
(b) Address 4000 Pimlico Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/42 (month) (day) (year)
(c) Cemetery or crematory Maryland Line Cem.
Location Balto. Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) SEP 30 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1942 at 1:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. Z. Wellenmeier M.D.
Medical Examiner.
Date signed 9-29-42

correct age is especially important. Physicians: please write the cause of death plainly.

VS 6

F 96154

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96154 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 819 E. 33rd St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 819 E. 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET LULAH HOHNBERGER

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/21/1865

8. AGE: Years	Months	Days	If less than one day
77	5	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Christian Hohnberger
13. Birthplace Bavaria

MOTHER
14. Maiden Name Mary Magdalene Hahn
15. Birthplace Alsace Lorraine

16 (a) Informant Miss Ella Hohnberger
(b) Address 819 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/30/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (Date rec'd by registrar) SEP 30 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27, 1942, at 2:15AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 3 1942 to Sept 27 1942. and that I last saw her alive on Sept 26 1942.

	Duration
Immediate cause of death Cardio vascular disease	2 yrs
Due to Chronic asthma	15 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lena B. Lyford M. D.
Address 437 S. Bellevue Ave. Date signed 9/29/42

VS 3

Please write plainly, with pen and ink. Physicians: please write the causes of death clearly and legibly. Information is especially important.

F 96155

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 96155

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3804 Egerton Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3804 Egerton Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALFRED L. MORROW

3 (b) If veteran, name war	3 (c) Social Security Account No.
World	215-05-2474

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 12, 1889

8. AGE: Years	Months	Days	If less than one day
52	10	16	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Hugh S. Morrow
13. Birthplace Wilmington, Del.

MOTHER
14. Maiden Name Ida L. Carter,
15. Birthplace Northumberland Co., Va.

16 (a) Informant Mr. Robert C. Morrow
(b) Address 469 Wolfs Lane, Pelham Manor, N.Y.

17 (a) Burial (b) Date thereof 9/30/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Md.

19 (a) SEP 30 1942 (b) Huntington Williams
(Date received by Registrar) (Signature of Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28, 1942, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from — 19 42, to 9/28 19 42
and that I last saw h[illegible] alive on 9/28 19 42.

Immediate cause of death

	Duration
Coronary disease (?)	sudden
Due to	
Due to Sclerosis-Valvular heart disease, Endocarditis + Arterio-sclerosis	10 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. B. Richardson
Address 1901 Eutaw Pl Date signed 9/29/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96156
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 923 N. Gilmore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Oscar William Dare 76932

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-1052

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Jamie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1919

8. AGE: Years	Months	Days	If less than one day
22 23	9	8	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation truck driver
11. Industry or business

FATHER
12. Name William Dare
13. Birthplace ?

MOTHER
14. Maiden Name Eva Grant
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 11-2-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Catapult Co Md

18 (a) Funeral director Henry L. Mason
(b) Address 1303 Pennsylvania Ave

19 (a) SEP 30 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1942, 11:50AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23 1942 to Sept. 28 1942, and that I last saw him alive on Sept. 28 1942.

Immediate cause of death	Duration
Miliary tuberculosis	2 mos?
Due to	
Due to	
Other Conditions tbc. meningitis	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ad Hartz M.D.
Address Balto City Hosp Date signed 9/29/42

F 96157

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1938

F 96157 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1217 Laurens St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1217 Laurens St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Custis.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Henry Custis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1879

8. AGE: Years	Months	Days	If less than one day
63	5	13	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name John Parker
13. Birthplace Virginia

MOTHER 14. Maiden Name Julia Taylor
15. Birthplace Virginia

16 (a) Informant Henry Custis
(b) Address 1217 Laurence St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-42 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Auburn

18 (a) Funeral director George H. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Registrar

SEP 30 1942

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/28 1942 at 8.00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to not to death on the day stated above.

Immediate cause of death Chronic Hypertensive Cardio-vascular Disease. — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 9/29/42.

F 96158 Gayles

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96158

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1101 Caroline St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1101 N Caroline
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Betty Gayles

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife James Gayles
6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Grayson Gayles
13. Birthplace N C

MOTHER
14. Maiden Name —
15. Birthplace N C

16 (a) Informant Mrs. Gayles
(b) Address 1101 N Caroline St

17 (a) Burial (b) Date thereof 10-1-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington Cem
Location Arlington

18 (a) Funeral director George G. Robinson
(b) Address 2303 Fairmount Ave

19 (a) OCT 20 1942 (b) [illegible]
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/2/1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 1942, to 9/2/1942, and that I last saw h alive on Sept 1 1942.

Immediate cause of death
Acute Ulcers that Ruptured
Due to Appendicitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
Months

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Wallace M. D.
Address 1101 N Caroline St Date signed 10/2/1942

VS 3

Spec.—8-16-39—L. F. S.—100 Bks.

F 96159 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 96159

CERTIFICATE OF DEATH √131a

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 1218 Whatcoat ST., X WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Phillip Sisco 16

(a) RESIDENCE NO. 1218 Whatcoat ST., WARD 20-55-14

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., If foreign birth? yrs. mos. da.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Sisco nee Coleman

6 DATE OF BIRTH (month, day, and year) Sept. 22, 1877

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Not Employed

9 BIRTHPLACE (city or town) (State or country) Md. Eastern Shore

PARENTS

10 NAME OF FATHER Donald Sisco

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md. Eastern Shore

12 MAIDEN NAME OF MOTHER Rachel —

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md. Eastern Shore

14 Informant Julia Wade

(Address) 1218 Whatcoat St

15 Filed SEP 30 1942, 19 Taunton for Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Sept. 26-1942

17 I HEREBY CERTIFY, That I attended deceased from Sept 22, 1942, to Sept 26, 1942, that I last saw her alive on Sept. 25, 1942 and that death occurred, on the date stated above, at 5:15 m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. 4 da.

CONTRIBUTORY (Secondary) Age - arterio Sclerosis

Hypertension (duration) 2 to 3 yrs - da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) W. H. Wright M. D.

Sept 28, 1942 (Address) 1209 Preston St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary cemetery

DATE OF BURIAL 9-30 1942

20 UNDERTAKER George A. Kelson.

ADDRESS 1303 Preston St

OF DEATH is prima facie evidence that it may be properly obtained. Important. See instructions on back of certificate.

S.S. No 214-01-2110

F 96160 BALTIMORE CITY HEALTH DEPARTMENT 1942 F 96160 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden Ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3117 Foster ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Casimer Charles Grice (GRUTKOWSKI)

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-2110

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Veronica Grice
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) January 19, 1886

8. AGE: Years	Months	Days	If less than one day
56	8	9	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation File Grinder
11. Industry or business Arundel Corp

FATHER
12. Name Adalbert Wm Grutkowski
13. Birthplace Poland

MOTHER
14. Maiden Name Marione Laba
15. Birthplace Poland

16 (a) Informant Veronica Grice
(b) Address 3117 Foster Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Back Rd

18 (a) Funeral director William Fiaschetti
(b) Address 1618 Eastern Ave

19 (a) (b) Huntington Williams M.D.

SEP 30 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH September 28 1942 at 8:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from September 25 1942 to Sept. 28 1942, and that I last saw him alive on September 28 1942.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other Conditions Hypertensive C.V. Disease
Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D'Lorenzo Jr. M. D.
Address Md. General Hospital Date signed 9/28/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Auto accident.

F 96161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1710

F 96161

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Abingdon
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarance Wright

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1917

8. AGE: Years	Months	Days	If less than one day hr.	min.
25				

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Walter Wright
13. Birthplace Virginia

MOTHER
14. Maiden Name Frances Andrews
15. Birthplace Virginia

16 (a) Informant ~~Daughter~~ Woodrow Wright
(b) Address Abingdon, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30, 1942 (month) (day) (year)
(c) Cemetery or crematory Retreat, Va.
Location Retreat, Virginia

18 (a) Funeral director Howard R. McComas
(b) Address Abingdon, Md.

19 (a) SEP 30 1942 (Date received by Local Registrar) (b) Huntington, W. Va. (Signature of Local Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29th 1942, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29, 1942 to Sept 29 1942, and that I last saw him alive on Sept. 29 1942.

Immediate cause of death EMPYEMA — PERICARDITIS — Duration

Due to PNEUMONIA — 9 wks

Due to (ca)

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Sept 27, 1942 at 11:15 A.M
(c) Where did injury occur? Route 7, Harford Co. (City or town) (County)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Auto struck culvert

23. Signature H. Sloan
Address Johns Hopkins Hospital Date signed 9/30/42 M. D.
Robert Lee Graham, Jr. S. T.

F 96163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96162 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 McDonough St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 McDonough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Sales

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Divorced

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3 1897

8. AGE: Years	Months	Days	If less than one day
45	4	24	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Cowlins Fowlkes

13. Birthplace Va.

MOTHER 14. Maiden Name Eliza Henderson

15. Birthplace Va.

16 (a) Informant Ophelia Henderson

(b) Address 908 McDonough St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Sept 30, 1942 (month) (day) (year)

(c) Cemetery or crematory

Location Burkeville Virginia

18 (a) Funeral director Mrs Robert A. Elliott & Daughter

(b) Address 1299 N. Carlton St.

19 (a) (Date received by Registrar) SEP 30 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27 1942 at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-28 1942 to 9-27 1942 and that I last saw h.r alive on 9-25 1942.

Immediate cause of death	Duration
Chronic myocarditis	unk.
Due to Hypertensive Cardio-vascular disease	unk
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. Brower M. D.

Address 1500 E. Madison St Date signed 9-27-42

Rayner Brower

F 96163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1/3/N F 96163 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3416 Romana Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 18yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 Ramona Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christina McCorquindale Walters

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Alexander Walters
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept. 19/1900
8. AGE: Years 42 | Months – | Days 8 | If less than one day hr. min.
9. Birthplace Scotland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George McCorquindale
13. Birthplace Scotland

MOTHER
14. Maiden Name Janet Dunn
15. Birthplace Scotland

16 (a) Informant Mr. Alexander Walters
(b) Address 3416 Ramona Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Mem. Park
Location Baltimore Md.

18 (a) Funeral director Philip Sterling Sons
(b) Address 2024 Orleans St.

19 (Registrar's signature) SEP 30 1942 Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27th/42 19 , at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 20 1931, to Sept. 27 1942 and that I last saw h[illegible] alive on Sept. 27 1942.

Immediate cause of death
Auriculor Fibrillation
Cardiorenal disease
Due to Mitral insufficiency
Pulmonary Edema
Due to Chr. Interstitial Nephritis

Duration
8/20/31
7/30/42
8/29/31
9/27/42
7/20/42
5 months

Other Conditions Pregnancy
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo Sablerges M. D.
Address 3054 E Belvedere Ave Date signed 9/29/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √108

F 96164 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address or 2643 Lehmans St.

(c) Hospital or institution: St Agnes Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balt

(c) City or town Balt Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 2643 Lehmans St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME John H. Sanders √

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	M.

6 (b) Name of husband or wife Mary W. Sanders

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Mar. 2. 1879

8. AGE: Years	Months	Days	If less than one day
63.	6.	25	— hr. — min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business Baltimore & Ohio R.R.

MOTHER / FATHER

12. Name James W. Sanders

13. Birthplace Baltimore Maryland

14. Maiden Name Anna Swiger

15. Birthplace Baltimore Maryland

16 (a) Informant Mrs Mary W. Sanders

(b) Address 2643 Lehmans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Maryland

18 (a) Funeral director J. B. Shubert & Son

(b) Address 1300 Eutaw Place

19 (a) SEP 30 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1942 at 5:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1942 to Sept 27 1942 and that I last saw h/M alive on Sept 27 1942.

Immediate cause of death Lobar pneumonia — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury —

23. Signature C Arthur Romberg M.D.

Address St Agnes Hospital Date signed 9/30/42

V8 3

F 96165
T.N
73628

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96165
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 months
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 Christian St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Ogle

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Seperated

6 (b) Name of husband or wife Melvin Ogle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24th, 1903

8. AGE: Years	Months	Days	If less than one day
39	1	5	hr. min.

9. Birthplace Pa.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name James Aggons
13. Birthplace N.Y.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Ind.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 30 '92 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director J. B. Tippett & Son
(b) Address 1300 Eutaw Place

19 (a) SEP 30 1992 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27 1992 at 9:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-29 1992 to 9-27 1992, and that I last saw her alive on 9-27 1992.

Immediate cause of death Uterine hemorrhage

Due to Carcinoma of cervix - metastasis

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

Duration
1 mo.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H. Haas M. D.
Address Baltimore, Md. Date signed 9-28-92

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and

F 96166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 96166

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave.
(c) Hospital or institution: Hebrew Home for Aged Dvsn. INFIRM

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Some

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Greenspring & Belvedere
(If rural give location)
(e) If foreign born, how long in U. S. A.? 53 years

3 (a) FULL NAME Clara Feinblatt

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F. | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Jacob Louis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 11, 1855

8. AGE: Years 87 | Months - | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Jassy Rumania (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Alexander
13. Birthplace Rumania

MOTHER
14. Maiden Name -
15. Birthplace Rumania

16 (a) Informant Sig Feinblatt
(b) Address Greenspring. Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-30-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mem Pk
Location Lanv

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) SEP 30 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 29 1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1937, to 9-29 1942, and that I last saw h[illegible] alive on 9-29 1942.

Immediate cause of death Bronchopneumonia — Duration

Due to Arteriosclerosis & Hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M.D. Edmund Levin

Address Lorraine Date signed 9/29/42

96167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 10 C E 96167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) about 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3239 Elmora Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louis B. Jenkins

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret A. Jenkins nee Kelly

6 (c) If alive, give age years.

7. Birth date of deceased (mo., day, yr.) Nov. 25, 1885

8. AGE: Years	Months	Days	If less than one day hr.	min.
56	10	4		

9. Birthplace Boston Mass. (Town, county, and state)

10. Usual Occupation Special Police

11. Industry or business Baltimore City

FATHER
12. Name John Jenkins
13. Birthplace Nova Scotia

MOTHER
14. Maiden Name Kathalein Henderson
15. Birthplace Chicago, Ill.

16 (a) Informant Mrs. Margaret A. Jenkins
(b) Address 3239 Elmora Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2, 1942 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem.
Location 4430 Belair Road

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) SEP 30 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29- 1942, at 11 55 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
Findings of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-26-42 at 2-3 P.M.
(c) Where did injury occur? Balt. - Conowingo Roads (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by truck Trolley

23. Signature Thomas J. Mendelsohn M.D. Medical Examiner.
Date signed 9/29/42

F 96168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 C Registered No. F 96168

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Do not abbreviate. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 9 days

2. USUAL RESIDENCE OF DECEASED:
(a) State D. C. (b) County
(c) City or town Washington
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Gail Street, N.E.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HERBERT KENNETH BROWNING

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11, 1917

8. AGE: Years	Months	Days	If less than one day
25	6	16	hr. min.

9. Birthplace Roanoke, Virginia
(Town, county, and state)
10. Usual Occupation STEWARD
11. Industry or business

FATHER
12. Name Kenneth Browning
13. Birthplace ALBEMARLE, NORTH CAROLINA

MOTHER
14. Maiden Name BEULAH EDWARDS
15. Birthplace ROANOKE, VIRGINIA

16 (a) Informant RECORDS*US MARINE HOSPITAL
(b) Address BALTIMORE, MARYLAND.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30-42 (month) (day) (year)
(c) Cemetery or crematory St marys
Location Hamden
18 (a) Funeral director A Riley Slade
(b) Address 4907 Roland Ave
19 (a) SEP 30 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

over

20. DATE OF DEATH Sept. 27, 28, 1942, at 1:55a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18, 1942, to Sept. 27, 1942, and that I last saw him alive on Sept. 27, 1942

Immediate cause of death	Duration
Subacute bacterial endocarditis;	9 mo.
Mitral and aortic rheumatic valvulitis	Unknown
Other: Multiple infarcts of spleen and kidneys; acute pulmonary edema; bilateral hydrothorax and hydroperitoneum; chr. passive congestion of liver	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
Means of injury
23. Signature GT Johnson
Address US Marine Hospital Baltimore, Maryland. Date signed 9/30/53 M.D.

VS 3

F 96169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96169

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly, carefully and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town GREENWICH
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES FRANCIS BURTON

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 5, 1873

8. AGE: Years	Months	Days	If less than one day
69	5	22	hr. min.

9. Birthplace Lewis, Delaware (Town, county, and state)
10. Usual Occupation COOK
11. Industry or business SEAFARING

FATHER
12. Name Theodore X. Burton,
13. Birthplace Cecil County, Delaware

MOTHER
14. Maiden Name Debbra A. Burton,
15. Birthplace Cecil County, Delaware

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT 1-42 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hamden

18 (a) Funeral director A Reuben Slade
(b) Address 4907 York Road

19 (a) (Date received by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27, 1942, at 10:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23, 1942 to Sept. 27, 1942 and that I last saw h in alive on Sept. 27, 1942.

Immediate cause of death Chronic edematous immature prostatitis — Duration 2 years

Due to Chronic glomerulo and arterial nephritis; hemorrhagic cystitis, subacute; fibrino pericarditis, old; cardiac infarct and calcarious aortic stenosis and generalized arterio sclerosis

Other Conditions (Including pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Clarke M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 9/28/42

F 96170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9/a ✓

F 96170 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or ~~Maryland~~ South Balto Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1633 East Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexander Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed or divorced: Married

6 (b) Name of husband or wife: Winnie Johnson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1913

8. AGE: Years 29 | Months | Days | If less than one day hr. min.

9. Birthplace North Carolina (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Burl Johnson
13. Birthplace N.C.

MOTHER
14. Maiden Name Phelia Beckett
15. Birthplace N.C.

16 (a) Informant Winnie Johnston
(b) Address 1633 E. Fayette Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/42 (month) (day) (year)
(c) Cemetery or crematory
Location Danville, Va.

18 (a) Funeral director Elgin Wilson
(b) Address 1000 Baker Ave Cor Huntington Portsmouth, Va.

SEP 30 1942 (Date received by Registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-27 1942, at 5:45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to Lis death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration
Vegetative Endocarditis, acute
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Sept 27 1942

F 96171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 ✓

F 96171 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 283 W. 31st street
(c) Hospital or institution: ------
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 283 W. 31st street
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET NORTON

3 (b) If veteran, name war -----

3 (c) Social Security Account No. -----

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Michael T. Norton

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1861

8. AGE: Years 81 | Months 8 | Days 2 | If less than one day: hr. ____ min. ____

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

MOTHER / FATHER

12. Name Michael Schisler

13. Birthplace Germany

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mrs. Katherine Killen

(b) Address 283 W. 31st street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Dalrin Road

18 (a) Funeral director Chas. J. Evans Son

(b) Address 118 N Mt. Royal Ave

19 (a) Received by registrar SEP 30 1942 (b) Registrar

Interring to Millersville, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1942 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from several years to July 1942 and that I last saw her alive on July 1942

Immediate cause of death: coronary occlusion

Due to: arteriosclerosis age factor (85)

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Howard J. Wpeldes, M.D.

Address 2020 N. Charles Date signed 9/29/42

Howard J. Wpeldes, M.D. Surg

F 96172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96172
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Cornell ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Jones 75887

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: sep.

6 (b) Name of husband or wife: Abraham

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. " 1899

8. AGE: Years 43 | Months 7 | Days ? | If less than one day: hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Samuel Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Lula Smith
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Mt. Winans, Md

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) SEP 30 1942 (Date received by registrar) Hunting for Hilbaum Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1942, 12:30PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 21 1942, to Sept. 27 42. and that I last saw h alive on Sept. 27 1942.

Immediate cause of death: Multiple pulmonary emboli — Duration: ?

Due to Pulmonary tuberculosis — Duration: 2 yrs?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Hartz
Address Balto City Hosp signed 9/28/42

VS 3

F 96173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 96173 **Registered No.**

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 239 N. Schroeder, St
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Martin Bowley

3 (b) If veteran, name war	3 (c) Social Security Account No.
?	216-30-3252

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife Cora Bowley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-1897

8. AGE: Years	Months	Days	If less than one day
45	-	17	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Martin Bowley
13. Birthplace Cambridge - Md

MOTHER 14. Maiden Name Rachel
15. Birthplace Cambridge - Md

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 10-2-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Sandowne, Md

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) SEP 30 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 27 1942, at 7:20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19 42, to Sept 19 42 and that I last saw him alive on Sept. 27 19 42.

Immediate cause of death	Duration
Fibrinous peritonitis,	
Paralytic Ileus	
Due to Gangrenous appendix	
Due to	
Other Conditions Bronchopneumonia	
Obesity	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: Gangrenous appendix, Fibrinous peritonitis
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. B. Shipley M. D.
Address University Hospital Date signed 9-28-42

VE 3

F 96174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

F 96174 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LETTIE DIGGS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1887

8. AGE: Years 55 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Howard County, Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name Mack Diggs

13. Birthplace West Ring, Md.

MOTHER 14. Maiden Name Eliza Dickerson

15. Birthplace Howard Co. Md.

16 (a) Informant Bessie Burley

(b) Address 1100 Dorn Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cem

Location

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1942 at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr J Wallace Waters M.D. Attending Medical Examiner.

Date signed 9-27-42

VS 6

JL -76254
F 96175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

167

F 96175
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 5d
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Briscoe (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Sampson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
71	?0	?	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. records
(b) Address 4940 Eastern ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) SEP 30 1942 (Date filed by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-24 1942, at 4 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-21 1942, to 9-24 1942, and that I last saw him alive on 9-24 1942.

Immediate cause of death: Pulmonary embolism — Duration: ?
Due to Generalized arteriosclerosis
Due to (over)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Balto. City Hosps Date signed 9-27-42 M. D.

96176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

F 96176 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 W Fayette St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Sam PiAzzA

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/19/1866

8. AGE: Years 76 | Months 0 | Days 9 | If less than one day: hr. min.

9. Birthplace ITAly (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Rosario PIAZZA
13. Birthplace Italy

MOTHER
14. Maiden Name Rose Rinaura
15. Birthplace ITAly

16 (a) Informant Maria Piazza (Wife)
(b) Address 1706 W. Fayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1st/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemetary
Location Belair Rd. Baltimore Md

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (a) SEP 30 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1942 at 4:13 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/18 1942 to 9/28 1942 and that I last saw h[illegible] alive on 9/28 1942

	Duration
Immediate cause of death Cardio-respiratory failure	2 days
Due to Marked pathemorhagic anemia	9 days
Due to Bleeding peptic ulcer	9 days
Other Conditions Urinary + Diabetes Mellitus	?

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Patrick C Shelan Jr. M.D.
Address Mercy Hospital Date signed 9/28/42

F 96177

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 F 96177 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 3 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Westgate Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John George Jentnes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Margaret Jentnes
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1875

8. AGE: Years 67 | Months 7 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Newspaper

11. Industry or business

FATHER
12. Name John Frederick Jentnes
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Schmelz
15. Birthplace Baltimore, Md.

16 (a) Informant Home for Incurable Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 - 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem
Location Baltimore Md.

18 (a) Funeral director Robert S. Little
(b) Address 2700 Edmondson Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS-3 SEP 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30, 1942 at 12.47 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 1941 to Sept. 30 1942 and that I last saw h[im] alive on Sept 29 1942.

	Duration
Immediate cause of death: Acute Myocardial Insufficiency	2 days
Due to: Hypertensive and Arteriosclerotic Cardio Vascular Disease	4 years
Due to:	
Other Conditions: Mutiple Sclerosis	3 years

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Conrad Wolf, M. D.
Address 11 E. Chase St. Baltimore MD Date signed 9/30/42

96178

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118 A

Registered No. E 96178

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully compiled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) W.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 Bretton Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie W. Colgan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Edward J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11-1889

8. AGE: Years	Months	Days	If less than one day
53	8	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Home

FATHER 12. Name Henry Waterhouse

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Regina Collins

15. Birthplace Balto. Md.

16 (a) Informant Warren L. Colgan

b. Address 404 Bretton Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location E. North Ave.

18 (a) Funeral director John A. Hogan

(b) Address 3000 E. Balto. St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1942, at 6 30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death accidental absorption of poisonous gas

Due to

Due to inhalation of illuminating gas

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 12/1

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Sept. 19 1942 at 2 30 P M

(c) Where did injury occur? 404 Bretton Place
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? Yes
(Specify type of place)

(e) Means of injury Inhalation of illuminating gas

23. Signature Robert Lee Heathcote M.D.
Medical Examiner.

Date signed Sept 28 1942

F 96179 ✓ F 96179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hamonethane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4603 Glenarm ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Amerein

3 (b) If veteran, name war: No.
3 (c) Social Security Account No.: None
4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Elizabeth
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug 18 1858
8. AGE: Years 84 | Months 1 | Days 11 | If less than one day: hr. min.
9. Birthplace: Balto. (Town, county, and state)
10. Usual Occupation: Retired
11. Industry or business
FATHER 12. Name: Andrew Amerein
13. Birthplace: Germany
MOTHER 14. Maiden Name: ?
15. Birthplace: Germany
16 (a) Informant: Andrew Amerein
(b) Address: 4603 Glenarm Ave.
17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCT 1 1942 (month) (day) (year)
(c) Cemetery or crematory: HOLY REDEEMER
Location: BELAIR RD.
18 (a) Funeral director: MARTIN W.E. DIPPEL
(b) Address: 2040 BARD AND ANN STS.
19 (a) (Signature of local registrar) Huntington Williams M.D.

SEP 30 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 25 1942 at 9.20 A M
21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942 to Sept 29 1942.
and that I last saw him alive on Sept 25 19 42

Immediate cause of death	Duration
Chronic myocarditis	
Due to Arteriosclerosis	
Due to	
Other Conditions Cirrhosis of liver	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature N.V. Harbold
Address 4706 Harford Road Balt Md Date signed M D 9/29/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reviewed. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 96180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 96180 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 hr. 28 min. 28 min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Charles Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dorm

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1942

8. AGE: Years | Months | Days | If less than one day: 5 hr. 28 min.

9. Birthplace Baltimore, Westminster, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Dorm
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Frisby
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1 42 (month) (day) (year)
(c) Cemetery or crematory Elmwood, Cem.
Location Westminster, Md.

18 (a) Funeral director J. E. Myers, Jr.
(b) Address Westminster, Md.

19 (a) (Signature of local registrar) Harriet Lee Williams M.D.
(b) Date received SEP 30 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1942, at 8:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29 1942, to Sept. 29 42, and that I last saw her alive on Sept. 29 1942

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard T. Taubman M. D.
Address Johns Hopkins Hospital Date signed 9-30-42

F 96181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 96181 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use typewriter if possible. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 1/2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 5 1/2 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. 2 Charles Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Dorm (Baby) Martin 58643

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1942

8. AGE: Years	Months	Days	If less than one day
Birth			5 hr. 30 min.

9. Birthplace Westminster, Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Dorm
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Friaby
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1 42 (month) (day) (year)
(c) Cemetery or crematory Ellsworth, Cem. Location Westminster, Md.

18 (a) Funeral director J. E. Myers Jr. (b) Address Westminster, Md.

19 (a) (Signature of undertaker) Emmitt Lee Williams (Registered)

SEP 30 1942

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 19 42, at 8.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29 19 42, to Sept. 29 19 42 and that I last saw h er alive on Sept. 29 19 42

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan F. Barbour M. D.
Address Johns Hopkins Hospital Date signed 9-30-42.

F 96182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

Registered No. F 96182 7 44 PP

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Maryland General Hospital

(c) Hospital or institution Linden + Madison Streets

(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2112 N. Calvert St.

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Mary R. Shipley Collins

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-01-2986

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Harold D Collins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15, 1884

8. AGE: Years	Months	Days	If less than one day
58	2	15	hr. min.

9. Birthplace Baltimore, Maryland

(Town, county, and state)

10. Usual Occupation Home Bookkeeper

11. Industry or business

FATHER

12. Name David McG Shipley

13. Birthplace Md

MOTHER

14. Maiden Name Hanny G Young

15. Birthplace Md

16 (a) Informant David McG Shipley

(b) Address 2813 W Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Wilson Corkran

(b) Address 1219 E Lexington St Baltimore, Md

19 (a) OCT 1 1942 (b) Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. **DATE OF DEATH** September 30, 1942, at 1:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 18 1942, to September 30 1942, and that I last saw her alive on September 30 1942.

Immediate cause of death Heart Failure

Due to Carcinoma of Ovary & metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. **Signature** Loy M. Zimmerman M. D.

Address Maryland General Hospital Date signed 9/30/42

VS 8

F 96183

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

#12 F 96183 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered, whether it be known or not. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 48 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1043 N Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Norman McCormick

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 212-03-8939
4 Sex: Male
5 Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ethel McCormick
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 22 1893
8. AGE: Years 49 Months 0 Days 7 If less than one day hr. min.
9. Birthplace Waynesboro Pa (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name George W McCormick
13. Birthplace Penn Hanover Md

MOTHER
14. Maiden Name Lulla Bankhouse
15. Birthplace Pa

16 (a) Informant Ethel McCormick
(b) Address 1043 N Milton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Baltimore Co Md
18 (a) Funeral director Wilhelm & Lee
(b) Address 1217 E Pratt St
19 (a) Rec'd by (registrar) (b) Huntington Williams

OCT 1 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/30 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1942 to Sept 30 1942.
and that I last saw h alive on Sept 29 1942.

Immediate cause of death: Bronchopneumonia — Duration 48 hrs.
Due to: Carcinoma of Lung — 5 mo.
Due to:
Other Conditions: Cerebral Metastases, Lung Abscess ... — 5 mo
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Katz MD.
Address Sinai Hosp Date signed 9/30/42

F 96184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

169

F 96184 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2049 Llewellyn Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Vernon Clark

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1935

8. AGE: Years 7 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation School Boy.

11. Industry or business

FATHER 12. Name John Clark

13. Birthplace Baltimore Md

MOTHER 14. Maiden Name Ida Ida Jones

15. Birthplace Baltimore Md

16 (a) Informant John Clark

(b) Address 2044

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvery

Location Brookland Md

18 (a) Funeral director Elroy O Wilson

(b) Address 1000 Brantley Ave

19 (a) OCT 1 1942 (Date received by Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-28- 1942, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Compound Comminuted Fracture of Skull (Cranial)

Due to

Due to

Other Conditions Contusion of Brain

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 9-28-42 at 4.45 P.M
(c) Where did injury occur? Penna. R.R. - Milton Ave & Eager St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by R.R. engine

23. Signature Howard J. Mueller M.D. Medical Examiner.

Date signed 9-29-42

F 96185

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 F 96185 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 67 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1320 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Walker 75571

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	married

6 (b) Name of husband or wife Carrie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1911

8. AGE: Years	Months	Days	If less than one day
30	11	7	hr. min.

9. Birthplace Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jessie Walker
13. Birthplace Va.

MOTHER
14. Maiden Name Minnie George
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Removal (b) Date thereof 10-1-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location La Crosse Va

18 (a) Funeral director Isaiah L Brown
(b) Address 0 [illegible]

19 OCT 1 1942
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29, 19 42 at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 19 42 to Sept. 29 19 42 and that I last saw him alive on Sept. 29 19 42

Immediate cause of death — Duration

Pulmonary tuberculosis — 6 mos.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Hartz M.D.
Address Balto City Hosp Date signed 9-29-42

VS 3

F 96186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131

F 96186 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1014 E. Chase St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 E. Chase St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edith M. Miller

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: John Miller
6 (c) If alive, give age: ? years

7. Birth date of deceased (mo., day, yr.): April 8, 1889

8. AGE: Years 53 | Months 5 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace: Frostburg Md. (Town, county, and state)
10. Usual Occupation: Home maker
11. Industry or business

FATHER
12. Name: John Walters
13. Birthplace: Deer Park Md.

MOTHER
14. Maiden Name: Martha Metz
15. Birthplace: Barton Md

16 (a) Informant: Charles F. Walters
(b) Address: 1014 E. Chase St.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof: Oct 1, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location: Bradykland Works

18 (a) Funeral director: Edmund W. Conklin & Son
(b) Address: 924 E. Eager St.

19 (a) Registered by district: OCT 1 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 30th 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 20 1942 to Sept 30 1942 and that I last saw her alive on Sept 28 1942

Immediate cause of death: Uraemia — Duration: 3 weeks
Due to: Chronic nephritis — Duration: ?
Due to: Arteriosclerosis hypertension — Duration: 5 ? ?
Other Conditions: Myocardial degeneration
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Samuel Lilienfeld M. D.
Address 714 E. Preston Date signed

VS 2

F 96187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No. F 96187

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 W. West St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME Sylvia Bergey (Birth F- 45[illegible]59)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3 7 42

8. AGE: Years | Months 7 6 | Days 2 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business ..

FATHER
12. Name Russell Berger
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace Baltimore, Md.

16 (a) Informant Russell Berger
(b) Address 506 W. West Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A.A. Co., Md.

18 (a) Funeral director Isaiah R Brumbaugh
(b) Address 108 W Monty Huntingtown Mt Stuart Mills, Md

19 (a) OCT 1 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28, 1942 at 2 40 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry and Autopsy find that said deceased came (Autopsy or Inquiry)
to HER death on the day stated above.

Immediate cause of death — Duration
Acute Gastro-Enteritis
Due to
Due to
Other Conditions Dehydration Circulatory Collapse
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 9-29-42

V8 6

F 96188

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered F 96188

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 818 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN SANGUINETTE (SANGUENETTI)

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
72	-	-	hr. min.

9. Birthplace ? (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business —

FATHER
12. Name Could not ascertain
13. Birthplace " " " "

MOTHER
14. Maiden Name " " " "
15. Birthplace " " " "

16 (a) Informant (none)
(b) Address —

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville - Md.

18 (a) Funeral director Sherwood Memorial Co.
(b) Address 10 E. Monument Ave.

19 (a) OCT 1 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1942 at 11 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. W. Williams M.D.
Medical Examiner
Date signed 9-23-42

VS 6

F 96189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. F 96189

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 Preastman Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Preastman (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leopold Smothers

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-18-8256

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	A.A.	Married

6 (b) Name of husband or wife Emma Smothers
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) July 9, 1886

8. AGE: Years	Months	Days	If less than one day
56 56	2	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business Hotels

FATHER
12. Name Frank Smothers
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie ?
15. Birthplace Maryland

16 (a) Informant Mrs. Emma Smothers (Wife)
(b) Address 1712 Preastman Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director George B. Nelson
(b) Address 1323 Preastman St

19 (a) OCT 1 1942 (Date received by registrar) (b) Hunting for Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/28 1942, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5/17 1942, to 9/28 1942, and that I last saw him alive on 5/27 1942

Immediate cause of death: Chr. Myocarditis — Duration: 6 Mo.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carson C. Johnson
Address 1872 Penna Ave. Date signed 9/30/42 M. D.

F 96190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 920

F 96190 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 553 W. Riddle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 553 W. Riddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel Yancey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1891

8. AGE: Years	Months	Days	If less than one day
51	3	13	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Jacob Yancey
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Morgan
15. Birthplace Md.

16 (a) Informant J. Edward Yancey
(b) Address 553 W. Riddle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hensley
(b) Address 578 W. Baltimore St.

19 (a) OCT 1 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 1942 at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death	Chronic rheumatic endocarditis	
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Sept. 30 1942.

VS 6

F 96191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161A F 96191 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. (Signature)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Blk. Light St.
(c) Hospital or institution: South Balto Gen. ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 Bolton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Ann Delashmutt (Birth F 58445)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-25-42

8. AGE: Years	Months	Days	If less than one day
		5	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Walter R. Delashmutt
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Anna C. Thompson
15. Birthplace Balto Md.

16 (a) Informant Mr. W. Delashmutt
(b) Address 1637 Bolton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-42 (Month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.
18 (a) Funeral director Fred. B. Krauss & Son
(b) Address 1246 S. Charles St.
19 (a) (Date received by registrar) (b) Hunting for Notification Registrar

OCT 1 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-30 1942, at 9:55 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25 1942, to 9-30 1942, and that I last saw him alive on 9-30 1942.

Immediate cause of death Abscess Cellulitis of Left Lung — Duration 5 Days
Due to
Due to (over)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature M. D.
Address 207 Fortune Date signed 10-1-42

F 96192

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 96192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Harford Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie H. S Fox

3 (b) If veteran, name war: no
3 (c) Social Security Account No. None

4. Sex: F | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wm. H. Fox
6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Dec. 12, 1880

8. AGE: Years: 61 | Months: 9 | Days: 19 | If less than one day: hr. min.

9. Birthplace: Balto Co. Md
(Town, county, and state)

10. Usual Occupation: Homemaker

11. Industry or business

FATHER
12. Name: Joseph Houghton
13. Birthplace: Balto Co Md

MOTHER
14. Maiden Name: Ruth Bull
15. Birthplace: Balto Co. Md.

16 (a) Informant: Wm H. Fox
(b) Address: 2410 Guilford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 3 42 (month) (day) (year)
(c) Cemetery or crematory: Poplar
Location: Cockeysville, Md.

18 (a) Funeral director: Landon W. Brooks
(b) Address: Parks, Md.

OCT 1 1942

19 (a) (Date rec'd by registrar) (b) Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 1, 1942 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942 to Oct 1 1942 and that I last saw her alive on 9/21/ 1942

Immediate cause of death: Cerebral hemorrhage — Duration:

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Wm. B. Soule M. D.
Address: 521 Medical Arts Bldg Date signed: 10/1/42

F 96193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 V F 96193 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully answered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3626 W Garrison Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 40

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto; (If outside city or town limits, write RURAL and give town)
(d) Street No. 3626 W Garrison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Belaga

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Late George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, year): ~~1884~~ ~~Nov 15 1884~~

8. AGE: Years ~~58~~ 58 | Months ~~14~~ | Days ~~16~~ 6 | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER
12. Name William Solotorw
13. Birthplace Russia

MOTHER
14. Maiden Name Martha
15. Birthplace Russia

16 (a) Informant Maurice Belaga
(b) Address 3626 W Garrison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel Rd
Location German Hill Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 OCT 1 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1942, at 4 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 6 1941, to Oct 1 1942, and that I last saw h alive on Oct 1 1942.

Immediate cause of death: acute coronary thrombosis — Duration: 3 days
Due to: Coronary sclerosis — ?
Due to:
Other Conditions: Diabetes mellitus — ?
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Maurice Belaga
Address 2904 Rust. Rd Date signed M. D. 10 1 42

F 96194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 Registered No. F 96194

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St & Rutland Ave.
(c) Hospital or institution:
Sinai Hospital of Baltimore, Inc.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3614 Euclid ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Bernstein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Benjamin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 10, 1893

8. AGE: Years	Months	Days	If less than one day
49	6	20	hr. min.

9. Birthplace Germany.
(Town, county, and state)

10. Usual Occupation
11. Industry or business House Wife

FATHER
12. Name Jacob Rubenstein
13. Birthplace Germany.

MOTHER
14. Maiden Name Rose P
15. Birthplace Germany.

16 (a) Informant Benjamin Bernstein
(b) Address 3614 Euclid ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Hermony
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W Northern ave

19 (a) (Date received by registrar) OCT 1 1942 Huntington Williams Hospital

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1942 at 6.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1942 to Sept 30 1942 and that I last saw her alive on Sept 30 1942.

Immediate cause of death	Duration
Cerebral vascular accident	6 hrs
Due to Hypertensive Cardiovascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Monument & Rutland Ave Date signed 9-30-42
Sinai Hospital of Bal to Inc.

F 96195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1519 F 96195 Registered No.

ERASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1347 Patapsco Ave
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life 2 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1347 Patapsco Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Joseph E Evans (Certificate F-5555)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Aug 18 - 1942

8. AGE: Years	Months	Days	If less than one day
	1	14	3 hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Edmund M. Evans
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Ethel Marie Dennis
15. Birthplace Willards - Wicomico Co Md

16 (a) Informant Edmund M. Evans
(b) Address 1347 Patapsco Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1-1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave + Fayette St.

19 Oct 1 1942 Huntington Williams, Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1942 at 9.26 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/17 1942 to 10-1 1942 and that I last saw h/ alive on 10-1 1942

Immediate cause of death	Duration
Malnutrition	1 Mo
Due to atresia of Oesophagus	1 Mo
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 9/25/42

Major findings of operation: Same

of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward R. Krieg M.D.
Address Bon Secours Hosp Date signed 10-1-42

VS 3

F 96196

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92a

F 96196 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given fully and carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Eagle St.

(c) Hospital or institution: South Baltimore General Hospitals

(d) Length of stay in hospital or inst., (yrs., mos., or days) Dead on arrive

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County - - -

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3009 N. Calvert St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME FERDINAND ALFRED KUNNECKE

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	215-10-4383

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Anna Ella Fountain

6 (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Dec. 26. 1892

8. AGE: Years	Months	Days	If less than one day
49	9	3	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Director of Sales

11. Industry or business International Bedding Co

FATHER 12. Name Ferdinand Alfred Kunnecke

13. Birthplace Hamburg, Germany

MOTHER 14. Maiden Name Elizabeth Schaefer

15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Anna Ella Kunnecke

(b) Address 3009 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2. 1942 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cemetery

Location Baltimore Md. by H. Sander

18 (a) Funeral director HENRY SANDER & SONS. INC.

(b) Address North Ave. & Broadway

19 (a) OCT 1 1942 (b) Registrar

Filed by registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29. 1942 at 8.30A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1933 to 9/18 1942 and that I last saw him alive on 9/18 1942

Immediate cause of death Sudden death

Due to the result of aortic regurgitation

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

Duration
Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Thos Fearn M.D.

Address 705 Med Arts Date signed 9/30/42

F 96197

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a F 96197 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 Chelsea Terrace
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 Chelsea Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary E. Fraser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Wm. Fraser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1863

8. AGE: Years 78 | Months 11 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER 12. Name Christian H. Rippelmeyer

13. Birthplace Germany

MOTHER 14. Maiden Name Augusta Droge

15. Birthplace Germany

16 (a) Informant Mrs. Mary F. Ford

(b) Address 1900 Chelsea Terrace

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1942 (month) (day) (year)

(c) Cemetery or crematory Lorraine Cem. Location Hollywood Cem.

18 (a) Funeral director John O. Mitchell Funeral Home

(b) Address 1900 Eutaw Pl. Baltimore, Md.

19 (a) OCT 1 1942 (Date rec'd by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 26 1942 to Sept 30 1942 and that I last saw h[illegible] alive on Sept 30 1942.

Immediate cause of death Carcinoma of esophagus — Duration about 6 mo.

Due to

Due to Carcinoma of esophagus — 6 mo.

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(e) Means of injury

23. Signature Wallis Shubert M. D.

Address 2220 Garrison Blvd Date signed

F 96198

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

F 96198 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2733 Hudson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2733 Hudson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH ELIZABETH TOLLEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Allan G. Tolley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1864

8. AGE: Years	Months	Days	If less than one day
77	10	1	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name William F. Barbine
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mr. Wm. K. Tolley
(b) Address 3114 Chestnut Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

(a) Date received OCT 1 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/27/42 to 9/30 1942
and that I last saw h alive on 9/30 1942

Immediate cause of death Chronic Myocarditis. Duration 1
Hy arteriolar Nephrosclerosis 3 days.
Due to
Due to Pneumonia
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify) Was at work?
(e) Means of injury

23. Signature
Address 638 S. Conkling Date signed 10/1/42 M.D.

F 96199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 96199

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 907 Cornell St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Delaware (Patient 54455)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Black | 6 (a) Single, married, widowed, or divorced: Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22, 1942

8. AGE: Years | Months | Days | If less than one day: hr. | min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER 12. Name Delaware

13. Birthplace

MOTHER 14. Maiden Name Louise

15. Birthplace

16 (a) Informant Louise Delaware

(b) Address 907 Cornell St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL OCT 1 - 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) OCT 1 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 23 1942, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/22 1942, to 9/23 1942 and that I last saw h[illegible] alive on 9/23 1942.

Immediate cause of death	Duration
Pulmonary Atelectasis	1 Day
Due to Prematurity	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Doris H. Adams M.D.
Address [illegible] Date signed 9/23/42

VS 3

9405

F 96200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 96200

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians; please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Univ. Hosp.
(b) Street address 1413 W. Lafayette St.
(c) Hospital or institution: None
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 5 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1413 W. LAFAYETTE St. (If rural give location)
(e) If foreign born, how long in U. S. A.? native years

3 (a) FULL NAME JAMES SMITH JR. (Bath F. 58490)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: BLACK
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife: None
6 (c) If alive, give age: No years
7. Birth date of deceased (mo., day, yr.) Sept. 27, 1942
8. AGE: Years | Months | Days | If less than one day: 5 hr. 0 min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name James Smith
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Williams
15. Birthplace Lancaster, Virginia

16 (a) Informant Mary Williams
(b) Address 1413 W. Lafayette St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 1 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address
OCT 1 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 27 1942 at 9 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 6:15 P.M. 19 to 9:00 P.M. 19, and that I last saw him alive on Sept 27 1942.

Immediate cause of death: Fetal atelectasis — Duration
Due to: Prematurity
Due to:
Other Conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Cale M. D.
Address University Hosp. Date signed 9/29/42

VS 8

9404

F 96201

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1572 Registered No. F 96201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Vol of America Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2816 Christopher Av (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy HARE (Birth F-58456)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 30, 1942

8. AGE: Years	Months	Days	If less than one day
			6 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Albert Hare
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Theresa Rose
15. Birthplace Balto. Md.

16 (a) Informant Theresa Hare
(b) Address 2816 Christopher Av.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 1 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 OCT 1 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30, 1942, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1942, to Sept 30 1942 and that I last saw him alive on Sept 30 1942.

Immediate cause of death	Duration
Prematurity	
Congenital Ht. Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Willard Agnew M.D.
Address Vol of America Date signed 9/30/42

VS 3

9463

F 96202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 96202 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N. Mount St (If rural give location)
(e) Citizen of foreign country? N (Yes or No)
If yes, name country

3 (a) FULL NAME Reyna Hill (Birth F-58294)

3 (b) If veteran, name war: —

3 (c) Social Security Account No. —

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife None

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1942

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Balto., Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Paul Hill
13. Birthplace Wilmington, N. C

MOTHER
14. Maiden Name Alberta Johnson
15. Birthplace Hallsboro, N. C

16 (a) Informant Paul Hill
(b) Address 606 N. Mount St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL OCT 1 - 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

OCT 1 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1942 at 11:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 27 1942 to Sept. 29 1942 and that I last saw h[illegible] alive on Sept 29 1942

Immediate cause of death: Prematurity, Birth (Cardiovascular Atrophy)

Due to

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Redding, M.D.
Address Provident Hosp. Date signed 9/30/42

VS 8

9402

F 96203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 96203 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Apply the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 28 hours

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1117 Park Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country No

3 (a) FULL NAME Infant Butler (Birth F 59423)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-28-42

8. AGE:

Years	Months	Days	If less than one day
—	—	~~1~~	28 hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Newborn

11. Industry or business —

FATHER
12. Name Elgin Butler
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Ethel Myles.
15. Birthplace Howard Co. Md.

16 (a) Informant Ethel Butler
(b) Address 1117 Park Ave.

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (month) (day) (year)
(c) Cemetery or crematory ____
Location UNIVERSITY MEDICAL SCHOOL OCT 1 - 1942 Commissioner of Health

18 (a) Funeral director ____
(b) Address ____

19 (a) OCT 1 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1942 at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1942 to Sept 30 1942 and that I last saw h[illegible] alive on Sept 30 1942.

Immediate cause of death Debility of the Newborn — Duration ____

Due to Prematurity (Cause) ____

Due to ____

Other Conditions ____

(Include pregnancy within 3 months of death)

Date of operation ____

Major findings of operation: ____

of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature J. H. Bayard M. D.
Address [illegible] Date signed 9-30-42

9461

F 96204 T.N

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1242

F 96204 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore, City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-day
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10th, 1942

8. AGE: Years	Months	Days	If less than one day
51	2	0	hr. min.

9. Birthplace Arkansas
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 1 - 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 OCT 1 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-10 1942, at 6 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-9 1942, to 9-10 1942, and that I last saw h[illegible] alive on 9-10 1942.

Immediate cause of death Cirrhosis of Liver — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 9-13-42

VS 3

9460

F 96205 MCH - 76382

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96205 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave., Irvington (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sadie Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 6, 1900

8. AGE: Years	Months	Days	If less than one day
42	6	17	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Practical Nurse
11. Industry or business

FATHER
12. Name John Ritter
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Wagner
15. Birthplace Germany

16 (a) Informant Baltimore City Hosp. Records
(b) Address 4940 Eastern Ave., Balto.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 1 - 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) OCT 1 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-3 1942, at 8 1/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-28 1942, to 9-3 1942.
and that I last saw h alive on 9-3 1942.

Immediate cause of death	Duration
Bronchopneumonia	?
Due to Cardiac failure	?
Due to Arteriosclerotic heart disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not Done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 9-18-42

VS 3

9459

F 96206

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96206

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 124 da
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 N. Saratoga St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Etta Shotwell 73618

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1913

8. AGE: Years	Months	Days	If less than one day
28	11	21	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Greene Shotwell
13. Birthplace Miss.

MOTHER
14. Maiden Name Charlotte Martin
15. Birthplace Miss.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL OCT 1 - 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 (a) OCT 1 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31 1942, at 6:35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 29 1942, to Aug. 31 1942, and that I last saw her alive on Aug. 31 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 8 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Haute

Address Balto City Hosp Date signed 9/19/42

VS 3

9458

96207

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 96207 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Leister

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Richard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE:	Years	Months	Days	If less than one day
	67			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name James Plummer
13. Birthplace England

MOTHER
14. Maiden Name Johanna Kelly
15. Birthplace Ireland

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2 1942 (month) (day) (year)
(c) Cemetery or crematory St. Peters
Location Baltimore

18 (a) Funeral director Reid Wiedefeld
(b) Address 914 Pennsylvania Ave

OCT 1 1942 (Date rec'd by Registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1942 at 2pm M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1942 to Sept 29 1942 and that I last saw her alive on Sept 29 1942.

Immediate cause of death	Duration
Edema Lungs	1 day
Due to Chronic Myocarditis	5 yr
Due to	
& Other Conditions Diabetes Mellitus	10 yrs

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E Gill Hall M. D.
Address 1631 E Northaven Date signed 9/30/42

F 96208

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96208 Registered No. 13101

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. Apply to the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3707 Sixth St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25-4
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3707 Sixth St (Brooklyn, Md (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Carrie Elizabeth Fischbach

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married.

6 (b) Name of husband ~~or wife~~ Godfrey Fischbach
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1879

8. AGE: Years	Months	Days	If less than one day
63	3	25	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name Chas. Usinger.
13. Birthplace Germany

MOTHER
14. Maiden Name Mrs Frabelbick
15. Birthplace Germany

16 (a) Informant Mr. Godfrey Fischbach
(b) Address 3707 Sixth St. (Brooklyn Md)

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 10 (day) 3/42 (year)
(c) Cemetery or crematory Meadow Ridge Cem. Balto. Md
Location

18 (a) Funeral director Milton S. Schilling
(b) Address 3914 S. Hanover St.

OCT (a) 1 1942 (Date received by registrar) Huntington Williams M.D. (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30th 1942 at 2 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from June 10 1940 to Sept-30 1942, and that I last saw h[illegible] alive on Sept-27 1942.

Immediate cause of death: Ruptured Esophageal Varix — Duration 2 days
Due to Generalized Sclerosis Arteriosclerosis Cerebral Vascular Renal Disease — 2 years
Due to with hypertension.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 320 Patapsco Ave Date signed Oct-1, 1942

F MPB 96209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48a

F 96209 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1219 W. Fayette St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Katie Timmons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, ~~widowed, divorced~~

6 (b) Name of husband or wife Norman Timmons

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 7, 1906

8. AGE: Years 36 | Months 1 | Days 25 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edgar Merson

13. Birthplace Md.

MOTHER 14. Maiden Name Stella Leicher

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 3 42 (month) (day) (year)

(c) Cemetery or crematory Dorsey Hall

Location Laurel Md

18 (a) Funeral director The W. B. White Co. Inc.

(b) Address Laurel Md.

19 (a) (State or local registrar) (b) Huntington Williams M.D.

OCT 1 1942 VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-30 1942 at 3:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-21 1942 to 9-30 1942 and that I last saw her alive on 9-30 1942

Immediate cause of death Bronchopneumonia — Duration 3 days

Due to Carcinoma of cervix & metastasis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: some

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry Stoner

Address Balto. City Hosp. Date signed 10/1/42

F 96210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 96210 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4200 Evons Chapel Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 14
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4200 Evons Chapel Road (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel A. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col.	married

6 (b) Name of husband or wife Benjamin S.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1885

8. AGE: Years	Months	Days	If less than one day
57	3	24 27	hr. min.

9. Birthplace Longreen, Md. (Town, county, and state)
10. Usual Occupation unemployed
11. Industry or business

FATHER
12. Name Daniel Quinkley
13. Birthplace Longreen, Md.

MOTHER
14. Maiden Name Eliza ?
15. Birthplace Longreen

16 (a) Informant William E. Johnson
(b) Address 316 Lennox Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Balto. Co.

18 (a) Funeral director Mrs. George H. Holland
(b) Address L631 Druid Hill Ave.

19 (a) OCT 2 1942 (b) Huntington Williams, MD
(Date rec'd by registrar) (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30, 1942 at 12:30 a. m.

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1942, to Sept. 30 1942 and that I last saw her alive on Sept. 29 1942.

Immediate cause of death — Duration

Chronic Myocarditis — 1942

Due to Acute Nephritis — 1942

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams, M.D.
Address 1 Town. Pl. Date signed Oct. 1, 1942

F 96211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

F 96211 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene St.
(c) Hospital or institution: University Hosp 19-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1629 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence McKinley Edwards

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1926

8. AGE: Years 16 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Hertford Co. N. C. (Town, county, and state)

10. Usual Occupation School

11. Industry or business

FATHER
12. Name Wm M. Edwards
13. Birthplace South Hampton Co. Va.

MOTHER
14. Maiden Name Sarah Vann
15. Birthplace Hertford Co. N. C.

16 (a) Informant William M. Edwards
(b) Address 1629 W. Franklin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Eva M. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) OCT 2 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1942, at 7:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1942 to Sept 28 1942, and that I last saw him alive on Sept 28 1942.

Immediate cause of death	Duration
Respiratory Failure	~~12 hrs~~
Due to Aleukemic Lymphoid Leukemia	3-4 months
~~Due to~~	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operations: None
of autopsy Visceral Hemorrhages

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature J H Bird M. D.
Address University Hosp. Date signed 9-29-42

VS 3

JL - 76917
F 96212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 96212
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 Welcome Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LeRoy Van Dyke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Hannah Simpson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 12, 1893

8. AGE: Years	Months	Days	If less than one day
49	5	12	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation Taylor
11. Industry or business

FATHER
12. Name Norman Van Dyke
13. Birthplace N. J.

MOTHER
14. Maiden Name Catherine Van Orsden
15. Birthplace N. J.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Evans Arundel Co. Md.

18 (a) Funeral director William A. Dalton
(b) Address 916 Pennsa. Ave

19 (a) OCT 2 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-23 1942 at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-22 1942 to 9-23 1942 and that I last saw h alive on 9-23 1942.

Immediate cause of death	Duration
Cardiac failure	?
Due to Hypertension C. Vascular	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 10-2-42

F 96213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96213 Registered No. 122 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 years
(e) Length of stay in Baltimore (yrs., mos., or days) lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. None
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK J. NOSSICK

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 29, 1876

8. AGE: Years	Months	Days	If less than one day
66	0	29	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business

FATHER
12. Name Joe Nossick
13. Birthplace Bohemia

MOTHER
14. Maiden Name Annie
15. Birthplace Bohemia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 2-42 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Hamden
18 (a) Funeral director A Risley Slade
(b) Address 4907 York Road
19 (Date rec'd) OCT 2 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28, 1942 12:03 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from Dec. 18, 1934, to Sept. 28, 1942, and that I last saw h im alive on Sept. 28, 1942.

	Duration
Immediate cause of death Fibrinopurulent peritonitis	48 hours
Due to Perforation of large bowel	12 hours
Due to Gangrene of portion of colon; mesentery thrombosis	2-3 days
Other Conditions Hemorrhagic infarction of jejunum and ileum; subdiaphragmatic abscess, R.	

(Include pregnancy within 3 months of death)
Date of operation 9-28-42
Major findings of operation: Exp. lap
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Bucy M. D.
Address US Marine Hospital Date signed 10/1/42
Baltimore, Maryland.

F 96214

F 96214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 Mt. Royal Ave.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) --
(e) Length of stay in Baltimore (yrs., mos., or days) .....

14-1

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Mt. Royal Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ----- years

3 (a) FULL NAME Lillie Olevia King

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby. 26, 1868.

8. AGE: Years	Months	Days	If less than one day
74	7	5	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Geo. W. King
13. Birthplace Baltimore

MOTHER
14. Maiden Name Laura A. Gibson
15. Birthplace Baltimore

16 (a) Informant Mrs. Marianna Horner sister
(b) Address 1509 Mt. Royal Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-1942 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Baltimore

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 West North Avenue

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1st 1942, at 8:45 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Apl. 2 1942 to Oct. 1 1942, and that I last saw her alive on Sept. 26 1942

Immediate cause of death	Duration
Acute Cardiac Failure	3 days.
Due to Chronic Myocarditis	3 yrs.
Due to General Arteriosclerosis	
Other Conditions Chronic Hypertrophic arthritis 7 yrs. (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Henry B. Atkey M. D.
Address 2504 St. Paul St. Date signed 10/1/42

F 96215

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 96215
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1405 Reynolds St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Stanislaus (Smiecinski) Smieciuski

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-01-8646

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Stefie Smieciuski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/19/80

8. AGE: Years	Months	Days	If less than one day
61	10	20	hr. min.

9. Birthplace Poland. (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Joseph Smieciuski
13. Birthplace Poland.

MOTHER
14. Maiden Name Frances ?
15. Birthplace Poland.

16 (a) Informant Stefania Smieciuski
(b) Address 1405 Reynolds St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1920 Eastern Ave

19 (a) OCT 2 1942 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/29 1942 at 8.35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9/26 1942 to 9/29 1942 and that I last saw h alive on 9/29 1942.

Immediate cause of death: Cardiac failure
Duration: 3 days
Due to Repeated attacks coronary thrombosis
Due to arteriosclerotic heart disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Patrick C. Phelan Jr. M.D.
Address Mercy Hospital Date signed 9/30/42

VS 3

F 96216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 96216 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution: Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1121 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Wallace

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 16, 1863

8. AGE: Years	Months	Days	If less than one day
79	1	15	hr. min.

9. Birthplace Cumberland, Md.
(Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace —

16 (a) Informant Wm. H. Elkins
(b) Address 2101 W. Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven Cemetery
Location Annapolis ~~Washington~~ Blvd.

18 (a) Funeral director Howard N. Bligh Jr.
(b) Address 4914 Belair Road

19 (a) OCT 2 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1, 1942 at 5 22 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 16 1941, to Oct 1 1942, and that I last saw h[illegible] alive on Sept 29 1942.

Immediate cause of death: Myocarditis — Duration:
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Patterson M.D.
Address 7324 Reisterstown Rd. Date signed 10/1/42

VS 3

F 96217

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

92 C

F 96217
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 711 Ashburton Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Maryland.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN OLIVER JAMISON, JR.

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	212-01-7369

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MILDRED MINTON
6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1897

8. AGE: Years	Months	Days	If less than one day
44	11	20	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation Credit Man
11. Industry or business Commercial Credit Company

FATHER
12. Name John O. Jamison
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Annie Frist
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof October 3. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George W. Little,
(b) Address 2700 Edmondson Ave

19 (a) OCT 2 1942 (Date received by registrar) Registrar
Huntington Indiana, M.P.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1, 1942, at 5:40a.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11, 1942 to Oct. 1, 1942, and that I last saw him alive on Oct. 1, 1942.

Immediate cause of death	Duration
Heart failure	19 da.
Due to Cardiac disease, valvular, mitral stenosis	Unk.
Due to Rheumatic fever	Unk.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify)
(e) Means of injury

23. Signature J. Oliver
M. D.
Address US Marine Hospital Date signed 10/1/42
Baltimore, Maryland.

F 96218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 96218 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Put an X in the square before the correct age if especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 Denver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert W. Barnes

3 (b) If veteran, name war—	3 (c) Social Security Account No.
Spanish American	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1871

8. AGE: Years	Months	Days	If less than one day
71	7	8	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Bricklayer
11. Industry or business Unemployed

FATHER
12. Name Christopher R. Barnes
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Collyer
15. Birthplace Md.

16 (a) Informant Mrs. Jennie Miller
(b) Address 2219 Ashton Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director William Cook Inc.
(b) Address 121 E. Saint Paul St.

19 (a) OCT 2 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1942, at 1 15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to Death death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic gangrene of leg, left	
Due to generalized arteriosclerosis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Lee Graham M.D.
Medical Examiner.
Date signed Sept. 30 1942

VS 6

F 96219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 96219

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2918 E. Monument St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2918 E. Monument St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy Ellen Lowe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Harry Lowe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1879

8. AGE: Years	Months	Days	If less than one day
63	6	15	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business -

FATHER
12. Name Israel Wolstrum
13. Birthplace Maryland

MOTHER
14. Maiden Name Anna Liza
15. Birthplace Balto, Maryland

16 (a) Informant Mrs. Paul Adams
(b) Address 2720 East Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Nat. Location A. A. Co.

18 (a) Funeral director William Cook Inc
(b) Address 1217 E. Fayette St.

19 (a) OCT 2 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20

20. DATE OF DEATH Oct. 1 1942, at 10 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral hemorrhage, spontaneous — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged, statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed Oct. 1 1942

F 96220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 96220 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1134 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Henry (Birth F-54486)

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex male | 5. Color or race C. | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1942

8. AGE: Years | Months 1 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Charles Henry
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Muriel Gaskins
15. Birthplace Balto., Md.

16 (a) Informant Muriel Henry
(b) Address 1134 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director George S. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) OCT (Date rec'd by Registrar) 2 1942 (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 1942 at 11:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1942 to Sept 30 1942 and that I last saw h[illegible] alive on Sept 30 1942

Immediate cause of death	Duration
acute gastro-enteritis	1 week
(Con. Hyperpiesia chronic)	
Due to	
Due to	
Other Conditions Malnutrition	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling, M.D.
Address Provident Hosp. Date signed 10/7/42

F 96221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V. 93 D

F 96221 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 N Strieker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 318 N Strieker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alfred Brown

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Eugenia Brown
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) - - 1880

8. AGE: Years 62 | Months — | Days — | If less than one day hr. min.

9. Birthplace Dalo (Town, county, and state)
10. Usual Occupation Contractor.
11. Industry or business Plastering

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Jeremiah Holmes
(b) Address 63 W. West-St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3-4 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto. Co. Md

18 (a) Funeral director James A. Stamp
(b) Address 142 Wolfe St

19 (a) OCT 2 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30 1942 at 6 00 AM

21. I certify that death occurred on the date above stated, that I attended deceased from 9-7-1942 to 9/30/1942 and that I last saw h alive on 9/29/42

Immediate cause of death — Duration

Chronic Myocarditis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. F. Howell M. D.
Address 601 N Arrowhead Ave Date signed Oct 2 1942

VS 3

F 96222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96222 Registered No. 1220

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Lilbern & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County A. A.
(c) City or town Severn
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (Russian) Mrs. Rose Holman

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	married

6 (b) Name of husband or wife — Husband John

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8 - 1900

8. AGE: Years	Months	Days	If less than one day: hr.	min.
42	4	22		

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name Charles McDonald
13. Birthplace Va.

MOTHER 14. Maiden Name Lucille McDonald
15. Birthplace Virginia

16 (a) Informant Husband John Holman
(b) Address Severn Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Frederick Ave.

18 (a) Funeral director Johns Perry
(b) Address 2442 Leads Terrace

OCT 2 1942 (Date received by local registrar) (b) Huntington Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/30 1942 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/29/ 1942 to 9/30 1942 and that I last saw her alive on 9/30 1942

Immediate cause of death Post operative adhesions. internal herniation of small intestine through

Duration

Due to adhesions. strangulation and gangrene of small intestine.

Due to Perforation of small intestine; peritonitis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: See above.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N. Cannon M. D.
Address St. Agnes' Hospital Date signed 9/30/42

F 96223

F 96223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 83a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1714 N. Calvert St.

(c) Hospital or institution:

12-5

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1714 N. Calvert St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Helen Eugene Cox

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Isaac Newton Cox Dr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14-1879

8. AGE: Years	Months	Days	If less than one day
63	1	17	hr. min.

9. Birthplace Anne Arundel Co. Md. (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER — 12. Name	Thaddeus Hall Williams
FATHER — 13. Birthplace	Maryland
MOTHER — 14. Maiden Name	Mary Ellen Blunt
MOTHER — 15. Birthplace	Maryland

16 (a) Informant Isaac N. Cox. Dr.

(b) Address 1714 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3-1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Anne Arundel Co. Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

19 (a) 7261 2 120 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1- 1942 at 3:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5, 1940 to Oct 1 1942, and that I last saw h[e] alive on Oct 1 1942.

Immediate cause of death	Duration
Cerebral hemorrhage.	2 hours.
Due to Hypertension	2 years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. N. Cox

Address 3703 Garrison Blvd Date signed 10/1/42 M. D.

VS 3

F 96224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1926

F 96224 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1344 Mosher st

(c) Hospital or institution:

1632

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto, Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1344 Mosher st (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rose Cullison

3 (b) If veteran, name war	3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (d) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Wm Cullison.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 25, 1887

8. AGE: Years	Months	Days	If less than one day
55	6	4	hr. min.

9. Birthplace Balto, Md (Town, county or state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name John H. Green

13. Birthplace Balto, Md

MOTHER 14. Maiden Name Louise Anderson

15. Birthplace Balto Md

16 (a) Informant Mary Briscoe

(b) Address 1344 Mosher st.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Oct 2, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cem

Location

18 (a) Funeral director Mrs Katie A. Williams

(b) Address 322 N. Schroeder St

19 (a) OCT 2 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 29 1942 at 2 A. M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 3rd 1942 to Sept 29 1942 and that I last saw h[illegible] alive on Sept 27 1942

Immediate cause of death Mitral Regurgitation of the Heart - Duration 3 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry F. Brown M.D.

Address 1835 Madison Ave Date signed 9/30/42

VS 3

F 96225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96225 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 N. Carey Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 505 N. Carey St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nealia Bowell

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Widow

6 (b) Name of husband or wife Laura Powell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 27, 1895

8. AGE: Years	Months	Days	If less than one day
47	6	2	hr. min.

9. Birthplace Mt. Olive, N.C. (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Louis Williams
13. Birthplace Mt. Olive, N.C.

MOTHER
14. Maiden Name Sarah Spruson
15. Birthplace Mt. Olive, N.C.

16 (a) Informant Celia Murdock
(b) Address 433 Carey Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Memorial
Location

18 (a) Funeral director Mrs Katie B. Williams
(b) Address 322 N. Washington Ave

19 (a) OCT 2 1942 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29- 1942, at 11:20 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wilson M.D. Medical Examiner.
Date signed 10-1-42

F 96226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96226 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1409 Cherry St, Curtis Bay
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1409 Cherry St, Curtis Bay (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Balonis

3 (b) If veteran, name war

3 (c) Social Security Account No. 205-07-7901

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Jusefa
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) 12-24-1891

8. AGE: Years	Months	Days	If less than one day
50	9	7	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Jan —
13. Birthplace Poland

MOTHER
14. Maiden Name Antonia —
15. Birthplace Poland

16 (a) Informant Jusefa Balonis
(b) Address 1409 Cherry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.A.Co.

18 (a) Funeral director W. S. Fialkowski
(b) Address 2947 Easterwood Park

19 (d) OCT 2 1942 (Date rec'd by registrar) Huntingtown Md. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1, 1942 at 9:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Chronic valvular endocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham, M.D. (Medical Examiner)
Date signed October 1, 1942

Per. Howard L. Andrews M.D.

F 96227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

F 96227 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Spell out full correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 115 S. London Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S London Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella N. Kelly

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 17, 1880

8. AGE: Years	Months	Days	If less than one day
62	7	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Patrick Morrison
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Flynn
15. Birthplace Ireland

16 (a) Informant Mr Joseph Kelly
(b) Address 115 S. London Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Lonyan & Son
(b) Address 964 Hollins St.

19 (a) (Date rec'd by registrar) OCT 2 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 30, 1942 at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-29 1942 to 9-30 1942 and that I last saw her alive on 9-30 1942

Immediate cause of death	Duration
Myocardial Insufficiency	8 Mo.
Due to Arteriosclerosis and hypertension.	Several Yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward K. Gallagher M. D.
Address Catonsville, Md. Date signed 10/1/42

VS 3

F 96228

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 96228 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1645 THAMES ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (M) Nosta Joseph Bonsoine (Est. FL4863)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16-1942

8. AGE: Years	Months	Days	If less than one day
		15	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Joseph Bonsoine
13. Birthplace Spain

MOTHER
14. Maiden Name Margaret Herz
15. Birthplace Baltimore Md.

16 (a) Informant Joseph Bonsoine (Father)
(b) Address 1645 Thames

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 2-42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Road

18 (a) Funeral director Lilly + Zeiler INC.
(b) Address 403 S. Wolfe St.

19 (a) OCT 2 1942 (Date rec'd by registrar) (b) Registered number for William M. [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1st 1942 at 3:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-26 1942 to 10-1 1942 and that I last saw h/her alive on 10-1 1942

Immediate cause of death: Diarrhea + Infection (non Specific) — Duration 12 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Kaney M.D.
Address Bon Secours Hosp. Date signed 10-1-42

VS 3

F 96229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48 C

F 96229 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2921 DILLON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2921 DILLON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME MARGARET SMITH

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife HENRY SMITH
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 4 1864

8. AGE: Years	Months	Days	If less than one day: hr.	min.
77	11	26		

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN DOERFLER
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant HENRY FEGELEIN (SON IN LAW)
(b) Address 2921 DILLON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 3/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD.

18 (a) Funeral director Lilly & Zeller Inc.
(b) Address 403 S. WOLFE ST.

19 (a) OCT 2 1942 (Date rec'd by registrar) for Williams, M.H. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH SEPT. 30 1942 at 3/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from June 3 1941 to Sept 30 1942 and that I last saw her alive on Sept 29 1942.

Immediate cause of death: Bronchopneumonia — Duration: 3 days
Due to: Carcinoma uteri with metastases — 1 year.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Karl Grossman
Address 212 N. Patterson Park Ave. Date signed 9/30/42 M.D.

VS 3

F 96230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 96230
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 S. CURLEY ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 62 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 S. CURLEY ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH F. TRIBULL

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 705 10 6542 A

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife AGNES TRIBULL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 5 1875

8. AGE: Years	Months	Days	If less than one day
67	4	25	hr. min.

9. Birthplace GERMANY (Town, county, and state)
10. Usual Occupation RETIRED
11. Industry or business W.M.RR.

FATHER
12. Name JOHN TRIBULL
13. Birthplace GERMANY

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace GERMANY

16 (a) Informant JOSEPH A. TRIBULL (SON)
(b) Address 2631 E. PRESTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 5/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Galeski
(b) Address 403 S. WOLFE ST.

19 (a) OCT 6 1942 (Date rec'd by registrar) Hunting Town, MD Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH SEPT. 30 1942 at 7/39 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 2 1942 to Sept 30 1942 and that I last saw her alive on Sept 30 1942.

Immediate cause of death
Arteriosclerotic C.V. Disease
Due to Myocardial Failure

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

Duration
1-2-42
Sept 25/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Schumunk M. D.
Address 642 S. Eutaw Ave Date signed 10 1 42

VS 8

F 96231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96231 Registered No. 170c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6106 Reisterstown Rd.
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6106 Reisterstown Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Anstine

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W.	Married

6 (b) Name of husband or wife Chester C. Anstine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
66	5	28	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Dr. Clarence Anstein
(b) Address 1938 Edmondson ave

17 (a) Mt. Olivet (Burial, cremation, or removal) (b) Date thereof Oct. 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick ave

18 (a) Funeral director Harry R. Kitzke
(b) Address 401 Edmondson ave

19 (a) OCT 2 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 28 1942, at 1:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to h... death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Massive pulmonary embolus. — Duration
Due to fracture of pelvis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 15 at 9 P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury Auto accident

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed October 1st 1942

VS 6

F 96232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96232 Registered No. 832a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2016 Harlem Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Harlem Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fredicka Bruhlman

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Alfred Bruhlman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 30, 1862

8. AGE: Years	Months	Days	If less than one day
80	1	1	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant George A. Woodward
(b) Address 2016 Harlem Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Edmondson Ave. & Longwood St.

18 (a) Funeral director Harry H. Fitzke
(b) Address 4101 Edmondson Avenue

OCT 2 1942 (Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1942, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23 1942 to Oct. 1 1942, and that I last saw her alive on Sept. 30 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Sept. 23
Due to: Generalized arteriosclerosis	1936.
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A Knipp M. D.
Address 3330 Edmondson Ave. Date signed 10/2/42

F 96233

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 96233

CERTIFICATE OF DEATH

157E

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 305 N. Lafayette St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Infant Clary

If U. S. Veteran specify WAR

(a) Residence: No. 305 N. Lafayette St., ... Ward. (Birth F 58625)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 1, 1942

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (na)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME Johan Monroe Clary

14. BIRTHPLACE (city or town) Kentucky
(State or country)

MOTHER

15. MAIDEN NAME Wilma Dell

16. BIRTHPLACE (city or town) West Virginia
(State or country)

17. INFORMANT Johan M. Clary
(Address) 305 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Louis Refuge Date Oct 2 1942

19. UNDERTAKER Albert W Deuge
(Address) 440 E North Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 1, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1942 to Oct 1, 1942

I last saw h[illegible] alive on Oct 1, 1942 Death is said to have occurred on the date stated above, at 3 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Premature Birth	
b Congenital Heart disease	
c	
d	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Henry Jarrman M. D.

(Address) 726 N Broadway

OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 96234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96234 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 N. Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 806 N. Payson St. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Annie F. Kane.

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married.
6 (b) Name of husband or wife: Anthony J. Kane.
6 (c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Nov. 26-1874

8. AGE: Years: 67 | Months: 10 | Days: 4 | If less than one day: hr. min.

9. Birthplace: Baltimore - Md. (Town, county and state)
10. Usual Occupation: Housewife
11. Industry or business: At Home

FATHER
12. Name: George W. Patterson.
13. Birthplace: Baltimore - Md.

MOTHER
14. Maiden Name: Mary M. Thrift.
15. Birthplace: Virginia.

16 (a) Informant: Mrs. Ellis Ellis.
(b) Address: 806 N. Payson St.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof: Oct. 3-1942. (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery.
Location: Baltimore - Md.

18 (a) Funeral director: Charles J. Schwalb.
(b) Address: 501 N. Monroe St.

GT (a) 2 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 30 1942, at 7.15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/2 1942 to 9/30 1942, and that I last saw h.e.r. alive on 9/28 1942

Immediate cause of death: Acute cardiac dilatation — Duration: 1 hour.
Due to: Chronic myocarditis — Duration: Yrs.
Due to: Renis cardio Vascular disease — Duration: Yrs.
Other Conditions:

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: A. Pales
Address: 4 N. Fraelon Date signed: 10/3/42

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

E 96235 ✓ 85 Registered No. E 96235

E 96235

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6210 York Road.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Towson
(If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Central Ave.
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Lawrence J. Hanley

3 (b) If veteran, name war: | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife ----------
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) February 19, 1902

8. AGE: Years	Months	Days	If less than one day
40	7	11	-- hr. --- min.

9. Birthplace Lutherville, Md. (Town, county, and state)
10. Usual Occupation Advertising Manager
11. Industry or business Jeffersonian Papers

FATHER
12. Name Richard Hanley
13. Birthplace Lutherville, Md.

MOTHER
14. Maiden Name Mary Padian
15. Birthplace Baltimore Co., Md.

16 (a) Informant Joseph T. Hanley
(b) Address 604 Central Ave., Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Maria
Location Towson, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 847 N. Calvert Street

19 (a) OCT 2 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 30 1942, at 6 40 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Status epilepticus	
Hepatomegaly	
Fatty degeneration of myocardium.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham, M.D. Medical Examiner.
Date signed October 1st 1942.

VS 6

F 96236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

F 96236
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1119 N. Paris St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond S. T. Hall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife Agnes A. Tasco

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
44			hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Packing Alley.

11. Industry or business

FATHER
12. Name William Tasco
13. Birthplace Calvert Co. Md.

MOTHER
14. Maiden Name Emma Hunt
15. Birthplace Eastern Shore Md

16 (a) Informant Amelia Martin
(b) Address 1031 Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto. Co. Md.

18 (a) Funeral director Chas. H. Alexander
(b) Address 927 N. Mount St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Jr. Registrar

OCT 2 1942

VS 6

MEDICAL CERTIFICATION

20

20. DATE OF DEATH Sept. 20 1942, at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Bullet wound of abdomen	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Sept. 20 1942 at 11 55 A M
(c) Where did injury occur? 680 W. Saratoga St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? tavern While at work? no
(Specify type of place)
(e) Means of injury Shot in abdomen

23. Signature Robert Lee Graham M.D.
Medical Examiner.

Date signed Oct 1 1942

F 96237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

761

F 96237

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town DUNDALK
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wise ave & Trappe Rd Rt 3
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Seceмo Murray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Ollie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-12-16

8. AGE: Years	Months	Days	If less than one day
26	4	16	hr. min.

9. Birthplace VA
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Murray
13. Birthplace VA

MOTHER
14. Maiden Name Burda Vance
15. Birthplace VA

16 (a) Informant Records
(b) Address

17 (a) Removal (b) Date thereof 10 | 3 | 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory La Grosse Va
Location Co. Clarksville Va

18 (a) Funeral director Donald L. Brown Elkton
(b) Address 108 W Montgomery St

19 (a) (Date rec'd by registrar) (b) Huntington Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 28 1942 at 11.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on Sept 28 1942.

Immediate cause of death	Duration
Pulmonary edema	1 hr.
Due to Diabetic coma	1 day
Due to Diabetes mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harold E. C. Zbenthin
Address Johns Hopkins Hosp Date signed 9/29/42

VS 8

correct age as expressly important. Physicians: please write the causes of death clearly and legibly.

F 96238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 CV Registered No.

F 96238

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 William st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 William st (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E Dudley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife James W
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 27 1867

8. AGE: Years	Months	Days	If less than one day
75	7	35	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name Thomas Christopher Callis
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Sadler
15. Birthplace Va

16 (a) Informant Mrs Essie M Mayo
(b) Address 821 William St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Morris Cemetery
Location Baltimore Va

18 (a) Funeral director Wm Marsch
(b) Address 715 Light St

19 (a) OCT 2 1942 (Date rec'd by registrar) Livingston Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2, 19 42, at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1, 19 42 to Oct. 2, 19 42 and that I last saw h alive on Sept. 25, 19 42.

Immediate cause of death Cardiac failure — Duration

Due to Hypertensive cardiac vascular renal disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Friedman, M.D.
Address 1319 Light St. Date signed 10/2/42

VS 3

Please write plainly; physicians' signatures necessary; please write the causes of death clearly and legibly.

F 96239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 169

F 96239
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Lutheran Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 229 S Eaton St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Markel, Sr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-09-0403

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1919

8. AGE: Years	Months	Days	If less than one day
23	5	7	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Brakeman
11. Industry or business Canton R.R.

FATHER
12. Name John Markel, Sr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Katherine Paikel
15. Birthplace 229 S. Eaton Street

16 (a) Informant Katherine Markel
(b) Address 229 South Eaton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E. Orleans St

19 (a) OCT 2 1942 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2- 1942 at 7 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Partial autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Compound comminuted fracture of Pelvis.
Due to: Laceration of vessels
Due to: avulsion of femoral tissues.

Duration
2
—
—

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/6
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-2-42 at 6.30 A M
(c) Where did injury occur Canton (City or town) Baltimore (County) Md (State) Truck
(d) Did injury occur about home, on farm, industrial place, in public place? Railroad yard (Specify type of place) While at work? yes
(e) Means of injury Crushed between coupling of R.R. cars.

23. Signature Howard A. Ulrich M.D.
Medical Examiner.
Date signed 10-2-42

VS 6

38 F 96240

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 96240 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 504 N Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Madeline Erdman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17 - 1904

8. AGE: Years	Months	Days	If less than one day: hr.	min.
38	1	17		

9. Birthplace Baltimore (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John H. Erdman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Braun
15. Birthplace Baltimore

16 (a) Informant Catherine Erdman
(b) Address 504 N Ellwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Orleans St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

OCT 2 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1st 1942, at 10:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1942 to Oct 1st 1942, and that I last saw her alive on Oct 1st 1942

	Duration
Immediate cause of death: Congestive Heart Failure	1 week
Due to: Rheumatic Heart Disease	?
Due to	
Other Conditions: Lobar Pneumonia	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Same.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fusting M.D.
Address St. Joseph's Hosp Date signed 10-1-42
M. D.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 96241 — CERTIFICATE OF DEATH — 93E — F 96241

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 208 N. Streeper St. 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Benjamin Franklin Turner

If U. S. Veteran specify WAR .....

(a) Residence: No. 208 N. Streeper St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Otilie Turner

6. DATE OF BIRTH (month, day, year): March 2-1863

7. AGE: Years 79 | Months 6 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Policeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1939

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Wesley Turner

14. BIRTHPLACE (city or town) (State or country): Wales

MOTHER

15. MAIDEN NAME: Mary —— ?

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs. Otilie Turner

(Address) 208 N. Streeper St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Oakland Date: Oct 3- 1942

19. UNDERTAKER: Wendell E. Humphreys

(Address) 1501 N. Broadway

20. FILED ..... 19.. [illegible]

OCT 2 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 1- 1942

22. I HEREBY CERTIFY, That I attended deceased from July 6 1942 to Oct 1 1942

I last saw him alive on Oct 1 1942. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute pulmonary oedema	Oct 1 1942
myocardial insufficiency	Oct 1 1942
Other contributory causes of importance:	
carditis, arterio-sclerosis	?
hypertension	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? physical findings Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) L. C. Schlad M. D.

(Address) 447 N. Kenwood Ave.

OCCUPATION is very important. See instructions on back of certificate.

JL- 77008 F 96242 BALTIMORE CITY HEALTH DEPARTMENT F 96242

CERTIFICATE OF DEATH 1107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balto. City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1011 S. Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George O'Dell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Emma (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1883

8. AGE: Years	Months	Days	If less than one day
59	1	23 21	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER 12. Name John O'Dell
13. Birthplace Maryland

MOTHER 14. Maiden Name Emma Taylor
15. Birthplace Maryland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.,

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) OCT 2 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-30 1942 at 10 13 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-26 1942, to 9-30 1942, and that I last saw h[im] alive on 9-30 1942.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to	
Due to	
Other Conditions Alcohol addiction	?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Bronchopneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. S. Rathbun M. D.
Address Balto. City Hosp. Date signed 10-1-42

VS 3

F 96243 MPR 76946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93)

F 96243 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 22 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Pearl St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Garfield Chichester

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) [redacted], married, [redacted]

6 (b) Name of husband or wife Malinda Chichester
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 20, 1886

8. AGE: Years 56 | Months 2 | Days 11 | If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Chichester
13. Birthplace Va.

MOTHER 14. Maiden Name Henrietta Brown
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-42 (month) (day) (year)
(c) Cemetery or crematory
Location Darrentown, Virginia

18 (a) Funeral director Mr. Frances A. Hennessy
(b) Address 578 W. Baltimore St. Hunting Park Philadelphia, Pa.

19 (a) OCT 2 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-1 1942 at 7 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23 1942 to 10-1 1942 and that I last saw h[redacted] alive on 10-1 1942.

Immediate cause of death	Duration
Cerebral thrombosis	7
Due to Hypertensive C. V. disease	7
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 10-2-42

VS 3

F 96244

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96244 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 N. Hilton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 118 N. Hilton
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edna R Bradford.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Albert E Bradford
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Reading Pa
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Grob
13. Birthplace Reading Pa

MOTHER
14. Maiden Name Anthony
15. Birthplace Pa

16 (a) Informant Albert E Bradford
(b) Address 118 N Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Parkville Md

18 (a) Funeral director Wm Cook Jr
(b) Address 1219 E Pratt St
(c) Huntington Williams M.D. Registrar

OCT 8 1942 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/1 1942, at 8.00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death: Chronic Hypertensive Cardio-vascular renal disease — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B McNally M.D.
Medical Examiner.
Date signed 10/2/42.

VS 6

Correct as to expressly important. Physicians: please write the cause of death clearly and legibly.

MPR 76776

F 96245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96245 Registered No. 83E

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 30 Arbemarle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stephen Catalano

3 (b) If veteran, name war W | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) [illegible] divorced. Divorced

6 (b) Name of husband or wife Mary Catalano
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 16, 1882

8. AGE: Years 60 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Salvator
13. Birthplace Italy

MOTHER 14. Maiden Name Josephine Perrone
15. Birthplace Italy

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Baltimore Md
Location
18 (a) Funeral director Malkom Cat Inc
(b) Address 1217 E Fayette St

19 (a) [illegible] (Date rec'd by registrar) [illegible] Registrar

OCT 2 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-30 1942 at 11 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-19 1942 to 9-30 1942 and that I last saw h[illegible] alive on 9-30 1942.

	Duration
Immediate cause of death Cerebral thrombosis	1 1/2 days
Due to Coronary arteriosclerosis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 10-2-42

F 96246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 96246 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Fayette + John sts.
(b) Street address Hospital for the Woman of Md.
(c) Hospital or institution:
Hospital for the Woman of Md 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2520 Liberty Parkway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby girl Spann (Birth F 58624)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-42

8. AGE: Years	Months	Days	If less than one day
0	0	0	4 hr. 30 min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Michael Spann
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Josephine Theresa Cardin
15. Birthplace St. Helena. Md.

16 (a) Informant Mother.
(b) Address Balto Md.

17 (a) burial (b) Date thereof Oct. 3 '42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gorsuch Hill Rd.

18 (a) Funeral director M. A. & E. Dippel's Sons
(b) Address 1100 Eastern Ave.

OCT 2 1942

19 (a) (b) Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 1942, at 2:55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct 2 1942 and that I last saw her alive on Oct 2 1942

Immediate cause of death	Duration
Respiratory failure	
Due to Foetal atelectasis.	
Due to Prematurity (26 weeks gestation)	
Other Conditions Maternal bleeding for 10 days before birth. (Include pregnancy within 3 months of death)	

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature J. A. Hanes Jr. M. D.
Address Hospital for the Woman of Md Date signed 10/2/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

96247

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. F 96247

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4407 Garrison Bl'vd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4407 Garrison Bl'vd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena James Port

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George L Port
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Aug 29 1900

8. AGE: Years 42 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace: Danville Va. (Town, county, and state)

10. Usual Occupation: At home

11. Industry or business

FATHER
12. Name: William P. Grishaw
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Lulu Childrey
15. Birthplace: Virginia

16 (a) Informant: George L. Port
(b) Address: 4407 Garrison Bl'vd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 4 1942 (month) (day) (year)
(c) Cemetery or crematory: Leemount
Location: Danville Va.

18 (a) Funeral director: Harry H. Hancock
(b) Address: 4204 Ridgewood Ave

19 (a) OCT 2 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 30 1942 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1942 to Sept 30 1942, and that I last saw h[illegible] alive on Sept 28 1942

Immediate cause of death: Pneumonia — Duration: 2 Yr

Due to:

Due to:

Other Conditions: over

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. Williams M. D.
Address: 4407 Garrison Bl'vd Date signed: Oct 1 1942

VS 3

96248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 157 M

F 96248 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wilkens & Caton Aves.

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 313 S. Norris St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Esther J. Parish (Birth F 57077)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-10-42

8. AGE: Years — Months — ~~Days~~ 23 3 weeks If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William

13. Birthplace Balto.

MOTHER 14. Maiden Name Esther Gover

15. Birthplace Old City

16 (a) Informant Esther G. Parish

(b) Address 313 S. Norris Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore Md.

18 (a) Funeral director George A. Farlow

(b) Address Dulton Ave & Fayette St.

OCT 2 1942 (Date received by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2 1942 at 9:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/25 1942 to 10/2 1942 and that I last saw h/m alive on 10/2 1942.

Immediate cause of death	Duration
Peritonitis	
obstruction to 3rd part	
? duodenum due to	
Due to congenital adhesions	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 10/1/42

Major findings of operation: Obstruction ? duodenum

of autopsy see above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James M. Cannis M. D.

Address St. Agnes' Hosp. Date signed 10/2/42

VS 3

96249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 96249
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave.
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 308 Merrydell Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Blair (Birth F-59754)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-42

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edward

13. Birthplace Balto.

MOTHER 14. Maiden Name Irene Hynes

15. Birthplace Balto.

16 (a) Informant Edward John Blair

(b) Address 308 Merrydell Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem

Location Balto. Md.

18 (a) Funeral director George A. Farley

(b) Address Fremont Ave & Fayette St Baltimore Md.

19 (a) OCT 2 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1942 to 10-2 1942 and that I last saw h/is alive on 10-2 1942

Immediate cause of death Prematurity.
Pulmonary atelectasis.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. Evans M. D.
Address St. Agnes' Hosp. Date signed 10/4/42

VS 8

F 96250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

F 96250 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5503 Norwood Ave.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town.)
(d) Street No. 5503 Norwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph S. Bell

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-9573A

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Josephine M. Hoffman

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26, 1863

8. AGE: Years 79 | Months 6 | Days 5 | If less than one day hr. min.

9. Birthplace Winchester, Va. (Town, county, and state)

10. Usual Occupation Cabinet maker (retired)

11. Industry or business

FATHER
12. Name Joseph Bell
13. Birthplace Virginia

MOTHER
14. Maiden Name Millicent Sloat
15. Birthplace Va.

16 (a) Informant Josephine M. Bell
(b) Address 5503 Norwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Hebron
Location Winchester Va.

18 (a) Funeral director Frederick R. Colby
(b) Address 1200 N. Howard St.

19 (a) OCT 2 1942 (Date rec'd by registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 19 at 12.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14/42 19 to 10/2/42 19 and that I last saw him alive on 10/2/42 19

Immediate cause of death Carcinoma of stomach — Duration

Due to cachexis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operations

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Vera A. Bowden, M. D.
Address Medical Arts Bldg. Date signed 10/2/42

F 96251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 96251 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2024 Ramsay St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 407 S. Monroe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin F. Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-05-3674

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Otilva Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7, 1883

8. AGE: Years 59 | Months 6 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Retired Candy Maker

11. Industry or business

FATHER
12. Name Benjamin F. Wilson
13. Birthplace Maryland

MOTHER
14. Maiden Name Barbara Maul
15. Birthplace Maryland

16 (a) Informant Mrs. Dorothy Gillespie
(b) Address 407 S. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miles L. Amoreau
(b) Address 1003 W. Baltimore St.

19 (a) (Date received by registrar) (b) Huntington Williams Registrar
10-5-1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH September 30 1942 at 8.15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to 9/30 1942 and that I last saw him alive on 9/30 1942

Immediate cause of death: Coronary Thrombosis — Duration 1 hr

Due to: Arteriosclerosis

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lorraine Miller M. D.
Address 2030 Wilkens Ave. Date signed 10-5-42

F 96252

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96252 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4127 Mart Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Y
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4127 Mart Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Francis K. Farmer

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Adele M. Farmer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 8 - 1879

8. AGE: Years	Months	Days	If less than one day
63	3	24	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name William A. Farmer
13. Birthplace Md

MOTHER
14. Maiden Name Virginia Booker
15. Birthplace Md.

16 (a) Informant Francis K. Farmer, Jr
(b) Address 4127 Mart Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5 - 42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md

18 (a) Funeral director Leonard J. Ruch
(b) Address 5305 Harford Rd

OCT 2 1942 (Date filed) (Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-1 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-29 1942 to 10-2 1942 and that I last saw him alive on 10-1 1942

Immediate cause of death	Duration
(a) Acute Cardiac dilatation	1 day
Due to Cardiac Vascular disease	2 yrs.
Due to Hypertension	10 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George K. E. Cross, M.D. M. D.
Address 28 W 25th St. Date signed 10-3-42

VS 3

F 96253 ✓ F 96253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4202 Parkwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Balto
(If outside city or town limits, write RURAL and give town).
(d) Street No. 4202 Parkwood Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME James J. Stalah

3 (b) If veteran, name war .....

3 (c) Social Security Account No. 092-03-4285

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 9-1895

8. AGE: Years	Months	Days	If less than one day
47	4	23	hr. ..... min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Sheet Metal Worker

11. Industry or business Glenn L. Martin

FATHER
12. Name William Stalah
13. Birthplace N. Y.

MOTHER
14. Maiden Name Elizabeth Keeley
15. Birthplace N. Y.

16 (a) Informant Mrs. Conklin
(b) Address 4202 Parkwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5/42 (month) (day) (year)
(c) Cemetery or crematory St. Anns Cem.
Location Kingston, N. Y.

18 (a) Funeral director Leonard & Ruth
(b) Address 5305 Harford Rd

19 (a) OCT 2 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 1942 at 11 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28, 1942. to Oct 2, 1942. and that I last saw him alive on Oct. 2 1942.

Immediate cause of death	Duration
Coronary thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Charles A. Lewis M. D.
Address 4200 Parkwood Ave Date signed 10-2-42

VS 3

F 96254

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96254 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st Sts.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County
(c) City or town Paducah
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2315 South Street.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JESSE LEE TUBBS

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Norma Raney
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1907

8. AGE: Years	Months	Days	If less than one day hr.	min.
35	11	27		

9. Birthplace Paducah, Kentucky
(Town, county, and state)
10. Usual Occupation Chief Engineer
11. Industry or business

FATHER
12. Name Jerry B. Tubbs
13. Birthplace Paducah, Kentucky

MOTHER
14. Maiden Name Maud Hoams
15. Birthplace Paducah, Ky.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 3rd 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Paducah Kentucky

18 (a) Funeral director C. R. Eiley Slade
(b) Address 4907 York Road.

19 (a) (Date received by registrar) OCT 3 1942 (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2, 1942, at 10:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16, 1942 to Oct. 2, 1942, and that I last saw h. im alive on Oct. 2, 1942.

Immediate cause of death	Duration
Uremia, acute	16 da.
Due to Leukemia, myelogenous, acute	16 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul Jones, M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 10/3/42

F 96255 ✓ F 96255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1340

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 1/2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 7 (If outside city or town limits, write RURAL and give town)
(d) Street No. 437 E. North Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Smith, Mrs Zellah

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Mr. Frank Smith
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) April 15, 1900

8. AGE: Years	Months	Days	If less than one day
42	5	17	hr. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David McKasick
13. Birthplace West Virginia

MOTHER
14. Maiden Name Rebecca Humphrey
15. Birthplace West Virginia

16 (a) Informant Mrs Bettyle Brews
(b) Address 235 Hurley Court, Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave & Rose St

18 (a) Funeral director Joseph Farace Inc.
(b) Address 2013 Greenmount Ave

19 (a) OCT 3 1942 (Filed) (b) Huntington Wilkerson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1942, at 10:5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 19 to Death 19, and that I last saw [illegible] alive on Aug 15 1942

Duration
2 days
3 years

Immediate cause of death: Uremia
Due to: Chronic Nephritis + Pyelonephritis
Due to: Renal Calculi

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation June 1942
Major findings of operation: Nephrostomy - R. Catheterization L. ureter
of autopsy: Yes Nephritis, Renal Calculi

PHYSICIAN
Underline the cause to which death should be charged primarily.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Guy L. Thomson M. D.
Address 110 Medical Arts Bldg Date signed Oct. 2/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

422124 F 96253

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96256 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town PARKVILLE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2506 TAYLOR AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Luerssen

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife HENRY C.

6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 7-9-02

8. AGE: Years 40 | Months 2 | Days 24 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER 12. Name Otto Conrad

13. Birthplace GERMANY

MOTHER 14. Maiden Name ANNA Schatzsneider

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4th 1942 (month) (day) (year)

(c) Cemetery or crematory Emmanuel Luth Location Balto city Md

18 (a) Funeral director Lasahn Funeral Home

(b) Address 7401 Belair Rd.

19 (a) OCT 3 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1942, at 12.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1942 to Oct 2 1942, and that I last saw her alive on Oct 2 1942.

Immediate cause of death Subarachnoid haemorrhage — Duration 9 hrs

Due to Mycotic aneurysm of vessel of base of brain — Duration ?

Due to Subacute bacterial endocarditis due to α-Strep mitis — Duration 7 months

Other Conditions Rheumatic heart disease with mitral insufficiency — Duration 2 years

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Austrian

Address The Johns Hopkins Hosp Date signed 10/3/42

F 96257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96257 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2314 Edgemont ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9½ years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2314 Edgemont ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clara Arrington

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W	Widow

6 (b) Name of husband or wife Edward Arrington
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1869

8. AGE: Years	Months	Days	If less than one day
72	10	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER 12. Name Rachel Thompson
13. Birthplace Md

MOTHER 14. Maiden Name Amanda E. Myers
15. Birthplace Md.

16 (a) Informant Mrs. Clarence Coomes
(b) Address 2314 Edgemont ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4, 1942 (month) (day) (year)
(c) Cemetery or crematory Springfield Cem.
Location Sykesville, Md.

18 (a) Funeral director C. Harry Weis
(b) Address Sykesville, Md.

19 (a) (Date received by registrar) OCT 3 1942 (b) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 1 1942 at 1:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 19 42 to October 1 1942, and that I last saw h[illegible] alive on Sept. 30 1942

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to Cerebral hemorrhage	3 weeks
Due to Hypertensive Heart Disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Mary Barnes M.D.
Address 1501 N. Hilton Ave Date signed 10/2/42

F 96258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 96258 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto City
(b) Street address 1013 Plum Alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 Plum Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Magie Boardley

3 (b) If veteran, name war: 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Head 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 15 1897

8. AGE: Years 45 | Months | Days 19 | If less than one day hr. min.

9. Birthplace Balto (Town, county, or state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Armstead Holmes

13. Birthplace Md.

MOTHER 14. Maiden Name Mary Roberts

15. Birthplace Md.

16 (a) Informant Arene Mason (Sister)

(b) Address 610 N. Sample St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn

18 (a) Funeral director J E Burns

(b) Address 1463 N. Carey St

19 (a) (Date received by registrar) (b) Huntington Williams

OCT 3 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 2 - 1942, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30- 1942, to 10-2- 1942, and that I last saw h alive on 10-2- 1942.

Immediate cause of death: Acute Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James C Mason M. D.

Address 1016 E. Monument Date signed 10-2-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

119a

F 96259 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Dennison St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md., (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Randolph Jr. (HOWARD RANDOLPH JR.)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1941

8. AGE: Years 1 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER 12. Name Howard Randolph
13. Birthplace Clarksburg Md.

MOTHER 14. Maiden Name Blanche Snowden
15. Birthplace Fountain Mills Md.

16 (a) Informant Howard Randolph
(b) Address 1717 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-42 (month) (day) (year)
(c) Cemetery or crematory Fountain Mills
Location Frederick Co. Md.

18 (a) Funeral director William G. Jackson
(b) Address 916 Pennsylvania Ave

19 (a) OCT 3 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 1942, at 1.45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29 1942 to Oct. 2 1942 and that I last saw h[illegible] alive on Oct. 2 1942

Immediate cause of death	Duration
(a) Acute gastro-enteritis (b) — Specific disease	1 Week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling M.D.
Address Provident Hosp. Date signed 10/4/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96260

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 96260
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: 1039 N Dare St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1039 N Dare St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John B O'Brien

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
No	None	Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25. 1854

8. AGE: Years	Months	Days	If less than one day
87	9	6	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Corporate Retired
11. Industry or business

FATHER 12. Name	(Unknown) O'Brien
13. Birthplace	Dubonds
MOTHER 14. Maiden Name	Unknown
15. Birthplace	

16 (a) Informant Mrs Mary Hasty
(b) Address 1039 N. Dare St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore Md
18 (a) Funeral director William Cook Inc
(b) Address 1217 E Fort Ave Baltimore, Md.
19 (a) OCT 3 1942 Huntington Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1942, at 930 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30, 1942 to 1942, and that I last saw him alive on 9/30 1942.

Immediate cause of death Chronic myocarditis.

Duration ?

Due to —

Due to —

Other Conditions Acute bronchitis. 2 days.

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Willis Guyton
Address 3963 Beaumont Ave. Date signed 10/2/42 (M) (D)

VS 3

F 96261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96261 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully compiled. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2410 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2410 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGUERITE LUCILLE CORREOSO

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Philip N.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1, 1877

8. AGE: Years 64 | Months 11 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER 12. Name Gustav V. Dandelet

FATHER 13. Birthplace Baltimore

MOTHER 14. Maiden Name Celia Wells

MOTHER 15. Birthplace Baltimore

16 (a) Informant Dr. Philip N. Correoso

(b) Address 2410 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 1942 (month) (day) (year)

(c) Cemetery or crematory Mount Cathedral

Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons

(b) Address North & Penna. Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

OCT 3 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2, 1942 at 1:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration**

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. Wollenweber M.D. Medical Examiner.

Date signed 10-3-42

F 96262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96262 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.,
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos. or days) 24 yrs. 5 mos. 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 78 yrs. 7 mos. 28 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 St. Paul St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Parlaw Scott Browne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Monterey Randall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 4 - 1864

8. AGE: Years	Months	Days	If less than one day
78	7	28	10 hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B. & O. R. R. Co.

FATHER
12. Name Parlaw Orwell Browne
13. Birthplace Philadelphia, Pa

MOTHER
14. Maiden Name Mary Helen Scott
15. Birthplace Balto., Md.

16 (a) Informant R. J. Roe
(b) Address 700 W. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) OCT 3 1942 (Date filed by registrar) (b) Hunting for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 25 1940 to Oct. 2 1942, and that I last saw him alive on Oct. 1st 1942.

	Duration
Immediate cause of death: Myocardial Insufficiency	1 month
Due to Arteriosclerotic Cardio-Vasc. Dis.	4 years
Paralysis Agitans	4 years
Due to Cerebral Vascular Sclerosis	Unknown
Other Conditions: Chr. Hypostatic Atelectasis	4 years

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad Wolf M.D.
Address 11 E. Chase St. Baltimore, Md. Date signed 10/2/42

VS 8

F 96263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96263 ✓ 16W Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 87 Washington Blvd.
(c) Hospital or institution: Doctors Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. V
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Boly Larkins (Bath F. 59247)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-1-42

8. AGE: Years | Months | Days | If less than one day 23 hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Luther Larkins
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Doris Larkins
15. Birthplace Bucks Co.

16 (a) Informant Luther Larkins
(b) Address Reisterstown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/4/42 (month) (day) (year)
(c) Cemetery or crematory Carrols Chapel
Location Balto. Co.

18 (a) Funeral director J. F. Cline & Sons
(b) Address Reisterstown, Md

19 (a) (Date received by registrar) (b) OCT 3 1942 Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2 1942, at 3:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1-1942 to 10-2 1942, and that I last saw h alive on 10-2 1942

Immediate cause of death Atelectasis — Duration

Due to —

Due to —

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature (M. D.) B. W. Dunahay
Address 12 Chilcoat Pl. Date signed 10-2-42

Huntley for Millar

F 96264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46M

F 96264 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3520 Hilton St

(c) Hospital or institution: Shriner Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4703 Norwood Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Bandiere

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John Bandiere

6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Oct 7 1861

8. AGE: Years	Months	Days	If less than one day
80	11	25	hr. min.

9. Birthplace Italy (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace Italy

MOTHER

14. Maiden Name Unknown

15. Birthplace Italy

16 (a) Informant Charles M. Bandiere

(b) Address 4703 Norwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5 1942 (month) (day) (year)

(c) Cemetery or crematory Lorraine

Location Woodlawn Md

18 (a) Funeral director Harry A. Mumford

(b) Address 4204 Ridgewood Ave

19 (a) (Date rec'd by Registrar) OCT 3 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2nd 1942 at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 24th 1942 to Oct. 2 1942 and that I last saw h[illegible] alive on Oct. 2 1942.

Immediate cause of death	Duration
1) Primary Carcinoma of G.I. Tract	1 yr.
Due to	
Due to	
Other Conditions: Cortico-Sclerosis Heart Disease	2 yrs.

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: - None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Earl L. Chambers M. D.

Address 4108 Liberty Hts. Ave. Date signed 10/3/42

F 96265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 96265 Registered No. 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 926 Forrest St.
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 925 Forrest St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Henry Colbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a). Single, married, widowed, or divorced.
male	Black	single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 29, '25

8. AGE: Years	Months	Days	If less than one day
17	3	2	hr. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Edward Colbert
13. Birthplace Md.

MOTHER
14. Maiden Name Hazel Colbert
15. Birthplace Md.

16 (a) Informant JOHNS HOPKINS HOSPITAL
(b) Address Record

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location .....

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantly ave.

19 (a) Date rec'd by Reg. OCT 8 1942 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 19 42 at 8:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22, 19 42 to Oct. 1 19 42 and that I last saw him alive on Oct. 1 19 42

Immediate cause of death Tuberculous meningitis — Duration about 2 weeks

Due to general miliary tuberculosis — Duration four

Due to .....

Other Conditions .....
(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....

of autopsy: Tbc meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Harold E.C. Thomlinson
Address Johns Hopkins Hosp. Date signed 10/1/42

F 96266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1240

F 96266 (Registered No.)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Cambridge apts 6 Cambridge & 3 8th St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Harry F. Bucher

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Margaret Lutz Bucher
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 1 1881

8. AGE: Years	Months	Days	If less than one day
61	1	2	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Fred Bucher
13. Birthplace Balto md.

MOTHER
14. Maiden Name Katherine Roth
15. Birthplace Balto md.

16 (a) Informant wife - Mary Lutz Bucher
(b) Address Cambridge Arms Apt. 6 Cambridge & 3 8th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears my Bro.
(b) Address 805 N. Calvert Street

19 (a) OCT 4 1942 (Date received by registrar) Huntington Williams (Signature of registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 19 42 at 10 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29 19 42 to Oct 3 19 42 and that I last saw h im alive on Oct 3 19 42

Immediate cause of death Ruptured oesophageal varix
Due to Portal Cirrhosis

Due to

Other Conditions Ascites
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration
4 days
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John B Osborne M. D.
Address Mercy Hospital Date signed 10/2/42

F 96267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 96267 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5804 Cloverdale Rd
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5804 Cloverdale Rd (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Barney Guterman

3 (b) If veteran, name war ✓
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Pauline Gilden
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 49 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Dentist
11. Industry or business Dentist

FATHER 12. Name Unknown
13. Birthplace Russia

MOTHER 14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Pauline Guterman
(b) Address 5804 Cloverdale Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-42 (month) (day) (year)
(c) Cemetery ~~Cremation~~ Rodriguez Russo
Location Baltimore

18 (a) Funeral director Jos. Lowe Jr.
(b) Address 1439 E. Baltimore

19. (Date received by Registrar) OCT 4 1942 (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 2 - 1942 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 10 1938 to Oct. 2 1942 and that I last saw him alive on Oct. 1 1942.

	Duration
Immediate cause of death: Arteriosclerotic Heart Disease	5 yrs.
Coronary Occlusion	& Some
Due to: Diabetes Mellitus	3 yrs
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation:
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Israel Rosen M.D. M. D.
Address 243E Monument St Date signed Oct 2, 1942

F 96268 ✓ F 96268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30C

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hosp.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town Balto md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1535 N. Gilmore St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Robert Taylor

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Colored	single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) July 2, 1902

8. AGE: Years	Months	Days	If less than one day
40	2	28	..... hr. ..... min.

9. Birthplace md
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Jesse Taylor
13. Birthplace md

MOTHER
14. Maiden Name Mary J. Tate
15. Birthplace md

16 (a) Informant Bessmaid Taylor
(b) Address 1905 Penna ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location .....

18 (a) Funeral director Geo. E. Nelson
Address 1303 Presstman St

OCT 4 1942
19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 9/30/42 19 , at 9:10 P M

21. I certify that death occurred on the date above stated, that I attended deceased from 9/28/42 19 , to 9/30/42 19 , and that I last saw h alive on 9/30/42 19 .

Immediate cause of death Generalized Carcinosis
Streptococcus Septicemia
Due to Central Nervous System
Due to Lues
Other Conditions Luetic Aortitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature J. Greenhow Jr. M. D.
Address Franklin Sq Hospital Date signed 10/2/42

VS 3

F 96269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96269 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 31 st and Wyman Park Dr.

(c) Hospital or institution:

U.S. Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., days) 2 mos. 24days

(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos. 24 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 527 East Church Street (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Lewis Charles Zeigler

3 (b) If veteran, name war: World War # 1

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-31- 1888

8. AGE: Years 54 Months one Days 2 three If less than one day hr. min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual Occupation Storekeeper

11. Industry or business

FATHER 12. Name Charles C. Zeigler

13. Birthplace Frederick, Md.

MOTHER 14. Maiden Name Catherine Shearer

15. Birthplace Frederick, Md.

16 (a) Informant Hospital Record

(b) Address U.S. Marine Hosp., Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick - Md.

18 (a) Funeral director C. E. Cline + Son

(b) Address Frederick, Md.

19 (a) Huntington Williams (Date rec'd by registrar)

OCT 4 1942

vs

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3-42 19 , at 5:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-9-42 19 , to 10-3-42 19 , and that I last saw him alive on 10-3-42 19 .

Immediate cause of death: Chronic Glomerulonephritis — Duration: ?

Due to: Arteriosclerosis, General

Due to: Diabetes Mellitus

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jos J. Pendola M. D.

Address U.S. Marine Hosp. Balto. Md. Date signed 10-4-42

F 96270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96270

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1735 N. Bentalou Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Jacobs

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Benjamin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 21, 1867

8. AGE:

Years	Months	Days	If less than one day
55	2 1/2	11 1/2	hr. min.

9. Birthplace Russia
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Carl Goldsmith
13. Birthplace Russia

MOTHER
14. Maiden Name Rosie ?
15. Birthplace Russia

16 (a) Informant Mrs Morris Engle
(b) Address 2107 Bryant ave

17 (a) Burial (b) Date thereof Oct 5/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Philadelphia Pa

18 (a) Funeral director Sol Rosenberg & Bro.
(b) Address 1124-26 W North ave

19 Oct 4 1942 Huntington Williams M.D.
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1942 at 6 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2 1942 to Oct. 3 1942, and that I last saw h[illegible] alive on Oct. 3 1942.

Immediate cause of death Acute Pulmonary Edema — Duration

Due to Left Heart Failure

Due to Hypertensive C.V.D.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Robert A. Barthel Jr.
Address University Hospital Date signed 10/3/42 M/D

VS 150

F 96271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106a

F 96271 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be careful supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ———
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3332 Old Frederick Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Shirley Lorraine Thorn

3 (b) If veteran, name war ———
3 (c) Social Security Account No. ———

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife ———
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 30 1936

8. AGE: Years	Months	Days	If less than one day
5	9	3	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Norman Thorn
13. Birthplace Balto Md

MOTHER
14. Maiden Name May Mitchell
15. Birthplace Balto Md

16 (a) Informant Father
(b) Address 3332 Old Frederick Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Balto Md

18 (a) Funeral director Edward Toulson
(b) Address 2359 Wash Blvd Balto Md

19 (a) Date received (month) (day) (year) (b) Huntington Williams, Registrar

OCT 4 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1942 at 4:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 3 1942 to Oct. 3 1942 and that I last saw her alive on Oct 3 1942.

Immediate cause of death Acute Laryngo-tracheo-bronchitis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Rosberg M. D.
Address St Agnes Hosp Date signed 10/3/42

F 96272

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12/2a

F 96272 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4805 York Road,
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 79 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4805 York Road,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Luke P. McGuire,

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
---	220-01-0321	Male	White	Widower

6 (b) Name of husband or wife Beatrice O'Connor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1861

8. AGE: Years	Months	Days	If less than one day
81	2	4	hr. min.

9. Birthplace Ireland,
(Town, county, and state)
10. Usual Occupation Outside Salesman,
11. Industry or business Liquor,

FATHER
12. Name Michael McGuire,
13. Birthplace Ireland,

MOTHER
14. Maiden Name Mary Fitzgerald,
15. Birthplace Ireland,

16 (a) Informant Mrs. Frances Lemmon,
(b) Address 4805 York Road,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral,
Location Baltimore City,

18 (a) Funeral director C. Vernon Lemmon
(b) Address 4611 Park Heights Ave.

19 Rec'd OCT 4 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1, 1942. 19 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 4 19 42 to Oct 1, 19 42
and that I last saw him alive on Sept 30 19 42

Immediate cause of death	Duration
Chronic Myocarditis	1 yr.
Due to Arteriosclerotic Cardiovascular Renal Disease	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel D. Polk
Address 1331 E. Baltimore Date signed 10-2-42
M. D.

F96273

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F96273

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Burkeland & Rayner Ave

(c) Hospital or institution: West Balto. General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1925 Mosher St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Maria Badalato

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1923

8. AGE: Years	Months	Days	If less than one day
18	9	17	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Michael Badalato

13. Birthplace Italy

MOTHER

14. Maiden Name Maria Malusta

15. Birthplace Italy

16 (a) Informant Mrs. M. Badalato

(b) Address 1925 Mosher St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8, 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Road

18 (a) Funeral director H. Howard Strong

(b) Address 3207 W North Ave

OCT 6 1942 (Date rec'd by local reg.) [illegible] Washington Williams, Reg.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1942, at 2:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/20 1942, to 10/5 1942; and that I last saw h.e.r. alive on 10/5 1942.

Immediate cause of death Lobar Pneumonia

Due to

Due to

Other Conditions Pulmonary Edema Hemorrhagic Leukemia (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Duncan M. Checkett

Address WBGH. Date signed 10/5/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

420796 F 96274 BALTIMORE CITY HEALTH DEPARTMENT F 96274

CERTIFICATE OF DEATH

Registered No. 96274

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Clarksburg (If outside city or town limits, write RURAL and give town)
(d) Street No. House 15, Amber, Kenick (If rural give location) Miner
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Poindexter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Lovey
6 (c) If alive, give age 26 years

7. Birth date of deceased (mo., day, yr.) 1-28-14

8. AGE: Years	Months	Days	If less than one day
28	8	4	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Miner
11. Industry or business

FATHER 12. Name William Poindexter
13. Birthplace Va.

MOTHER 14. Maiden Name Alice Weld.
15. Birthplace Va.

16 (a) Informant Grace Delony
(b) Address 1410 Pennsylvania Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 4/1942 (month) (day) (year)
(c) Cemetery or crematory —
Location Clarksburg, West Virginia

18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1621 Druid Hill Ave.

19 (a) OCT 5 1942 (Date rec'd by registrar) (b) Huntington, West Virginia

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1942 at 6 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 17 1942 to Oct. 2 1942 and that I last saw him alive on Oct. 2 1942

Immediate cause of death Widespread Lymphosarcoma — Duration About 2 mos.

Due to

Due to (Over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Lymphosarcoma

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold E. C. Zbrantlin
Address Johns Hopkins Date signed 10/2/42 M. D.

F 96275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1402 F 96275 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and Saratoga
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1508 Montmorn Court
(If rural give location)
(e) Citizen of foreign country? (Yes) (No)
If yes, name country

3 (a) FULL NAME Estelle Turner Barkley

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife James Barkley
6 (c) If alive, give age 27 years

7. Birth date of deceased (mo., day, yr.) 1-22-19

8. AGE: Years	Months	Days	If less than one day hr.	min.
23	8	11		

9. Birthplace Jesterville, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Turner
13. Birthplace Jesterville, Maryland

MOTHER
14. Maiden Name Sydney Nutter
15. Birthplace Jesterville, Maryland

16 (a) Informant James Barkley
(b) Address 1508 Montmore Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (month) (day) (year)
(c) Cemetery or crematory
Location Jesterville, Md.

18 (a) Funeral director C. G. Messick
(b) Address Bivalve, Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3- 1942 at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-26- 1942 to 10-3 1942 and that I last saw her alive on 10-3- 1942.

Immediate cause of death	Duration
Cardio Respiratory Failure	
Due to Puerperal Sepsis	
Generalized Peritonitis	
Due to	
Other Conditions Acute Hemorrhagic Anemia, Lobar Pneumonia, Pulmonary Edema	

(Significant conditions contributing to death but not related to immediate cause given in 21 and 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John R. Davis, Jr. M. D.
Address Mercy Hospital Date signed 10-3-42

F 96276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96276 Registered No. 96276

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Coldspring Lane
(c) Hospital or institution: Coldspring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr 7 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 2217 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma H. Day

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
87	—	—	hr. min.

9. Birthplace unknown (Town, county, and state)

10. Usual Occupation unknown

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace unknown

16 (a) Informant Wm H. Elkins
(b) Address 2103 Cold Spring Lane

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/5/42 (month) (day) (year)
(c) Cemetery or crematory Denton, [redacted]
Location Denton, Md.

18 (a) Funeral director Howard N. Blight Jr
(b) Address 914 Belair Rd

19 (a) OCT 5 1942 (Date received by registrar) Huntington, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1942, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 5 1941, to Oct 3 1942, and that I last saw her alive on Oct 2 1942.

Immediate cause of death Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. N. Patterson

Address 2724 Pensteton Rd Date signed M 10 D 3/42

422400 F 96277

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 96277

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 6-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 dys
(e) Length of stay in Baltimore (yrs., mos., or days) 19 dys

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 429 N Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Daniel T. Layton

3 (b) If veteran, name war	3 (c) Social Security Account No.
?	?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	MARRIED

6 (b) Name of husband or wife Geneva Layton
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 10-15-89

8. AGE: Years	Months	Days	If less than one day
52	11	19	hr. min.

9. Birthplace New Jersey (Town, county, and state)
10. Usual Occupation TRUCK DRIVER
11. Industry or business U.S. Government

FATHER
12. Name Grandon Layton
13. Birthplace New Jersey

MOTHER
14. Maiden Name Minnie Thompson
15. Birthplace New Jersey

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9-1942 (month) (day) (year)
(c) Cemetery or crematory Glenwood
Location W. Long Branch N.J.

18 (a) Funeral director Jas. X. Beyer Jr.
(b) Address 545 Hopkins St

19 (a) OCT 5 1942 (b)
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1942, at 300 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1942 to Oct 4 1942 and that I last saw him alive on Oct 4 1942

	Duration
Immediate cause of death infarction of left ventricle	19 days
Due to Coronary occlusion	19 days
Due to Atheromatosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur abbut home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The John Hopkins Hosp Date signed 10/8/42

VS 3

F 96278

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96278 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be complete. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 S. Linwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 S. Linwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) no
If yes, name country

3 (a) FULL NAME GEORGE ALBERT GRIEB

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 214-01-4386

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mabel Sebour Grieb

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): Aug. 7. 1889

8. AGE: Years: 53 | Months: 11 | Days: 25 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Shipping Clerk

11. Industry or business: Oil Industry

FATHER
12. Name: Henry Grieb
13. Birthplace: Baltimore Md.

MOTHER
14. Maiden Name: Mary Vogel
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs. Mabel Grieb (Wife)
(b) Address: 731 S. Linwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5. 1942 (month) (day) (year)
(c) Cemetery or crematory: Oak Lawn Cemetery
Location: Baltimore County

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: [illegible] & Broadway.

OCT 5 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2. 1942 at 2.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-22 1941, to 10-2 1942 and that I last saw h[illegible] alive on 10-2-1942

Immediate cause of death	Duration
Cerebral Hemorrhage	5 hrs
Due to Chr Hypertension	2 yrs?
Due to Chr. arterio-Sclerosis	2 yrs?
Other Conditions Chr Heart enlargement	4 yrs?

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. J. Davidson M. D.
Address 3218 Eastern Date signed Oct 3 1942

VS 3

F 96279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96279 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 Desoto Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Sadofsky

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	White	Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11 - 1872

8. AGE: Years	Months	Days	If less than one day
70	8	22.	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Meat Cutter
11. Industry or business Stall in market

FATHER
12. Name Christian Sadofsky
13. Birthplace Germany

MOTHER
14. Maiden Name Mary
15. Birthplace Germany

16 (a) Informant Christian Sadofsky
(b) Address 127 Willard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6-1947 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director George L. Schnaut
(b) Address 2101 Frederick Ave (Huntington & Williams)

19 (a) OCT 5 1947 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/3 1947 at 7:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/10 19 47 to 10/3 19 47.
and that I last saw h alive on 10/3 19 47.

Immediate cause of death	Duration
generalized carcinomatosis	
Due to carcinoma of lung	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature E. J. McGinn M. D.
Address Md. Gen. Hosp. Date signed 10/3/47

VS 3

F 96230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96230 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: UNIV. HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 1334 Andre Street (If outside city or town limits, write RURAL and give town)
(d) Street No. Balto. Md. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN A. BRUNS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Male	White	Married

6 (b) Name of husband or wife Helena R. Bruns
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 13-1867

8. AGE: Years	Months	Days	If less than one day: hr.	min.
75	1	19		

9. Birthplace Lafrony Germany (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business Locust Point Pier

FATHER
12. Name Bruns
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Helena R. Bruns
(b) Address 1334 Andre St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6-1867 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director George E. Lehnert
(b) Address 1015 Eutaw Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1942 at 9:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-15 1942 to 10-2 1942, and that I last saw him alive on 10-2 1942.

Immediate cause of death CARDIAC DECOMPESATION — Duration

Due to AORTIC STENOSIS
CARDIAC HYPERTROPHY

Due to GENERALIZED
ARTERIOSCLEROSIS

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 5-7-42
Major findings of operation: BENIGN PROSTATIC HYPERTROPHY
of autopsy: AORTIC STENOSIS

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F. C. Meade
Address Univ. Hosp. Date signed 10/3/42 M. D.

F 96281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96281 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Race
(a) Baltimore City, Maryland
(b) Street address 1105 Rayfl
(c) Hospital or institution: Balto, Md

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Rayfl
(If rural give location)
(e) If foreign born, how long in U. S. Race years

3 (a) FULL NAME Helen Melosh

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	C	Married

6 (b) Name of husband or wife Robert Melosh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7-90

8. AGE: Years	Months	Days	If less than one day
52	5 mo	24	hr. min.

9. Birthplace Essex County Va
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Walter Melosh
13. Birthplace Essex County Va

MOTHER
14. Maiden Name Mary Phillips
15. Birthplace Essex County, Va

16 (a) Informant Doug Jordan
(b) Address 1105 Rayfl

17 (a) Burial (b) Date thereof 10-5-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Md

18 (a) Funeral director Isaiah L Brown & Son
(b) Address 108 W Montgomery St Baltimore, Md

19 (a) (b) Huntington Pallbearer
(Date rec'd by registrar) Registrar

VS OCT 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1942 at 6:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1942 to Oct 1 1942 and that I last saw h alive on 9/30 1942.

Immediate cause of death	Duration
Lobar Pneumonia	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations No Operation
Of autopsy None

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H A Welcome M.D.
Address 11 31 Harlem Ave Date signed 10/7/42

F 96282

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96282 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1429 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1429 Madison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ETHEL ATKINS BLAKE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, [illegible] years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 32 Months Days If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Samuel Atkins Adkins
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Dora Coff
15. Birthplace Baltimore, Md.

16 (a) Informant Dora Coff Atkins
(b) Address 1429 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-42 (month) (day) (year)
(c) Cemetery or crematory Laurel Interment
Location Belair Road, Balto, Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1429 Jeffersan St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2. 1942 at 5 40 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Syphilis cardiovascular (aneurysm, aorta) — Duration

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H Z Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 9-3-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

JL - 76949

F 96283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 133 F 96283

Please write the causes of death clearly and legibly. Physicians: correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10da

(e) Length of stay in Baltimore (yrs., mos., or days) 11 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1400 McCulloh St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Fannie McNeil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1913

8. AGE: Years	Months	Days	If less than one day
29	1	6	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Charles McNeil

13. Birthplace N. C.

MOTHER

14. Maiden Name Lucy Hamlin

15. Birthplace N. C.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-42 (month) (day) (year)

(c) Cemetery or crematory

Location Fayetteville N. C.

18 (a) Funeral director George A. Nelson

(b) Address 1203 Pennsylvania St

19 (a) (Date rec'd by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3 1942 at 12 45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23 1942 to 10-3 1942

and that I last saw h[illegible] alive on 10-3 1942

Immediate cause of death Uremia — Duration 3 days

Due to Reflex Anuria following cystoscopy

Due to Chronic Nephritis - left

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Cystoscopy 9-29-42

Major findings of operation:

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harry Haas M. D.

Address Balto. Md. Date signed 10-4-42

F 96284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96284 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1313 Presstman Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME David Randall

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-01-1851

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	married

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 13, 1889

8. AGE: Years	Months	Days	If less than one day
53	11	19	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business

FATHER
12. Name Thomas Randall
13. Birthplace md

MOTHER
14. Maiden Name Mehalia Burgess
15. Birthplace md

16 (a) Informant Hilton Randall
(b) Address 1313 Presstman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director George S. Kelson
(b) Address 1303 Presstman St

19 (a) (Date received by Registrar) OCT 5 1942 (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2-1942 at 6:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Acute carcinoma of Stomach with metastasis

Due to

Other Conditions Terminal pneumonia and pneumococcic meningitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 10-2-42

VS 6

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96285

F 96285

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lansdowne Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Hyman Levine

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rebecca
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Tailor

FATHER
12. Name Samuel Levine
13. Birthplace Russia

MOTHER
14. Maiden Name Unkown
15. Birthplace Russia

16 (a) Informant William Levine
(b) Address 2517 Cold Spring Lane

17 (a) Burial (b) Date thereof October 5, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Workmen Circle Cemetery
Location Sol Levinson & Bros

18 (a) Funeral director 1124 1126 W North Ave
(b) Address Huntington Williams, Mgr

19 (a) OCT 5 1942
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1942, at 8 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage, Spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 10-5-42

VS 8

F 96286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Local No. F 96286

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 Braddish Ave
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ✓
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 Braddish Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HAZEL HOLZSCHUBER

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Vernon D. Holzschuber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1893

8. AGE: Years	Months	Days	If less than one day
49	0	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Norris Sellman
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Magers
15. Birthplace Md.

16 (a) Informant Mr. Vernon D. Holzschuber
(b) Address 1711 Braddish Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/42 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Howard Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (Date rec'd by Registrar) OCT 5 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1942, at 9:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to Oct 3 1942, and that I last saw him alive on Oct 3 1942.

Immediate cause of death	Duration
Acute cardiac dilitation and failure on	
Due to Myocarditis	
Due to	
Other Conditions Bad Bladder Disease. Ventral Hernia.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathan B. Needle M.D.
Address 2314 N. North Ave Date signed 10/6/42

VS 3

Please write clearly and legibly. Physicians: please write the causes of death clearly and correct age is especially important.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96287 — Registered No. F 96287

PLEASE WRITE PLAINLY, with unfading ink. Physicians: please write the causes of death clearly and legibly. Give full name of deceased, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Edgewood. (If outside city or town limits, write RURAL, and give town)
(d) Street No. P.O. Box 245 Oakington Street. (If rural give location)
(e) Citizen of foreign country? Not. (Yes or No)
If yes, name country None.

3 (a) FULL NAME Mrs Claudia J. Hatch.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None.	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. Paul Hatch.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 6, 1896

8. AGE: Years	Months	Days	If less than one day
46	3	27	hr. min.

9. Birthplace Alabama. - (Pike Co.) (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Housewife.

FATHER
12. Name John Nelson
13. Birthplace Alabama.

MOTHER
14. Maiden Name ~~Lucy~~ Rachel Leighton
15. Birthplace Alabama.

16 (a) Informant From Hospital chart
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave., Balto., Md.

19 (a) OCT 5 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1942, at 10:20 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1942, to Oct. 3 1942, and that I last saw h[illegible] alive on Oct 3 1942.

Immediate cause of death	Duration
Ruptured oesophageal varices	10 days.
Due to Cirrhosis of the liver	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation:
of autopsy Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Dr David Bashaw M. D.
Address Church Home & Infirmary Date signed 10/3/42

VS 8

F 96288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 7450 F 96288

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4700 Harford Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 4700 Harford Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rachel O. Edelman

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F M.	W.	Widow

6 (b) Name of husband or wife Thomas Edelman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 19, 1875

8. AGE: Years	Months	Days	If less than one day
66	10	13	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Rapley
13. Birthplace —

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs. Ann Edelman
(b) Address 5215 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director Leonard J. Rugh
(b) Address 5305 Harford Rd

19 OCT 5 1942 (b) [illegible] Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30 1942 to Oct. 2 1942 and that I last saw her alive on Oct. 2 1942

Immediate cause of death Uremia — Duration: Unknown

Due to Arteriosclerosis
Cardiac asthma

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. V. Harbold M. D.
Address 4706 Harford Road Date signed 10/3/42

F 96283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 10 F 96289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 102 S. Addison St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 102 S. Addison St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

19-4

3 (a) FULL NAME Howard Franklin Starkey

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-12-0317

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Jeannie Lee Traynard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1886

8. AGE: Years	Months	Days	If less than one day
56	7	7	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Boilermakers helper
11. Industry or business B & O. R.R.

FATHER
12. Name William Starkey
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie Battis
15. Birthplace Maryland

16 (a) Informant Mrs. Howard Starkey
(b) Address 102 S. Addison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3901 Frederick Rd

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave

19 (Date rec'd by local reg.) OCT 5 1942 (Signature of local reg.) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1942 to Oct 1 1942, and that I last saw him alive on Oct 1 1942

Immediate cause of death: Cardio-vascular renal disease — Duration: 8 months

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Kermond M.D.
Address 1934 Walbrook Ave Date signed Oct 5 1942

VS 8

F 96280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96290 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 Mt. Holly St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 40'
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Mt. Holly St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Heinold

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Widow

6 (b) Name of husband or wife Late Geo. L. Heinold
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1868

8. AGE: Years	Months	Days	If less than one day
74	8	11	hr. min.

9. Birthplace Bucks. Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Englehart Stange
13. Birthplace Md

MOTHER
14. Maiden Name Elizabeth
15. Birthplace Md

16 (a) Informant Mrs Elsie Noonan
(b) Address 509 Mt. Holly St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/5/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3501 Frederick Rd.

18 (a) Funeral director Harry A. Tuttle
(b) Address 4101 E. Baltimore St

19 (Date received by Registrar) Registrar

VS Form Oct 5-1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 42 , 1942 at 11:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1942 to Oct 1 1942 and that I last saw h[illegible] alive on Oct 1 1942

Immediate cause of death	Duration
Acute dilatation	
Due to Congestive heart failure	
Due to Hypertensive Cardiovascular-renal disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Hassenplug M. D.
Address 4037 Fallstaff Date signed 10/2/42

correct age is especially important. Physicians: please write the

F 96291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 96291
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 726 Bruce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES E. EVANS

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	widowed

6 (b) Name of husband or wife ~~August 5, 1890~~
HATTIE (D). 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 5, 1890

8. AGE: Years	Months	Days	If less than one day
52	1	27	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name John Evans
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie ?
15. Birthplace Maryland

16 (a) Informant Mrs. Lena Hembry
(b) Address 334 N. Bruce St.

17 (a) Burial (b) Date thereof 10/6/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Glen
Location Baltimore Md.

18 (a) Funeral director William A Jackson
(b) Address 916 Penna Ave

19 (a) OCT 5 1942 Huntington Wilkerson, M.D.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1942 at 3:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said ,, find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Pneumonia, lobar
Interval
Due to pneumococcus

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Wilkerson M.D.
Medical Examiner.
Date signed 10-3-42

PLEASE WRITE CLEARLY, with ink. Use full name—not initials. Do not abbreviate. Make entries in all items. If information is not known or cannot be obtained, so state. Please see that age is correct. Physicians: please write the causes of death clearly, and see that age is especially important.

V8 6

F 96292

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96292
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 662 Cokesbury Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 662 Cokesbury Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Skeppon Stouffer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Louis Stouffer
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-10-1886

8. AGE: Years	Months	Days	If less than one day
56	11	22	hr. min.

9. Birthplace Baltimore County
(Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John Skeppon
13. Birthplace Baltimore County

MOTHER
14. Maiden Name — L. — Gill
15. Birthplace Baltimore County

16 (a) Informant Mr. Louis Stouffer
(b) Address 662 Cokesbury Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-1942 (month) (day) (year)
(c) Cemetery or crematory Berley Cemetery
Location = Baltimore Md

18 (a) Funeral director Mary M. Wiedefeld
(b) Address 501 E 22nd St.

19 (a) OCT 5 1942 (Date received by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2nd. 1942, at 4:15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24 1942, to 10-2- 1942.
and that I last saw h er alive on Oct. 2nd. 1942.

Immediate cause of death: Ruptured Aortic Aneurysm — Duration: Immediate

Due to ---------- (over)

Due to

Other Conditions: Bronchitis — Duration: few weeks

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

M.D. Signature Geo W Pfingstgraff M.D.
Address 401 E. 25th. St. Date signed 10/3/42.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Fill in all blanks. Be sure to give correct age in years. Physicians: please write the causes of death clearly and legibly. Be especially important.

VS 3

F 96293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 96293 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the cause of death clearly and accurately. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4409 Gunway
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) at home 24
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4409 Gunway (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elsie Carroll Agnus Daingerfield

3 (b) If veteran, name war: no

3 (c) Social Security Account No. no

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: P.B.F. Daingerfield

6 (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.) Sept-6-1871

8. AGE: Years 71 | Months 0 | Days 27 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER
12. Name Gen. Felix Agnus
13. Birthplace France

MOTHER
14. Maiden Name Anne Fulton
15. Birthplace D. C.

16 (a) Informant Mrs Alsia Leser (sister)
(b) Address 4403 Bedford Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director Steward Mowbray Co.
(b) Address 108 W Monument St.

19 (a) OCT 5 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3rd 1942 at 6 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from — 1914, to Oct. 3rd 1942, and that I last saw h[er] alive on October 2nd 1942.

Immediate cause of death Cardiac Decompensation — Duration 6 months
occurring on the course of Angina Pectoris
Heart Disease of years standing
Due to See above
Due to
Other Conditions Left Hemiplegia — Duration 4½ months
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Wm. M. Dabney M. D.
Address Ruxton, Baltimore Co., Md. Date signed Oct. 3, 1942

VS 8

F 96294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√830

F 96294 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2101 Cold Spring Lane

(c) Hospital or institution: Cold Spring Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo 7 da

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1307 Hamden Ave

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Georgia F. Parson

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years	Months	Days	If less than one day
79			hr. min.

9. Birthplace (Town unknown) Md
(Town, county, and state)

10. Usual Occupation Child's nurse

11. Industry or business

FATHER

12. Name

13. Birthplace English

MOTHER

14. Maiden Name

15. Birthplace French

16 (a) Informant Mrs Harry B Clements

(b) Address 2141 Eyes St. N.W. Wash. D.C.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Frederick Ave

18 (a) Funeral director Howard N. Blight Jr.

(b) Address 4914 Belair Rd

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1942 at 5 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 6 1941, to Oct 2 1942, and that I last saw her alive on Oct 2 1942.

Immediate cause of death	Duration
cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. N. Patterson

Address 7324 Reisterstown Rd (Date signed M 10 D 3/42)

VS 3

F 96295

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96295 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2106 Herbert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2106 Herbert St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William A Ashby

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	212-18-3652	M	W.	Married

6 (b) Name of husband ~~or wife~~ Etta Ashby
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 9-1900

8. AGE: Years	Months	Days	If less than one day hr.	min.
41	10	25		

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business Md Biscuit Co

FATHER
12. Name George Ashby
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name Barbara Monaghan
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs Irene Ashby
(b) Address 1518 Clifton Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct 7-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Williams Bros Inc
(b) Address 217 Oak Road Phone Towson, Md.

19 (a) OCT 5 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1942 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to [redacted] death on the day stated above. Suffocation;

Immediate cause of death	Duration
atelectasis of lungs, bilateral	
Due to edema of glottis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 3rd 1942 at M
(c) Where did injury occur? 2106 Herbert St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Choked on cough drop
23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Oct 4 1942

VS 6

F 96296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1117N

F 96296 Registered No.

correct age is especially important. If unknown, state approximate. Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 211 E. 33 st.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. James E. Dunphy Jr.

3 (b) If veteran, name war No

3 (c) Social Security Account No. 209-10-5336

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Minnie M

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26. 1886

8. AGE: Years 56 | Months 6 | Days 17 | If less than one day hr. min.

9. Birthplace Towson Md (Town, county, and state)

10. Usual Occupation Fullmon Conductor

11. Industry or business Fullmon Co

FATHER
12. Name James Dunphy Sr
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Mary Lee
15. Birthplace Md

16 (a) Informant James E Dunphy Jr
(b) Address 290 N Calvert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/42 (month) (day) (year)

(c) Cemetery or crematory Prospect Hill
Location Towson Md

18 (a) Funeral director Wilhom Co Inc
(b) Address 1219 E Fort Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams Md (Registrar)

OCT 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1942, at 10 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1942, to Oct 3 1942, and that I last saw him alive on Oct 3 1942.

Immediate cause of death: Evisceration + Shock — Duration: 9 days
Due to: Peritonitis — 9 days
Due to: Perforated gastric ulcer
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Sept 25. 1942
Major findings of operation: Perforated gastric ulcer Peritonitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp Date signed 10-3-42

F 96297

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. E 96297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mt Wilson Gen Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wks
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1543 N Fulton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ellen Robinson

3 (b) If veteran, name war —
3 (c) Social Security Account No. 1142

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: John Robinson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Aug 16 1882
8. AGE: Years 60 | Months 1 | Days 18 | If less than one day hr. min.
9. Birthplace: Dublin Ireland (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:

FATHER
12. Name: John Kyng
13. Birthplace: Ireland

MOTHER
14. Maiden Name:
15. Birthplace: Ireland

16 (a) Informant: John Robinson
(b) Address: 1543 N Fulton Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/42 (month) (day) (year)
(c) Cemetery or crematory: Mt Calvary
Location: Baltimore Md
18 (a) Funeral director: Mulligan Col Inc
(b) Address: 1219 E Pratt St
19 (a) (Date rec'd by registrar) Oct 5 1942 (b) Interment or removal: Huntington Williams, Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/3 1942, at 10:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 1942 to 10/3 1942, and that I last saw her alive on 10/2 1942.

Immediate cause of death: Uremia — Duration
Due to: Chronic Nephritis — 7 months
Due to:
Other Conditions: Bronchopneumonia
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: L. V. Tompkins
Address: Mt Wilson Gen. Hosp. Date signed 10/3/42 M. D.

Correct age is supremely important. Please write the figures of death clearly and legibly.

F 96298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ 830 F 96298 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto City
(b) Street address 1307 E. Lexington St
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 E. Lexington St
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ✓

3 (a) FULL NAME Sarah Glenn

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Unknown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years 77 | Months — | Days — | If less than one day hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER 12. Name Samuel Pitts
13. Birthplace Va

MOTHER 14. Maiden Name Jane Bond
15. Birthplace Va

16 (a) Informant Addie Burnett
(b) Address 1307 E. Lexington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5-42 (month) (day) (year)
(c) Cemetery or crematory [illegible]
Location Balto Md

18 (a) Funeral director [illegible]
(b) Address 1056 Montgomery

19 (a) (Date rec'd by Local Registrar) (b) Huntington Williams M.D. Registrar

OCT. 5 1942 VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 — 2 — 1942 at 5:12 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1942 to Oct 2 1942 and that I last saw her alive on Oct 1st 1942

Immediate cause of death Cerebal Hemmhage — Duration 7

Due to Hypertention

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: ✓

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James E Carlyn M. D.
Address 1016 N. Sharp St Date signed 10-5-42

F 96293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 96299

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1622 Light St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1622 Light St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FANNIE ADREON

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 23, 1862

8. AGE: Years	Months	Days	If less than one day
80	6	9	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Milliner
11. Industry or business Ladies Hats

FATHER
12. Name Unknown
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Nary
15. Birthplace Md.

16 (a) Informant Dorothy Charnock
(b) Address 1622 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/3/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location E. North Ave

18 (a) Funeral director H. A. Kramer & Son
(b) Address 1216 S. Charles St.

19 (a) OCT (Registered by Registrar) (b) 5 1942 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1942 at 4P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an examination (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D.
Medical Examiner.
Date signed 10-3-42

F 96300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96300 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 531 S. Ann Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 531 S. Ann Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elias Sfinios

3 (b) If veteran, name war —

3 (c) Social Security Account No. 102-14-9462

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years	Months	Days	If less than one day
26			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Family
(b) Address 531 S. Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

18 (a) Funeral director
(b) Address

19 (a) OCT 5 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2-1942, at 6:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection - Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Asphyxiation — Duration
Due to: Illuminating Gas
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide? Probably Accidental
(b) Date of occurrence 10-2-42 at A M
(c) Where did injury occur? 531 S. Ann St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Inhalation of gas from water

23. Signature Howard J. Waldeck M.D. Medical Examiner.
Date signed 10-2-42

VS 6

F 96301
AB-77146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96301
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8Hr. 15Min.
(e) Length of stay in Baltimore (yrs., mos., or days) 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Selena Bean (Salena Bean) (Lena Bean)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex F
5. Color or race C
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife John Bean (John Richard Bean)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) ?-?- 1890
8. AGE: Years 52 Months ? Days ? If less than one day hr. min.
9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
FATHER 12. Name Willie Wilson
13. Birthplace Md.
MOTHER 14. Maiden Name Percilla ?
15. Birthplace Md.
16 (a) Informant Baltimore City Hospitals
(b) Address Records
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Park
Location
18 (a) Funeral director Robert L. Young
(b) Address 804 N. Caroline St.
19 (a) OCT 5 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/3 1942 11:10 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 10/3 1942 to 10/3 1942 and that I last saw h alive on 10/3 1942.

Immediate cause of death Malignant hypertension
Uremia
Due to Glomerular Nephritis
Due to
Other Conditions Diabetes
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
? 2 Yrs. ?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William Goodman M. D.
Address Baltimore City Hosp. Date signed 10/5/42

VS 3

F 96302

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

46 MF 96302 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1412 Patapsco St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 23
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1412 Patapsco St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rose M. Eisen

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-6016

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Leharder J. Eisen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 5, 1881

8. AGE: Years	Months	Days	If less than one day
60	1	28	hr. min.

9. Birthplace Austria (Town, county, and state)
10. Usual Occupation Supervisor
11. Industry or business Yarn Manufacturer

FATHER
12. Name Anton Ullmann
13. Birthplace Austria

MOTHER
14. Maiden Name Pauline Knagl
15. Birthplace Austria

16 (a) Informant Mrs. Estelle Tremmer
(b) Address 5835 Belair Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6-42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Holy Cross Cem.
Location Ritchie Highway

18 (a) Funeral director Elizabeth Hark Funeral
(b) Address 115 E. West St.

OCT 5 1942 (Date received by Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1942, at 3:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1942, to Oct 3 1942 and that I last saw her alive on Oct 3 1942

Immediate cause of death	Duration
Carcinoma of Stomach.	
Due to	
Due to	
Other Conditions Unspecified	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, ~~or~~ public place? — While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Schenuch M.D.
Address 1337 S. Charles St. Date signed 10/5/42

F 96303

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

31 NF 96303 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2903 EDMONDSON AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County ✓
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2903 EDMONDSON AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME MYRTLE BELLE COLLINS

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	MARRIED

6 (b) Name of husband or wife SAMUEL A. COLLINS
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) 8/9/88

8. AGE: Years	Months	Days	If less than one day
54	1	24	..... hr. ..... min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business -

FATHER
12. Name FRESLEY CARTER
13. Birthplace VA.

MOTHER
14. Maiden Name HUFF
15. Birthplace VA.

16 (a) Informant ANNABEL COLLINS
(b) Address 2903 EDMONDSON AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-6-42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK AVE.

18. (a) Funeral director C. RAYMOND KAUFMAN
(b) Address 1026 LEEDS AVENUE.

19. OCT 5 1942 (Date received) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1942 (M. A. M.)

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 '42 Oct 3 1942 and that I last saw h[illegible] alive on Oct 3 1942.

Immediate cause of death	Duration
Coronary thrombosis	6 days.
Due to Chronic nephro sclerosis with hypertension.	several years.
Due to Chronic nephritis.	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Mitchell M. D.
Address 2901 Edmondson Date signed Oct 4 1942

F 96304

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96304 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address SINAI HOSPT
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (~~yrs., mos., or days~~) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 VIOLET AVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
FEMALE	WHITE	DIVORCED

6 (b) Name of husband or wife HENRY
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name MEYER KATZOFF
13. Birthplace RUSSIA

MOTHER
14. Maiden Name HANNAH
15. Birthplace RUSSIA

16 (a) Informant HOSPT RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-5-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Hebrew Friendship
Location E. Balto St
18 (a) Funeral director Jak Levin Inc.
(b) Address 1439 E. Balto St

19 OCT 5 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1942 at 2 40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Oct 3 1942, and that I last saw h[illegible] alive on Oct 3, 1942

Immediate cause of death	Duration
Ca, head of pancreas	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: as stated
of autopsy: as stated

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E. Bortnoy
Address Sinai Hosp. Date signed 10/3/42

VS 3

F 96305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 96305 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 d
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1720 E. Balto St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harris Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Mollie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation None

11. Industry or business

MOTHER / FATHER

12. Name Nathan

13. Birthplace Russia.

14. Maiden Name Libby

15. Birthplace Russia.

16 (a) Informant Hosp records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42 (month) (day) (year)

(c) Cemetery or crematory Herring Run

Location Phil Rd & Bradley Lane

18 (a) Funeral director Jas F. Lemp Inc

Address 1437 E. Balto St

OCT 5 1942

19 (a) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1942 at 1:P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1942 to Oct 4 1942 and that I last saw him alive on Oct 4 1942.

Immediate cause of death Uremia
heart failure

Due to Hypertensive and arteriosclerotic cardio-

Due to vascular disease
Myocardial insufficiency

Other Conditions Terminal bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Healed duodenal ulcer

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Alexander E. Robbins M.D.

Address Sinai Hospital Date signed 10/4/42

F 96306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

121

F 96306

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 mo
(e) Length of stay in Baltimore (yrs., mos., or days) 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 829 W. Lexington Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM KING TAYLOR

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 218 07 7199

4. Sex Male

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Sarah Auld

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1, 1894

8. AGE: Years 47 | Months 10 | Days 2 | If less than one day: hr. min.

9. Birthplace HAMPTON COUNTY, S. C.
(Town, county, and state)

10. Usual Occupation WPA JOBS*Laborer

11. Industry or business

FATHER
12. Name Archie Taylor
13. Birthplace ---

MOTHER
14. Maiden Name Annie Wright
15. Birthplace ---

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 10-7-42 (month) (day) (year)
(c) Cemetery or crematory Dulaney National
Location Balto. Baltimore

18 (a) Funeral director Samuel McCausland & Son
(b) Address 638 N. Gilmor St.

19 (a) Huntington Williams, M.D.
(Date received by registrar)
OCT. 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3 1942, at 11:05 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 2, 1942, to October 3 1942, and that I last saw him alive on October 3 1942.

Immediate cause of death Bronchopneumonia — Duration: Terminal

Due to Pelvic abscess — Duration: 8 mo.

Due to Ruptured appendix — Duration: Unknown

Other Conditions — Duration: 8 mo.

(Include pregnancy within 3 months of death)

Date of operation 9/29/42

Major findings of operation: Exploratory lap; Appendectomy; Exploratory Lap; Incision and Drainage, pelvic; Colostomy

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 10/5/42 M. D.

F 96307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96307 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring & Belvedere Ave
(c) Hospital or institution: Levendale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mos
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 10 Ruxton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 36 yrs years

3 (a) FULL NAME Benjamin Blaustein

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	

6 (b) Name of husband or wife Rebecca Blaustein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day hr.	min.
64				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Moses Blaustein
13. Birthplace Russia

MOTHER
14. Maiden Name Ida -
15. Birthplace Russia

16 (a) Informant Sig Frankel
(b) Address Greenspring & Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Pleasant Hill Rd.

18 (a) Funeral director Jacob Levin Inc
(b) Address 1939 E. Balto. St

19 (a) (Date filed by registrar) 1942 (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1942, at 8 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 1-20 1940 to 10-5 1942 and that I last saw him alive on 10-5 1942.

Immediate cause of death	Duration
Chr card. vascular disease	
Arteriosclerosis	
Due to	
Due to	
Other Conditions Chr Bronchitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Edmund Levin
Address Levin Lane Date signed 10/5/42

F 96308

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119aF 96308 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 W. Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOEY ANN SCHMIDT (Birth F. 52278)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1942

8. AGE: Years | Months 3 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert D. Schmidt
13. Birthplace Baltimore

MOTHER
14. Maiden Name Inez McCoven
15. Birthplace Baltimore

16 (a) Informant Robert D. Schmidt
(b) Address 1325 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-42 (month) (day) (year)
(c) Cemetery or crematory London Park Cem.
Location Frederick Ave.

18 (a) Funeral director Robert Brooks & Son
(b) Address 1338 Pennsylvania Ave

OCT 5 1942 (Date received by Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1942, at 7 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

Immediate cause of death: Gastroenteritis acute, infantile — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenmuller M.D.
Asst Medical Examiner.

Date signed 10-3-42

F 96309

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96309 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2408 W. Lombard St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2408 W. Lombard St
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME WALTER L. WESTERPHAL (Westphal)

3 (b) If veteran, name war None
3 (c) Social Security Account No. 216-01-3099

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Mary T. (Hogan)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/24/1878

8. AGE: Years 64 | Months 7 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Supervisor - Westphal Laundry Company
11. Industry or business

FATHER
12. Name Henry Westphal
13. Birthplace Germany

MOTHER
14. Maiden Name ?
15. Birthplace Germany

16 (a) Informant Laurence Westphal (Son)
(b) Address 3527 Alice Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem
Location Balt Md

18 (a) Funeral director George D. Roth Inc
(b) Address 745 Hollins St Balto

19 (a) 1-5-1942 (Date filed by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 3 1942 at 10 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertension	
Due to	
Other Conditions Diabetes mellitus (Include pregnancy within 3 months of death)	
Date of operation No	
Major findings of operation:	
Autopsy: No	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 1-7-42

VS 6

F 96310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alexander Jones.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race Negro

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years 44 | Months | Days | If less than one day hr. min.

9. Birthplace Texas (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Nancy Harris
(b) Address 619 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Adolphus Hall
(b) Address 9 N. Dug Hall

OCT 5 1942 (Date rec'd by local registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2-42 19 , at 12:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1-42 19 , to 10-2-42 19 , and that I last saw h alive on 10-2-42 19 .

Immediate cause of death: Heart failure
a
Due to Cystic Arteriosclerosis
Cardio Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Beasley Jr. M. D.
Address Date signed

H. L. Wollenweber M.D 5317

correct age is especially important. Physicians: please write out cause of death clearly and legibly.

F 96311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 VF 96311 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 Orleans
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 81

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Orleans (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George B. Pasters

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 6 - 1861

8. AGE: Years	Months	Days	If less than one day
81	5	17	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Gen Laborer

11. Industry or business Retired

FATHER
12. Name James T. Pasters
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Meyers
15. Birthplace Baltimore

16 (a) Informant Margaret McKrum
(b) Address 2002 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Orleans

19 (a) OCT 5 1942 (Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1942 at 9:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 15 1941, to Oct 3 1942, and that I last saw h[im] alive on Oct 3 1942

Immediate cause of death chronic myocarditis. (Sept 28/42) myocardial failure — Duration Dec 15/41 Sept 28/42

Due to Mitral insufficiency + stenosis — Dec 15/41

Due to arterio-sclerosis — 5 years

Other Conditions — chronic nephritis Sept 28/42

Contributing + Benign + Scleroderma

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Raum F. Krumrein M. D.

Address 722 N. Kenwood Ave Date signed Oct 6/42

Correct Age is especially important. Any error in age should be reported to Bureau of Vital Statistics immediately.

VS 8

F 96312

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96312 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Charles
(c) City or town Issue
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes Smallwood

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 29-1898

8. AGE: Years	Months	Days	If less than one day
44	8	4	hr. min.

9. Birthplace Charles Co. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business Domestic

FATHER
12. Name Edward Smallwood
13. Birthplace Charles Co. Md.

MOTHER
14. Maiden Name Mary Queen
15. Birthplace Charles Co. Md

16 (a) Informant Mary Smallwood
(b) Address Issue Md

17 (a) Burial (b) Date thereof Oct. 8-44
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Issue Md.
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St.

OCT 5 1944 (b) Huntingtor Williams Md.
(Date received by registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3- 1944 at 7 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2 1944 to 10-3 1944 and that I last saw her alive on 10-3 1944

Immediate cause of death ??
Coronary failure

Due to Arteriosclerotic uremia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Townshend Jr. M. D.
Address University Hospital Date signed 10-3-44

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 96313 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 51st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 37 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town 527 N. Vincent Street
(If outside city or town limits, write RURAL and give town)
Baltimore
(d) Street No. (If rural give location) No
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLARENCE HENRY MATTHEWS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 219 05 8279

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1889

8. AGE: Years	Months	Days	If less than one day
53	5	2	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual Occupation CHAUFFEUR

11. Industry or business

FATHER
12. Name Charles Matthews
13. Birthplace Prince George County, Md.

MOTHER
14. Maiden Name Maggie Walser
15. Birthplace Prince George County, Md.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6, 1942 (month) (day) (year)

(c) Cemetery or crematory National Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 722 N. Arlington Ave Baltimore, Md

19 (a) OCT 5 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1942 at 12:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1. 1942 to Oct. 5, 1942, and that I last saw him alive on Oct. 5, 1942.

Immediate cause of death	Duration
Pneumonia, Lobar, Upper Rt.	3 days
Uremia, Chronic	
Due to Nephritis, chronic Interstitial	
Cardiac Dis. Cardio renal vascular	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jos. J. Pendola M. D.
Address US Marine Hosp. Baltimore Date signed 10-4-42

correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS 3

F 96314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96314 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Va (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 406 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Waller

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1941

8. AGE: Years	Months	Days	If less than one day
1	196	8	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Harold Waller
13. Birthplace Virginia

MOTHER
14. Maiden Name Maggie James
15. Birthplace Virginia

16 (a) Informant Harold Waller
(b) Address 406 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

OCT 5 1942 (Date received by registrar) (Huntington Williams M.D. Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1942 at 6 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct. 3 1942 and that I last saw h[illegible] alive on Oct 3 1942

Immediate cause of death	Duration
Purpura Hemorrhagica	1 week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Rehkins
Address Provident Hosp. Date signed 10/3/42

VS 3

~~F 96344~~ F 96315 ✓ F 96315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

~~REGISTRAR'S~~ No. F 96315

correct age is especially important. Physicians, please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 York Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 07
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 York Road
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME JULIA BELL MERRIKEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W.	widow

6 (b) Name of husband or wife William MERRIKEN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27 1869

8. AGE: Years	Months	Days	If less than one day
72	10	8	hr. min.

9. Birthplace Howard Co., Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business None

FATHER
12. Name Samuel Close Hearn
13. Birthplace Howard Co. Md

MOTHER
14. Maiden Name Maria Miller
15. Birthplace Balto. City, Md.

16 (a) Informant Mr. Wm. Lee Merriken
(b) Address 2702 Whitney av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year) Oct 7-42
(c) Cemetery or crematory Loudon Park
Location 3601 Frederick ave

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 1900 Eutaw Place

19 (a) OCT 5 1942 (Date received by local registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5th 1942 at 7:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Oct 5th 1942 and that I last saw ... alive on Oct 5th 1942.

Immediate cause of death	Duration
Coronary Thrombosis	60 hrs.
Due to Generalized arteriosclerosis	17 yrs.
Due to Hypertension	25 yrs.
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature A. J. Chilcoat M. D.
Address 610 York Rd Date signed Oct 5 1942

VS 3

F 96316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96316 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721 N. Bruce St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 721 N. Bruce St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY L. JACKSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 21, 1893

8. AGE: Years 48 | Months 11 | Days 19 11 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name James Jackson
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Eliza Gross
15. Birthplace Baltimore Md.

16 (a) Informant Susanna Ward
(b) Address 721 N. Bruce St.

17 (a) Burial (b) Date thereof 10-6-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt. Zion Cem
Location

18 (a) Funeral director Mrs. Katie R. Williams
(b) Address 3259 W. Lexington St

19 (a) OCT 5 1942 (b) Huntington Williams M.D.
(Date received) (Registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2, 19 42 at 9:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~inquest~~ autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to ~~her~~ death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 10-5-42

JL - 76974
F 96317

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1937 F 96317

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9ds
(e) Length of stay in Baltimore (yrs., mos., or days) 21 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Mikuteicis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Anthony
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26, 1895

8. AGE: Years	Months	Days	If less than one day
46	10	6	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Blauk
13. Birthplace Poland

MOTHER
14. Maiden Name Eva
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozmunt
(b) Address 1930 Eastern Ave

CT (a) [illegible] (b) [illegible] Huntington Williamsport

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2 1942 at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24 1942 to 10-2 1942 and that I last saw h[illegible] alive on 10-2 1942.

Immediate cause of death	Duration
Pulmonary embolism	1 day
Due to Hemorrhagic enterocolitis	?
Mural thrombi, right auricle	?
Due to Hypertension & C.V.D. disease	?
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 10-3-42

F 96318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

✓ F 96318

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2228 E. Chase St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County .....

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2228 E. Chase St (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Joseph Vincent Roach

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Florence E. Roach

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1860

8. AGE: Years	Months	Days	If less than one day
82	-	5	..... hr. ..... min.

9. Birthplace Benedict Md. (Town, county, and state)

10. Usual Occupation Attorney at Law

11. Industry or business Retired

FATHER

12. Name Thomas Roach

13. Birthplace Benedict Prince Co. Md.

MOTHER

14. Maiden Name Florence E. Miller

15. Birthplace Balto. Md.

16 (a) Informant Mrs. Florence E. Roach

(b) Address 2228 E. Chase St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (month) (day) (year)

(c) Cemetery or crematory Dolphus Cem.

Location Dolphus Baltimore Md.

18 (a) Funeral director Chas. E. Mallonee

(b) Address 2435 E. Oliver St

(c) (Date received) OCT 5 1942 (Registrar) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2 1942 at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1937 to Oct 2 1942, and that I last saw h[im] alive on Oct 2 1942.

Immediate cause of death

Bronchopneumonia — Duration: 3 days.

Due to Cardiovascular Renal disease — Duration: 10 yrs.

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Frank J. Ayd, M. D.

Address 2005 E. Monument St Date signed 10/4/42

Phillips.
96313 Artigani.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 234 Park ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city limits, give township or district)
(d) Street No. Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence B. Moran.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Thos J Moran.

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 28. 1867

8. AGE: Years 74 | Months 11 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business Comf. House.

FATHER
12. Name Luke Cumming.
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Sherry.
15. Birthplace Ireland

16 (a) Informant Kathryn-Casey.
(b) Address 234 Park ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Old Frederick Rd

18 (a) Funeral director Thos. F. Kenny
(b) Address Holland & Gilmore

19 OCT 5 1942 (Date received by local registrar) (c) Huntington Williams M.D. (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3, 1942, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 11, 1942, to Oct. 3, 1942, and that I last saw her alive on Oct. 2, 1942.

Immediate cause of death: Carcinoma of Larynx — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philibert Artigani

Address 2942 E. Fayette St. Date signed 10/5/42 M D

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

✓ F 96320 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 S. Ellwood Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 41 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 S. Ellwood Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Michael Rotunno

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Raffaela Rotunno
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 4rt 1872

8. AGE: Years	Months	Days	If less than one day
69	10	29	hr. min.

9. Birthplace Carpino (Foggia) Italy
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Pasquale Rotunno
13. Birthplace Italy

MOTHER
14. Maiden Name Rosa Rotunno
15. Birthplace Italy

16 (a) Informant Raffaela Rotunno (Wife)
(b) Address 505 S. Ellwood Ave

17 (a) Burial (b) Date thereof Oct. 6/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Morley St.

19 (Date rec'd by Reg.) OCT 5 1942 Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 19 42 at 9 40 A M

21. I certify that death occurred on the date above stated, that I attended deceased from July 1 19 41 to Oct 3 19 42
and that I last saw h alive on Oct 3 19 42.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 hr.
Due to Chronic Nephritis	3
Due to Arteriosclerosis	3
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael Rotunno M. D.
Address 5707 Belair Rd. Date signed 10-5-42

F 96321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 9632 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 S. Athol Ave
(c) Hospital or institution: General German Aged People's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 S. Athol Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Theban

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Widow

6 (b) Name of husband or wife Late Robert Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 3, 1857

8. AGE: Years	Months	Days	If less than one day
85	11	29	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Louis Altvater
13. Birthplace Germany

MOTHER
14. Maiden Name Gertrude Lipp
15. Birthplace Germany

16 (a) Informant Mr. J. Geo. Walz
(b) Address 22 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Greenmount Ave. + Oliver St.

18 (a) Funeral director Harry H. Kirby
(b) Address 1924 1/01 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 2/42 19 12:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1/42 19 to Oct. 2/42 19 and that I last saw her alive on Oct. 2/42 19

Immediate cause of death — Duration

Multiple Sclerosis. — Unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Wade Deaver M. D.
Address 933 Hanover St. Date signed Oct. 5/42

VS 150

F 96322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96322 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Fayette St.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Sparrows P. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 511 E. St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Elizabeth (Dixon) Bennett

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	married

6 (b) Name of husband or wife Ark L. Bennett
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 9, 1896

8. AGE: Years	Months	Days	If less than one day
46	1	23	hr. min.

9. Birthplace Pa (Town, county, and state)
10. Usual Occupation H. W.
11. Industry or business

FATHER
12. Name Harry Gusler
13. Birthplace Pa

MOTHER
14. Maiden Name Grace Kissell
15. Birthplace Pa

16 (a) Informant John Upton
(b) Address 529 Bayside Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6, 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Harford Rd

18 (a) Funeral director Harry N. Nuttle
(b) Address 4101 Edmondson Ave

19 (a) Huntington Williams M.D. (Date rec'd by registrar) Registrar

OCT 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2 1942, at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-16 1942 to 10-2 1942 and that I last saw her alive on 10-2 1942.

Immediate cause of death Pulmonary Embolism — Duration 25 mins

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 9/17/42
Major findings of operation Fibroid Uterus Cholecystitis & Cholelithiasis
of autopsy Pelvic Peritonitus.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thurd H. Kreig M.D.
Address Bon Secours Hosp. Date signed 10-2-42

F 96323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96323 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 Fawn
(c) Hospital or institution:

(d) ~~Length~~ of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Same as above
(a) State Md (b) County
(c) City or town Balto City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 Fawn Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Thorton — Thornton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8 C3 -

8. AGE: Years	Months	Days	If less than one day
79	6	1	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Private

FATHER
12. Name Lemuel Wyatt
13. Birthplace Va

MOTHER
14. Maiden Name Della Thorton
15. Birthplace Va

16 (a) Informant Callie Thorton
(b) Address 4C4 Fawn St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location Baltimore Md

18 (a) Funeral director Wm. H. Hemsley
(b) Address 578 W Biddle St

OCT 6 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/4/42 19 — M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/3/42 19 10/4/42, and that I last saw h alive on 19

Immediate cause Cerebral Hemorrhage

Due to Senile Arteriosclerosis.

Due to

Other Conditions

(Unstable pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. C. Sheets M. D.
Address 727 Mosher Ave Date 10/6/42

VS 8

F 96324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96324 Registered No. 12 4

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway - Balto Md.
(c) Hospital or institution: Church Home & Infirmary 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town) 2
(d) Street No. 2339 North Avenue 1509 N. (If rural give location) Pk 2064
(e) Citizen of foreign country? None (Yes or No)
If yes, name country None

3 (a) FULL NAME Miss Lillian Stein.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife None.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 15, 1911

8. AGE: Years	Months	Days	If less than one day
31	7	21	hr. min.

9. Birthplace Baltimore Maryland. (Town, county, and state)
10. Usual Occupation Stenographer
11. Industry or business Stenographer.

FATHER
12. Name Morris Stein
13. Birthplace Russia

MOTHER
14. Maiden Name Anna Levenson.
15. Birthplace Russia

16 (a) Informant Widow Next of Kin Husband Wife Other (specify)
(b) Address 2339 N.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (month) (day) (year)
(c) Cemetery or crematory Wash. Blvd.
Location Lutheran Spring Rd.

18 (a) Funeral director Jenk Lewis Inc
(b) Address 1472 E. Baltimore St. Huntington Williams, Mgr.

OCT 6 1942 (a) (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1942, at 1:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 27 19 42, to October 6 1942, and that I last saw h[illegible] alive on July 5, 1942.

Immediate cause of death: Toxic confusion of the brain — Duration 3 mos.

Due to:

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation 9/28/42.

Major findings of operation: Confusion of the brain

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr David Bachrach M. D.
Address Church Home & Infirmary Date signed 10/6/42.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96325 ✓ F 96325

F 96325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1227

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County
(c) City or town Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1601 N. Appleton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Auerbach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	white	Widow

6 (b) Name of husband or wife Nathan M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1841

8. AGE: Years	Months	Days	If less than one day
101			hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Morris Levy
13. Birthplace Russia

MOTHER
14. Maiden Name Esther
15. Birthplace Russia

16 (a) Informant Louis Levy
(b) Address 2614 Violet Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Mill Rd
Location Same

18 (a) Funeral director Jack Levine
(b) Address 1439 E. Balto St.

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

OCT 8 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1942 at 12 noon

21. I certify that death occurred on the date above stated; that I attended deceased from 10/4 1942 to 10/5 1942 and that I last saw h alive on 10/5 1942

Immediate cause of death Intestinal obstruction — Duration 5 days
Due to Foreign body (sweet potato)
Due to
Other Conditions Shock pulmonary edema — 1 hr
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as stated above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Reichman M.D.
Address Sinai Hospital Date signed 10/5/42

F 96326

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

F 96326 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1607 Ruxton ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Ruxton ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3 (a) FULL NAME Pearl Leibowitz

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	W	Married

6 (b) Name of husband or wife Joseph L.
6 (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home Wife
11. Industry or business

FATHER
12. Name Israel J. Leiber
13. Birthplace Russia

MOTHER
14. Maiden Name Etta
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (month) (day) (year)
(c) Cemetery ~~cemetery~~ Har Jerusalem
Location Fleurney Road

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

19 (a) (Date received by registrar) (b) Registrar

OCT 8 1942

VS-3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1942 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-24 1941 to Oct. 5 1942
and that I last saw her alive on Oct. 5 1942

Immediate cause of death: acute heart failure
Due to hypertension yrs
Due to arterio sclerosis
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations —
of autopsy —

Operation: Yes
chronic
chronic

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. H. Siegman, M.D.
Address 2310 Eutaw Pl Date signed 10/5/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96327

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96327 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 Linden ave
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., ~~mos. or days~~) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Linden ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Levin

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Rose Levin
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day hr.	min.
60				

9. Birthplace Russia (Town, county and state)
10. Usual Occupation Merchant
11. Industry or business Tailor

FATHER
12. Name Von Krom
13. Birthplace Russia

MOTHER
14. Maiden Name Von Krom
15. Birthplace Russia

16 (a) Informant Theodore Levin
(b) Address 4309 Pinkney Rd.
Burial (Burial, cremation, or removal) (b) Date thereof 10-6-42 (month) (day) (year)
(c) Cemetery ~~cremation~~ Sabonty Corp
Location Rosedale
18 (a) Funeral director Jack Levin Jr
(b) Address 1439 E. Baltimore St
19 (a) (Date rec'd by registrar) (b) Huntington Hollins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5- 1942 at 3.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1939 to Oct. 5 1942
and that I last saw h i alive on 10/5 1942.

Immediate cause of death Acute Heart failure — Duration 6 hrs
Due to Pneumonia — 3 days
Due to — (or)
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —
23. Signature Theodore Levin
Address 2310 Eutaw Pl Date signed 10/5/42

OCT 6 1947

correct age is especially important. Physicians; please write the cause of death clearly.

F 96328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 186a

F 96328 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1223 Mall Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Martin

3 (b) If veteran, name war —

3 (c) Social Security Account No. Single

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced. 219-16-3118
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21 1908

8. AGE:	Years	Months	Days	If less than one day
33	33	10	13	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Thomas F. Martin

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Susana Schleich

15. Birthplace Balto Md.

16 (a) Informant Thomas F. Martin

(b) Address 1223 Mall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct - 8 - 42 (month) (day) (year)

(c) Cemetery or crematory Holey Redeemer Cemetery

Location Reseda Road.

18 (a) Funeral director D. C. Hasbe

(b) Address 121 E West St.

19 (a) (Date received by Registrar) (b) Registrar

OCT 8 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4- 1942, at 3 15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy and find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Fractured Skull

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-4-42 at 2 45 P. M
(c) Where did injury occur? New Pasadena A. A. Co. Md. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fell from horse

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 10-5-42

Correct age is especially important. Please see that it is correctly stated.

F 96329

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

167

F 96329 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3326 English Consul Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Howard Severing

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-4748

4. Sex: Male

5. Color or race: ~~White~~ W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Anna Severing

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 24, 1884

8. AGE: Years 58 | Months 4 | Days 10 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Shipping Clerk

11. Industry or business H. L. Piel Co

FATHER
12. Name Isaac Severing
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Margt Diehl
(b) Address 3326 Magnolia ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct- 8- 42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A.A. County

18 (a) Funeral director B. C. Hall
(b) Address 121 E. Wash St.

19 (a) OCT 6 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 4 - 1942 at 1 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Direct wound of abdomen involving the aorta — Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10-4-42 at 1 P. M
(c) Where did injury occur? 3326 English Consul (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(c) Means of injury Stab wound

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 10-5-42

Street age in Ospreamly important. Physicians, please see that all items are complete and accurate.

F 96330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96330 Registered No. 3b

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Balto Md
(b) Street address 1019 N. Stricker
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1019 N. Stricker (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Lane
3 (b) If veteran, name war no
3 (c) Social Security Account No. none
4. Sex M
5. Color or race col
6 (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Sarah Lane
6 (c) If alive, give age 30 years
7. Birth date of deceased (mo., day, yr.) 1910
8. AGE: Years 32 Months 10 Days — If less than one day hr. min.
9. Birthplace Florence S C (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robt Lane
13. Birthplace Florence S.C

MOTHER
14. Maiden Name Ida Brown
15. Birthplace Florence S.C

16 (a) Informant Rose Branch
(b) Address 2024 Dumont St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Brooklyn
18 (a) Funeral director V. Brooks
(b) Address 1437 Carey St.
19 (a) OCT 6 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1942 at 11:30 AM
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1942 to Oct 3 1942 and that I last saw Him alive on Oct 3 1942

	Duration
Immediate cause of death Cardiac Dilatation	
Due to Cardiac Decompensation	
Due to Broncho + Pulmonary T. B.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Wm R Boyle Jr M. D.
Address 1135 Eutaw Date signed 10/4/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 96331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1860

F 96331

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pine Crest Sanitarium — Balto Md Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Josephine Yingling

If U. S. Veteran specify WAR

(a) Residence: No. 6815 Eversdale Ave. — Overlea St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married, Widowed, or Divorced~~ (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Silas Yingling

6. DATE OF BIRTH (month, day, year): May 1st 1853

7. AGE: 89 Years | Months: 5 | Days: — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife (widow)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Co. Md

FATHER

13. NAME: George [illegible] Myers

14. BIRTHPLACE (city or town) (State or country): Balto Co. Md

MOTHER

15. MAIDEN NAME: Josephine Myers

16. BIRTHPLACE (city or town) (State or country): Balto Co Md

17. INFORMANT: Mrs Harry Yingling

(Address) 6815 Eversdale Ave Overlea.

18. BURIAL, CREMATION, OR REMOVAL

Place: Asbury Methodist Date: Oct. 8th 1942

19. UNDERTAKER: Rosaton Funeral Home

(Address) 7401 Belair Road

FILED OCT 6 1942 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): October 5th 1942

22. I HEREBY CERTIFY, That I attended deceased from August 19 1942 to Oct. 5th 1942

I last saw her alive on October 5 1942 Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	Oct 1-1942
Terminal Hypo-Static Pneumonia	
Arteno-Sclerosis	
Other contributory causes of importance:	
Inter-trochanteric Fracture	
Right Hip (Femur)	

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation: Traction — later cast (Splint)

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide, or homicide?~~ Date of injury: Aug 9 1942

Where did injury occur? Penn Mar. Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public Place - (Camp meeting)

Manner of injury: Slipped & fell upon Hip.

Nature of injury: Inter-trochanteric Fracture Rt Hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Albertus Cotton M. D.

(Address) 1018 E. Preston St Balto Md

VS 3

F 96332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

81 F 96332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1719 N. Calvert St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME IRA H. HOUGHTON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Louise L. Houghton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1865

8. AGE: Years	Months	Days	If less than one day
77	4	26	hr. min.

9. Birthplace Cincinnati, Ohio (Town, county, and state)
10. Usual Occupation Real Estate
11. Industry or business Own business

FATHER
12. Name Charles E. Houghton
13. Birthplace Mass.

MOTHER
14. Maiden Name Caroline S. McMurray
15. Birthplace Maryland

16 (a) Informant Mrs. Louise L. Houghton
(b) Address 1719 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

OCT 6 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 4 1942 to Oct 3 1942 and that I last saw h[illegible] alive on Oct 3 1942

Immediate cause of death Generalized Arteriosclerosis. — Duration 4 years.
Due to — Duration
Due to — Duration
Other Conditions Paralysis agitans — Duration 4 years.
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nathaniel M. Beck, M.D.
Address 727 N. Charles Date signed Oct 5-42

F 96333

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 F 96383

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4313 Liberty Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 4313 Liberty Hgts. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES WEBSTER LITTLETON

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary E. Littleton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 8, 1858

8. AGE: Years	Months	Days	If less than one day
83	9	27	hr. min.

9. Birthplace Reading, Pa. (Town, county, and state)
10. Usual Occupation Builder
11. Industry or business C. W. Littleton & Sons

FATHER
12. Name Rev. Charles H. Littleton
13. Birthplace London Co., Va.

MOTHER
14. Maiden Name Sarah E. Webster
15. Birthplace Westminster, Md.

16 (a) Informant Mrs. Mary E. Littleton
(b) Address 4313 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) OCT 6 1942 (Date rec'd by registrar) (b) Huntington Holmes M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1942 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 27 1942 to Oct 5 1942, and that I last saw h.m. alive on Oct 4 1942.

Immediate cause of death: myocarditis acute dilatation (1 mo) — Duration: 1 mo. 2 days
Due to
Due to
Other Conditions: advanced arteriosclerosis Hypertension ?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter Dilbert M. D.
Address 2220 Garrison Blvd Date signed Oct 6/42

VS 3

F 96334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 F 96334 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 332 S WOODYEAR ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 332 South Woodyear Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRIET ANN MURCHIN (Birth F. 49937) ✓

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	✓

6 (b) Name of husband or wife ✓

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) MAY 27-1942

8. AGE: Years	Months	Days	If less than one day hr.	min.
	4	7		

9. Birthplace BALTIMORE, MD.
(Town, county, and state)

10. Usual Occupation ✓

11. Industry or business ✓

MOTHER | FATHER

12. Name BENNIE MURCHIN

13. Birthplace BALTIMORE, MD.

14. Maiden Name BERNICE AIME KLEMN

15. Birthplace BALTIMORE, MD.

16 (a) Informant BENNIE MURCHIN

(b) Address 332 S WOODYEAR ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 6-42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto. Md.

18 (a) Funeral director FREDERICK H. COLE

(b) Address 1200 W LOMBARD ST.

19 (a) (b) Farrington Williams M.D. Registrar

(Date rec'd by Registrar) OCT 6 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1942 at 2.40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2, 1942 to Oct. 5, 1942 and that I last saw her alive on Oct. 5 1942

Immediate cause of death Bronchial Pneumonia — Duration 2 days

Due to Acute Upper Respiratory Infection 3 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Geo. A. Kupp

Address 3030 Edmondson Ave. Date signed 10/5/42 M.D.

BALTIMORE CITY HEALTH DEPARTMENT 131a

CERTIFICATE OF DEATH

Registered No. F 96335

F 96335

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 138 W. Hamburg St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA ALSOP.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years 58 | Months | Days | If less than one day hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Bradger
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Alsop
15. Birthplace Maryland

16 (a) Informant Wellington Brooks
(b) Address 922 Bowan Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.R. Co Md

18 (a) Funeral director Samuel C Brown Son
(b) Address 108 W Monty omery St

19 (a) OCT 6 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3 1942 at 9 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Arteriosclerosis chronic — Duration

Due to

Due to

Other Conditions Pneumonia Lobular, bilateral
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 10-3-42

VS 6

F 96336

BALTIMORE CITY HEALTH DEPARTMENT 9 4a

CERTIFICATE OF DEATH

Registered No. F 96336

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 E. Fayette St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 E. Fayette St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank B. Smith

3 (b) If veteran, name war: Spanish Amer. War
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15/1869

8. AGE: Years 73 | Months 3 | Days 18 | If less than one day: hr. min.

9. Birthplace Pa.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Pa

MOTHER
14. Maiden Name Unknown
15. Birthplace Pa

16 (a) Informant Hazel Smith
(b) Address 3300 Westfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6/42 (month) (day) (year)
(c) Cemetery or crematory U. S. National Cem
Location Fredrick Rd.

18 (a) Funeral director Lilly J. Zacharias
(b) Address 403 S. Wolfe St.

19 (a) OCT 6 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1942, at 4pm M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Oct. 3 1942, and that I last saw him alive on Oct. 3 1942.

	Duration
Immediate cause of death: Coronary Thrombosis	1 day
Due to: Osteosarcoma	1 year
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Michael J. Daroch M. D.
Address 2520 E. Baltimore St. Date signed 10-6-42

VS 8

#21150 Zoch ✓ X 131A

BALTIMORE CITY HEALTH DEPARTMENT

F 96337

CERTIFICATE OF DEATH

Registered No. F 96337

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto. Co.

(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)

(d) Street No. Colgate Creek (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Frederick Zoch

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213 05 2370

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Evelyn

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) 7-18-01

8. AGE: Years 41 | Months 2 | Days 16 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation MAINTANCE MAN.

11. Industry or business ESKAY CO.

FATHER 12. Name Frank Zoch

13. Birthplace GERMANY.

MOTHER 14. Maiden Name Rose ?

15. Birthplace POLAND.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 7/42 (month) (day) (year)

(c) Cemetery or crematory OAKLAWN

Location EASTERN AVE. EXT.

18 (a) Funeral director Lilly & Zeiler Inc

(b) Address 403 S. WOLFE ST.

19 (a) (b) Huntington-Wilkinson Co. D.

(Date received by Registrar) OCT 6 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1942 at 2.55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1942 to Oct 4 1942 and that I last saw him alive on Oct 4 1942.

Immediate cause of death pulmonary edema

Due to heart failure

Due to hypertension nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: pulmonary edema, nephritis

Duration
3 mos
7 days
unknown
"

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature L. E. Duncan Jr. M. D.

Address Johns Hopkins Hosp. Date signed 10-5-42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 96338

CERTIFICATE OF DEATH

830 F 96338 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Chapelgate Lane St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 76 yrs. 6 mos. 19 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Helen Herrman

(a) Residence: No. 2229 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	WIDOW

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of EMIL HERRMANN

6. DATE OF BIRTH (month, day, year) MAR. 15 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. AT HOME

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTIMORE MD.

FATHER

13. NAME FREDERICK JOHN

14. BIRTHPLACE (city or town) (State or country) GERMANY

MOTHER

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (city or town) (State or country) GERMANY

17. INFORMANT WALTER HERRMANN

(Address) 222 PATAPSCO AVE.

18. BURIAL, CREMATION, OR REMOVAL

Place PARKWOOD Date OCT. 7 1942

19. UNDERTAKER Lilly & Zerlaber

(Address) 403 S. WOLFE ST.

20. FILED OCT 6 1942 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 4, 1942

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1941 to October 4, 1942

I last saw her alive on October 2, 1942 Death is said to have occurred on the date stated above, at 1 57 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9-27-42
Generalized arteriosclerosis	1920

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl Page M. D.

(Address) 4001 Wilkens Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. If child, state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

BALTIMORE CITY HEALTH DEPARTMENT 166

F 96339

CERTIFICATE OF DEATH F 96339

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 S. Graham St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES THOMPSON

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-6239

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 18, 1920

8. AGE: Years	Months	Days	If less than one day
23 yr	6	14	hr. min.

9. Birthplace S. Carolina (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Thompson
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Mary Holly
15. Birthplace S. Carolina

16 (a) Informant Lena Hooks
(b) Address 937 E. Madison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G.G. County

18 (a) Funeral director Mrs. Robert G. Elliott & Daughter
(b) Address 1129 N. Carlton St.

19 (a) O.C.T. 6 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2, 1942 at 9:30 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death: Bullet wounds of chest

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence 10-2-42 at 9:30 P.M.
(c) Where did injury occur? Home address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No (Specify type of place)
(e) Means of injury Revolver shot as result of

23. Signature H. L. Wollenweber Coroner Medical Examiner. M.D.
Date signed 10-3-42

of Grudge

F 96340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95B Registered No. F 96340

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address South Balto Gen Hospt.
(c) Hospital or institution: General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6729 Boston Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Theresa Knapp.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 3 1934

8. AGE: Years	Months	Days	If less than one day
8	2	2	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Knapp
13. Birthplace Md.

MOTHER
14. Maiden Name Anna Prei Knapp
15. Birthplace Md.

16 (a) Informant George Knapp
(b) Address 6746 Boston Ave Loveland Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10. 7. 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director James Smyth
(b) Address 4107 Eastern Ave Rd Essex

19 OCT 6 1942 (Date rec'd by registrar) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1942, at 2:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death.	Duration
Heart disease	
Due to Rheumatic Heart Condition	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M.D.
M. D.
Address 1213 Light Street Date signed

VS 3

F 96341

F 96341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 96341 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Josephs Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 402 E. Preston St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Hanly

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: None
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18 - 1863

8. AGE: Years	Months	Days	If less than one day
79	7	16	hr. min.

9. Birthplace Texas, Balto Co., Maryland (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name James Hanly
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Finneran
15. Birthplace Ireland

16 (a) Informant James Finneran
(b) Address 402 E. Preston St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St. Joseph's
Location Texas, Maryland

18 (a) Funeral director Chas. F. Evans & Son
(b) Address 118 W. Mt Royal Ave

19 (a) (Date rec'd by registrar) (b) Registered by

OCT 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1942, at 5:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1942 to Oct 4 1942, and that I last saw h[illegible] alive on Oct 4 1942

Immediate cause of death Cardiac decompensation — Duration

Due to Hypertension Cardiac Vascular Disease — Duration

Due to Chronic Nephritis — Duration

Other Conditions Diabetes Mellitus, Leg Amputation, Left Leg — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William Lynch
Address St Josephs Hosp. Date signed 10/4/42 M. D.

F 96342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96342 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3009 Arunah Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3009 Arunah Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME R. Poulton Travers

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Jo McKee Travers 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1893

8. AGE: Years	Months	Days	If less than one day
49	8	3	hr. min.

9. Birthplace Balto. Md (Town, county, and state)
10. Usual Occupation Teacher
11. Industry or business Balto. City College

FATHER
12. Name Ernest W. Travers
13. Birthplace Md

MOTHER
14. Maiden Name Carrie E. Poulton
15. Birthplace Md

16 (a) Informant Mrs. Carrie E. Travers
(b) Address 429 Westgate Rd

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 6/42 (month) (day) (year)
(c) Cemetery or crematory Addison Cem
Location Confluence, Pa.

18 (a) Funeral director Harry H. Mitzke
(b) Address 4101 E. Monument Ave

OCT 6 1942 (Date rec'd by Registrar) Huntingtown Md. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h alive on 19 .

Immediate cause of death Hemorrhage from Lungs — Duration
Due to Pulmonary Tuberculosis — 12 yrs
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. E. Poulton
Address 3709 Gannon Blvd Date signed 10/6/42 M. D.

Approved: Robert Lee Graham M.D.

F 96343

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 93 F 96343

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2359 Eutaw Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 5 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2359 Eutaw Place.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 5 Yrs. years

3 (a) FULL NAME: MAX EICHENWALD

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-3674

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Herta Eichenwald
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 21, 1899.

8. AGE: Years	Months	Days	If less than one day
43	4	14	..... hr. ..... min.

9. Birthplace Germany.
(Town, county, and state)
10. Usual Occupation Office Manager
11. Industry or business

FATHER
12. Name Gustav Eichenwald,
13. Birthplace Germany.

MOTHER
14. Maiden Name Meta Blume,
15. Birthplace Germany.

16 (a) Informant Mrs. Herta Eichenwald,
(b) Address 2359 Eutaw Place.

17 (a) Burial (b) Date thereof 10/7/42.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director David Sonnheim & Son
(b) Address 1902 Eutaw Place.

19 (a) OCT 6 1942 (b) Huntington Williams
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5th. 1942, at P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938 19 to X/5 1942
and that I last saw h alive on X/5 19 42

Immediate cause of death
Cerebral hemorrhage
Left sided hemiplegia

Due to

Due to

Other Conditions Hypertension
C. V. Disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
Hypertension 1938-19
Cerebral hemorrhage
Oct 12 30 PM
Death 5 00 PM

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 2301 Eutaw Place Date signed

PENCIL WRITES FAINTLY, WITH UNFADING INK. Every item of information should be checked carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96344 Registered No. 126

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Abt 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Sinai Aged Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob Bensch

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Bensch
6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1860

8. AGE: Years	Months	Days	If less than one day
82	3	28	hr. min.

9. Birthplace Bavaria (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER — 12. Name	Bensch
FATHER — 13. Birthplace	Bavaria
MOTHER — 14. Maiden Name	Unknown
MOTHER — 15. Birthplace	Bavaria

16 (a) Informant Mrs. Mary Bensch
(b) Address Sinai Home

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto. Md.

18 (a) Funeral director Rind Lowenstein & Son
(b) Address 1902 Eutaw Place

OCT 6 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/5/42 19..., at 1:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/3 1942 to 10-5 1942, and that I last saw h[illegible] alive on 10/5 1942.

Immediate cause of death Bronchitis Collapse — Duration
Asthenia
Due to Complete Coronary Occlusion
Due to: Chronic Nephritis ?
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No states

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E Bonaby M. D.
Address Sinai Hospital Date signed 10/5/42

VS 3

CERTIFICATE CORRECTED 11-21-52 F 96345

F 96345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 63 b

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Rutland & Monument St.

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) 43yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 213 N. High St. (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Rosolia Bravo

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Antonio Bravo

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 30 1879

8. AGE: Years 63 | Months 1 | Days 15 | If less than one day hr. min.

9. Birthplace Isnello Palermo (Italy) (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Salvatore Cerniglia

13. Birthplace Italy

MOTHER

14. Maiden Name Antonia Di Noto

15. Birthplace Italy

16 (a) Informant Antonio Bravo (Husband)

(b) Address 213 N. High St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 6/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Della Rocca

(b) Address 52 N. Morley St.

OCT 6 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4, 1942, at 11:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3, 1942 to Oct. 4 1942 and that I last saw her alive on Oct. 4, 1942.

	Duration
Immediate cause of death: Laryngeal edema	
Due to: Laryngeal paralysis	
Due to: Thyroidectomy	
Other Conditions: Atrophy and cerebral anoxemia	

(Include pregnancy within 3 months of death)

Date of operation 1938

Major findings of operation: Thyrotoxic goiter

of autopsy: Laryngeal edema

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Isadore Hoffberg M.D. M. D.

Address Date signed

F 96346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96346 Registered No. 128

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1026 Patapsco Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Owings Mills
(If outside city or town limits, write RURAL and give town)
(d) Street No. Lyons Mill Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert W. Wheat

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed~~, or divorced.
M	W	Married

6 (b) Name of husband ~~or wife~~ Gladys

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24-1904

8. AGE: Years	Months	Days	If less than one day
38	-	11	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Plasterer

11. Industry or business

FATHER — 12. Name	Robert Wheat
FATHER — 13. Birthplace	Maryland
MOTHER — 14. Maiden Name	Mary Eckert
MOTHER — 15. Birthplace	Maryland

16 (a) Informant Gladys Wheat
(b) Address Owings Mills Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8 42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Randallstown Md

18 (a) Funeral director C Harry Weer
(b) Address Ellicott City Md

19 (a) OCT 6 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1942 at 4 ? M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Acute hemorrhagic pancreatitis

Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes,

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 6 1942

VS 6

F 96347

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1936 F 96347

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4703 Hanover Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5525 Upton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia F. Black

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F M.	W.	Widow

6 (b) Name of husband or wife Frank Black

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2 1860

8. AGE: Years	Months	Days	If less than one day
77	8	4	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Robert Maxwell Graham

13. Birthplace Ireland.

MOTHER 14. Maiden Name Jane Ross

15. Birthplace Ireland.

16 (a) Informant Elsie M. Mitted

(b) Address 3605 Satona Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-42 (month) (day) (year)

(c) Cemetery or crematory Rock Spring

Location

18 (a) Funeral director Leonard J. Ruck

(b) Address 5305 Harford Rd.

19 (a) OCT 6 1942 (Date rec'd by registrar) (b) Antis for Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/1 1942 to 10/6 1942 and that I last saw h[illegible] alive on 10/6 1942.

Immediate cause of death Cardio Vascular Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address 5703 Harford Rd Date signed 10/6/42

F 96348

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 832a

F 96348 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Wilkins
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2304 Eddey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Brusner

3 (b) If veteran, name war: World War #1
3 (c) Social Security Account No. 215-05-3579

4. Sex: M
5. Color or race: W.
6 (a) ~~Single, married, widowed, or divorced~~: M
6 (b) Name of husband or wife: Henrietta E. Brusner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30 - 1893

8. AGE: Years 49 | Months 2 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation Stock Clerk
11. Industry or business Chas. T. Brand

FATHER
12. Name Frederick
13. Birthplace Germany

MOTHER
14. Maiden Name Jacobsen
15. Birthplace Germany

16 (a) Informant Mrs. Henrietta B. Brusner
(b) Address 2804 Eddey. Ave Welfare

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8-1942 (month) (day) (year)
(c) Cemetery or crematory New National Cem.
Location Baltimore Md.

18 (a) Funeral director Maurice C. Lyfer
(b) Address 1600 W. North ave

19 (a) OCT 6 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 1942 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1942 to Oct 5 1942 and that I last saw him alive on Oct 5 1942

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to Malignant hypertension

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Arthur Rosenberg M.D.
Address St. Agnes Hosp. Date signed 10/5/42

F 96349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1942 F 96349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Quarantine Station, Curtis Bay
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 E. Pratt St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM. ~~Balch~~ Balch Balcuk

3 (b) If veteran, name war None.

3 (c) Social Security Account No. None.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Helen Baluck
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) March 7, 1875.

8. AGE: Years	Months	Days	If less than one day
47 48	6	26	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Alexandria Baluck
13. Birthplace Russia

MOTHER
14. Maiden Name Mukenzee
15. Birthplace Russia

16 (a) Informant Helen Baluck
(b) Address 1102 E. Pratt St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave. Road

18 (a) Funeral director Randell Hoppel
(b) Address 312 S. Haylehurst Ave

19 (a) OCT 6 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 3, 1942 at 11 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning accidental	
Due to Electrocution	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 25/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 3, 1942 at 11 AM
(c) Where did injury occur? Quarantine Station (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? Yes
(e) Means of injury Drowning fell overboard

23. Signature H. J. Wollenweber M.D.
Medical Examiner
Date signed 10-3-42

VS 6

PRINCIPAL DISEASES, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 96350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96350 Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 120 N Patonmc St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 120 N Patonmc St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Martin H Thomas

3 (b) If veteran, name war no | 3 (c) Social Security Account No. 10 0 R P

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Ag Mrs Thomas | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 4 1866

8. AGE: Years 76 | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace Queen Anne Co Md (Town, county, and state)

10. Usual Occupation Waterman

11. Industry or business Unemployed

FATHER 12. Name John Thomas

13. Birthplace Queen Anne Co Md

MOTHER 14. Maiden Name Sarah Jones

15. Birthplace Dorchester Co Md

16 (a) Informant Mrs Agnes Tonny

(b) Address 120 N Patonmc St

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 10/9/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md

18 (a) Funeral director Tillman Conroy

(b) Address 1219 E Pond St

19 OCT 8 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1942, at 3:4 M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 1940 to Oct 5 1942 and that I last saw him alive on Oct 4 1942

Immediate cause of death: Central Apoplexy

Due to Central Arteriosclerosis ?

Due to + generalized Arteriosclerosis ?

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Jenkins

Address 7201 E Pratt St Date signed 10/5/42 M.D.

VS 8

A CRIME TO ALTER, WITH FRAUDULENT INTENT, ENTRY ON THIS CERTIFICATE. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 96351 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2332 W. Fayette St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 / 2
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore City. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2332 W. Fayette St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Albert R. Althoff

3 (b) If veteran, name war Spanish-War

3 (c) Social Security Account No. 213-10-2587

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bessie E.

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Aug 28. 1883

8. AGE: Years 59 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Hanover Pa. (Town, county, and state)

10. Usual Occupation Motorman

11. Industry or business Balto. Transit Co.

FATHER 12. Name John Althoff

13. Birthplace Hanover. Pa.

MOTHER 14. Maiden Name Florence Brined

15. Birthplace Hanover. Pa.

16 (a) Informant Bessie E. Althoff

(b) Address 2332 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore National

Location Baltimore Maryland

18 (a) Funeral director E. A. Hufford & Son

(b) Address 1200 Eutaw Place

OCT 6 1942 Huntington Williams, M.D. Registrar

(Date received by Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 / 42 19 ... at 9: P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2- 1942 to 10-3-1942 and that I last saw him alive on 10-3-1942.

Immediate cause of death Coronary occlusion — Duration 2 days.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin Flansing M.D.

Address 1904 W. Balto St. Date signed 10-5-42

M. D.

F 96352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

49a

F 96352 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland E
(b) Street address 2439 E Monument Ave
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2439 E Monument Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Anna C. Klapperth

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Gust. Klapperth
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.): March 4th 1885

8. AGE: Years 57 | Months 9 | Days 5 | If less than one day: hr. — min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

MOTHER / FATHER
12. Name: Louis Hannibal
13. Birthplace: Germany

MOTHER
14. Maiden Name: —
15. Birthplace: Maryland

16 (a) Informant: Gust. Klapperth
(b) Address: 2439 E Monument Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Baltimore Md

18 (a) Funeral director: F. B. WIPPERT & SON
(b) Address: 300 Cathedral Blvd

19 (a) OCT 6 1942 (b) Registrar: Huntington Williams M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6th 1942 at 1:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1938 to Oct 5 1942 and that I last saw her alive on Oct 5 1942.

Immediate cause of death: Carcinomatous Papillo Cystoma
Due to: Ovaries.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation: Oct 5 - 1938
Major findings of operation: Carcinoma Ovarian
of autopsy: Cyst.

Duration: 4 yrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: Dr. Geo. A. Strauss
Address: 1800 N Charles St Date signed: 10/6/42 M.D.

The certificate must be filled out completely and accurately, with ONE CAUSE OF DEATH for each line. Every item of information should be given fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96353

Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mt. Sinai Home
(c) Hospital or institution: 46 13 Park Heights Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Menlo Drive (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Moses G. Greenberg

3 (b) If veteran, name war No

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Theresa Greenberg

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1865

8. AGE: Years 77 Months 4 Days 16 If less than one day ###### min.

9. Birthplace U. S. A. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Unknown

FATHER
12. Name Isaac Greenberg
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Samuel David Siegel
(b) Address #3702 Menlo Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7th 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Frendship Cem.
Location Baltimore Md.

18 (a) Funeral director J. Ahrens & Co
(b) Address 2432 Reisterstown Road

OCT 6 1942 (Date received by registrar) Huntington Williams
J. Ahrens Co.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6th 1942, at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1942 to Oct 4 1942 and that I last saw him alive on Sept 7 1942.

Immediate cause of death Ch Nephritis

Due to Ch Nephritis (Uremic) Uremia

Due to Hypertension

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. H. Hornstein

Address 733 Argyle St Date signed 10/6/42 M. D.

Physicians: please write the causes of death clearly and legibly. The cost of information should be supplied by the undertaker, who is especially important.

F 96354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96354
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1411 E. Madison St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 E. Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nelson Thompson

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	widowed

6 (b) Name of husband or wife Emelene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1866

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	7			

9. Birthplace St. Marys Co. Md
(Town, county, and state)
10. Usual Occupation laborer
11. Industry or business

FATHER
12. Name Murray Thompson
13. Birthplace St Mary's Co Md

MOTHER
14. Maiden Name Sarah —
15. Birthplace St Mary's Co Md

16 (a) Informant Florence Thompson
(b) Address 1411 E. Madison St

17 (a) Burial (b) Date thereof (Oct) 7-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Balto Co. Md

18 (a) Funeral director Robert E. Meehan
(b) Address 1515 Mc Elderry St

OCT 6 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-3 1942 at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9 1941 to 10-3 1942 and that I last saw HIM alive on 9-30 1942

Immediate cause of death Hypertensive cardio-vascular disease — Duration sev. years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Rayner Browne M.D.
Address 1500 E. Madison St Date signed 10-6-42

VS 3

0

F 96355

F 96355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 E Madison St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arnold Brown (Birth F 46081)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 20, 1942

8. AGE: Years | Months: 6 | Days: 15 | If less than one day: hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Samuel Brown

13. Birthplace Harford Co. Md.

MOTHER 14. Maiden Name Geraldine Johnson

15. Birthplace Baltimore City

16 (a) Informant Geraldine L. Brown

(b) Address 1515 E. Madison St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location A A Co. Md.

18 (a) Funeral director Robert E McClain

(b) Address 1515 McElderry St

OCT 6 1942 (Date rec'd by Registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1942 at 4:44 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 25 1942 to Oct. 5 1942 and that I last saw him alive on Oct. 5 1942

Immediate cause of death	Duration
Acute Toxic-Intoxication	1 month
Due to Pneumonia	
Due to Intoxication	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling M. D.

Address Provident Hosp Date signed 10/6/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 43D

F 96356 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 935 Linden ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 93yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 935 Linden ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie B. Norman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife Willie Lee Norman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1900

8. AGE: Years	Months	Days	If less than one day
42	2		hr. min.

9. Birthplace Caroline Co., Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name Maybelle -
15. Birthplace Va.

16 (a) Informant Willie Lee Norman
(b) Address 935 Linden ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-9-42 (month) (day) (year)
(c) Cemetery or crematory Zion Grove
Location Adelphi Md.

18 (a) Funeral director Adolphus Hall
(b) Address 2417 Dist. Hillcrest

19 OCT 6 1942 (Date rec'd by registrar) (b) Courtney Van Wellesley, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1942, at 1:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/17 1942, to 10/6 1942, and that I last saw h[illegible] alive on 10/6 1942.

Immediate cause of death Myocardial Degeneration — Duration 2 mos.
Due to
Due to
Other Conditions Essential Hypertension
(Include pregnancy within 3 months of death)
Date of operation ✓
Major findings of operation: ✓
of autopsy: ✓

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ✓ at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature B. Franklin Phillips M. D.
Address 1543 Aisquith St. Date signed 10/6/42

PERSONS WHO WILFULLY, WITH INTENT TO DEFRAUD, ALTER OR FALSIFY ANY ENTRY IN, OR ERASE ANY PART OF, ANY RECORD OR CERTIFICATE OF BIRTH, DEATH, OR STILLBIRTH, OR WHO WILFULLY MAKE, COUNTERFEIT, OR ALTER ANY CERTIFICATE OF BIRTH, DEATH, OR STILLBIRTH, OR WHO WILFULLY USE OR ATTEMPT TO USE OR PUT OFF AS TRUE OR GENUINE ANY SUCH FALSE, COUNTERFEITED, OR ALTERED CERTIFICATE, OR WHO WILFULLY POSSESS ANY SUCH CERTIFICATE WITH INTENT TO SELL OR USE THE SAME FOR ANY PURPOSE, OR WHO WILFULLY SELL OR OFFER FOR SALE ANY BLANK CERTIFICATE OF BIRTH, DEATH, OR STILLBIRTH, EXCEPT AS AUTHORIZED BY LAW, SHALL BE GUILTY OF A MISDEMEANOR AND SHALL BE PUNISHED BY A FINE OF NOT LESS THAN $100 NOR MORE THAN $1000 OR BY IMPRISONMENT IN THE PENITENTIARY FOR NOT LESS THAN ONE YEAR NOR MORE THAN FIVE YEARS, OR BY BOTH FINE AND IMPRISONMENT. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

JLF 96857

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

Registered No. F 96357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 McTeague St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jonas Fuller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1879

8. AGE: Years	Months	Days	If less than one day
63	8	13	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation ?

11. Industry or business

FATHER
12. Name Adam Fuller
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Shorter
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-42 (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville Md.

18 (a) Funeral director Augustus Halstead
(b) Address 918 Darley Ave.

OCT 6 1942 (a) (Date rec'd by Registrar) (b) Purington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1942, at 2 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2 1942 to 10-5 1942, and that I last saw him alive on 10-5 1942.

Immediate cause of death

Duration

Exhaustion
Due to Carcinoma probably of colon 1 yr
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Donald B. Webb M. D.
Address Baltimore City Hosp Date signed 10-5-42

F 96358

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1820

F 96358
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1526 William St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 William St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Richard Boyd Jr. (Birth F 54375)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 1, 1942

8. AGE: Years	Months	Days	If less than one day
	2	5	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph R. Boyd
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary C. Brockhoff
15. Birthplace Baltimore, Md.

16 (a) Informant Joseph R. Boyd
(b) Address 1526 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/7/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Ritchie Highway

18 (a) Funeral director I. Few McCully
(b) Address 130 E. Fort Ave.

19 Oct 6 1942 A. M. Williams, M.D. Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1942 at 11 Am M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & an Inquest thereon and from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation due to bed clothes — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24 4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 6 1942 at ? M
(c) Where did injury occur? 1526 William St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury Suffocation in bed

23. Signature Robert Lee Eastwick M.D.
Medical Examiner.
Date signed Oct. 6, 1942

The correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

F 96359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96359 Registered No. 13 a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Whatcoat St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 Whatcoat St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Frank Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Carrie Jackson
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 6/2/74

8. AGE: Years	Months	Days	If less than one day
68	4	3	hr. ..... min.

9. Birthplace Alexandria Va
(Town, county, and state)
10. Usual Occupation janitor
11. Industry or business

FATHER
12. Name not known
13. Birthplace Alexandria Va

MOTHER
14. Maiden Name Annie Lord
15. Birthplace Va

16 (a) Informant Carrie Jackson
(b) Address 1213 Whatcoat st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof October 9 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location Army Emmett Ll County

18 (a) Funeral director Joseph A. Lively
(b) Address 449 North Mount Street

OCT 6 1942 (a) (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5th 1942, at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4th 1942 to Oct 5th 1942, and that I last saw him alive on Oct 4 1942.

Immediate cause of death Uremia for about 48 hours ..... Duration

Due to Cystitis over a long period.

Due to Nephritis for a long period 30+ years.

Other Conditions coma

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Lorenzo B. Evans M. D.
Address 426 N. Grove St Date signed

F 96360

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Conn. (b) County
(c) City or town Bridgeport
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1250 Harfort Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Dr. John L. McGrail

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1891

8. AGE: Years	Months	Days	If less than one day
50	9	29	hr. min.

9. Birthplace New Haven, Conn.
(Town, county, and state)

10. Usual Occupation Dentist

11. Industry or business

FATHER
12. Name Thomas J. McGrail
13. Birthplace Ireland

MOTHER
14. Maiden Name Hannah Sheehan
15. Birthplace Ireland

16 (a) Informant Mrs. Eva Devins
(b) Address Harfort avenue, Bridgeport

17 (a) Burial (b) Date thereof Oct. 9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Bernard Cem.
Location New Haven - Connecticut

18 (a) Funeral director Mrs. C. Milly Fee
(b) Address 244 E. Oliver St.

19 (a) (b) Huntington Williams M.D.
(Date received by registrar) Registrar

OCT 7 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 1942, at 2:20 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard Lee Gratton M.D.
Medical Examiner.

Date signed Oct. 6 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96361

BALTIMORE CITY HEALTH DEPARTMENT [redacted] F 96361

CERTIFICATE OF DEATH 1600

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 Laurens Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Laurens Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Williams (Birth F 57680)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-15-42

8. AGE: Years	Months	Days	If less than one day
		1	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Williams
13. Birthplace Va

MOTHER
14. Maiden Name Delores Calles
15. Birthplace Md

16 (a) Informant (Birth Cert F 57680)
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY OCT 6 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 OCT 6 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-16- 1942, at 6:30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to h is death on the day stated above.

Immediate cause of death	Duration
Asphyxiation.	
Due to Foreign material, partly packed with blood	
Due to	
Other Conditions Subarachnoid Hemorrhage.	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Wallace M.D.
Medical Examiner.
Date signed 9-23-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

96362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 96362

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 528 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EMMA WILLIAMS

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY OCT 6 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) OCT 6 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 9 1942 at 8:30 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Carcinoma of breast	
Due to	
Due to	
Other Conditions no	

(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williams M.D. Medical Examiner.
Date signed 9-9-42

VS 6

96363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96363
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton & Wilkins
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2401 Baker St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Butler (Girl) (Birth F 57647)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-14-42

8. AGE: Years | Months | Days 19 | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Walter
13. Birthplace Va.

MOTHER
14. Maiden Name Ellen Davis
15. Birthplace Va.

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL OCT 5 1942

18 (a) Funeral director Commissioner of Health
(b) Address

OCT 5 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3 1942 at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 14 1942, to Oct. 3 1942, and that I last saw h[illegible] alive on Oct 2 1942.

Immediate cause of death Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rowberg
Address St. Agnes Hosp. Date signed 10/5/42

VS 3

9473

Fill in correctly, write with unfading ink. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96364 76726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96364

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1201 [illegible] St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jesse Wells

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) ~~Single~~, married, ~~widowed or divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5, 1894

8. AGE: Years 48 | Months 7 | Days 9 | If less than one day hr. min.

9. Birthplace North Dakota (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Wallace Wells

13. Birthplace Tennessee

MOTHER 14. Maiden Name Jennie Arnold

15. Birthplace North Dakota

16 (a) Informant B. C. H. Records

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL OCT 5 1942

18 (a) Funeral director Commissioner of Health

(b) Address

19 OCT 5 1942 Remington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-14 1942, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-14 1942, to 9-14 1942, and that I last saw h~~im~~ alive on 9-14 1942.

Immediate cause of death Coronary failure — Duration 4-5 hrs.

Due to Aortic insufficiency

Due to Rheumatic heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Pattison M. D.
Address Balto. City Hosp. Date signed 9-28-42

9474

VS 2

F 96365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96365

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town GLENWOOD (If outside city or town limits, write RURAL and give town) Baltimore
(d) Street No. 906 N. Bayview Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country (over)

3 (a) FULL NAME Baby Williams (Birth F 59786)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles A. Williams

13. Birthplace Raymond N.C.

MOTHER 14. Maiden Name Effie Burdine

15. Birthplace Raymond, N.C.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL OCT 6 1942

Location Commissioner of Health

18 (a) Funeral director

(b) Address

19 OCT 6 1942 Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1942, at 12:35 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1942 to Oct 2 1942 and that I last saw her alive on Oct 1 1942.

Immediate cause of death Asphyxia — Duration

Due to Premature Respiratory Center

Due to

Other Conditions Premature 32 wks.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Christian J. Lechter M. D.
Address St. Joseph's Hosp. Date signed 10/7/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96366

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 F 96366 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1917
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town ~~Baltimore~~ (If outside city or town limits, write RURAL and give town)
(d) Street No. Glyndon Md (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Boy Brown (Birth F. 58835)
3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9-29-42

8. AGE: Years	Months	Days	If less than one day
0	0	1	8 hr. 40 min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Charles Raymond Brown
13. Birthplace Glyndon, Md

MOTHER
14. Maiden Name Elsie Elizabeth Hale
15. Birthplace Baltimore Co Md

16 (a) Informant mother - Elsie Brown
(b) Address Glyndon, Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL OCT 6 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 OCT 6 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 9-29 1942 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19...

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Otto Hartwig, M.D.
Address Franklin Square Hosp. Date signed 9/30/42

VS 8

9476

F 96367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96367 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 917 S. CLINTON ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) LIFE
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 917 S. CLINTON ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN HOCK

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MARGARET HOCK
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 2 1867

8. AGE: Years	Months	Days	If less than one day
75	7 6	3	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation IRON MOULDER
11. Industry or business

FATHER
12. Name SABASTIAN HOCK
13. Birthplace GERMANY

MOTHER
14. Maiden Name ELIZABETH JUNKER
15. Birthplace GERMANY

16 (a) Informant MARGARET HOCK (WIFE)
(b) Address 917 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 8/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART CEM.
Location GERMAN HILL ROAD.

18 (a) Funeral director Lilly & Zeiler
(b) Address 403 S. WOLFE ST.

OCT 7 1942 (Date rec'd by local reg.) (b) Huntington Williams M.D. (Signature of local registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 5 1942 at 4/30 AM.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 16 1940 to Oct 5 1942 and that I last saw h alive on Oct 4 1942.

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease	
Chr Myocarditis	11-16-40.
Due to Myocardial Failure	11-16-40.
	Oct 1-42
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. A. Schumunak M. D.
Address 842 S. East Ave Date signed 10-6-42.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43N

F 96368 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 S. Eaton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 S. Eaton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Gillease

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7 28 1877

8. AGE: Years	Months	Days	If less than one day
65	2	7	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Heinlein

13. Birthplace Baltimore

MOTHER 14. Maiden Name Elizabeth Schultz

15. Birthplace Baltimore

16 (a) Informant James Gillease

(b) Address 815 S. Eaton Street

17 (a) Burial (b) Date thereof Oct 9 42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Eastern Ave Rd

18 (a) Funeral director Lilly & Zalenka

(b) Address 403 S. Carrollton

19 (a) OCT 7 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 1942, at 3.45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular disease.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally, M.D.
Medical Examiner.

Date signed 10/5/42.

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96369

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96369

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2524 Madison Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No 2524 Madison Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Agatha Brownley

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1902

8. AGE: Years 40 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Snow Hill Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Stewart Deshields
13. Birthplace Snow Hill Md.

MOTHER
14. Maiden Name Mollie Dewey
15. Birthplace Snow Hill Md.

16 (a) Informant Charles Brownley
(b) Address 2524 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8 '42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs. Robert A. Ellis & Dept
(b) Address 1129 N. Carolina St

19 OCT 7 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 1942 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10 1940 to 10-5 1942
and that I last saw alive on Oct. 10 1942

Immediate cause of death.

	Duration
(a) Pancreatic Neoplasm	2 Yrs
Due to (b) Metastasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. F. Hatcher
Address 1725 Park Ave Date signed 10/6/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

423184 F 96370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 NF 96370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ala (b) County
(c) City or town BIRMINGHAM (If outside city or town limits, write RURAL and give town)
(d) Street No. 2857 Canterbury Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CARL F. WITTICHEN

3 (b) If veteran, name war —

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	MARRIED

6 (b) Name of husband or wife JULIA

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 4-7-82

8. AGE: Years	Months	Days	If less than one day
60	5	28	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation PRES
11. Industry or business WAREHOUSE

FATHER
12. Name Otto Wittichen
13. Birthplace FRANCE

MOTHER
14. Maiden Name Kate Forbes
15. Birthplace VA

16 (a) Informant Records
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/7/42 (month) (day) (year)
(c) Cemetery or crematory Pennsylvania
Location Pennsylvania Baltimore Md

18 (a) Funeral director Wilbur Col Dee
(b) Address 1214 E Baltimore

19 (a) OCT 7 1942 (Date rec'd by Registrar) for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1942 at 950 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1942 to Oct 5 1942, and that I last saw h i M alive on Oct 5 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to	
Other Conditions Hypertension and Heart Disease	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugo L Muecke
Address Johns Hopkins Hospital Date signed 10/6/42

Please write plainly, with unfading ink. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JL F 96371

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96371 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6Da
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2200 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Davage 7212-07-0708a

3 (b) If veteran, name war

3 (c) Social Security Account No. Yes

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Edith Davage (D)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 21, 1875

8. AGE: Years 67 | Months 0 | Days 15 | If less than one day ..... hr. ..... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Porter

11. Industry or business Unemployed

FATHER
12. Name Charge Davage
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah Matthews
15. Birthplace Md.

16 (a) Informant Balto. City Hosp.
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto. Md.

18 (a) Funeral director George Gibson & Co.
(b) Address 1735 Druid Hill Ave.

19 (a) OCT 7 1942 (Date rec'd by registrar) Huntington Williams, Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5 1942; at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1- 1942, to 10-5 1942, and that I last saw him alive on 10-5 1942

Immediate cause of death	Duration
a Lobular pneumonia left	12 hrs.
Due to a Carcinoma of stomach	
b metastasis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: none

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Johnson J. Hamm M.D.
Address Balto. City Hosp. Date signed 10-6-42

Please write plainly, with pen and ink. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96372

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 N F 96372 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2910 Sylvan Ave.
(c) Hospital or institution:

27 T

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Sylvan Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alexandra J. Diedrich

3 (b) If veteran, name war --
3 (c) Social Security Account No. ---

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Emma Diedrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 12, 1863

8. AGE: Years	Months	Days	If less than one day
79	5	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation ---
11. Industry or business

FATHER
12. Name Menno Diedrich
13. Birthplace Holland

MOTHER
14. Maiden Name Sophia------
15. Birthplace Holland

16 (a) Informant Mrs. W. D. Wilkerson
(b) Address 2910 Sylvan Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Baltimore Md.

18 (a) Funeral director Philip Henrigs Sons
(b) Address 2024 Orleans St.

OCT 7 1942 (Date rec'd by registrar) (b) Huntington Hillsboro W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6th/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 19 42 to Oct 6 19 42 and that I last saw h[illegible] alive on Oct 5 19 42.

Immediate cause of death	Duration
Chronic Myocarditis	10 yrs.
Due to with myocardiac failure due to Arterio Sclerosis.	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clarence Stevens M. D.
Address 1738 E. 28th St Date signed Oct 7 1942

VS 3

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96373 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 n Wolfe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life—

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 n Wolfe St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Cherrie E Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23 - 1905

8. AGE: Years 37 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business Laundress

FATHER
12. Name John Brown
13. Birthplace Va

MOTHER
14. Maiden Name Virginia Jones
15. Birthplace Md

16 (a) Informant John Brown
(b) Address 1231 n Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location B. C. County Md

18 (a) Funeral director Joseph L. Locke
(b) Address 1364 N. Central Ave

19 (a) (Date received by registrar) OCT 9 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1942 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct 5 1942 and that I last saw h alive on Oct 5 1942

Immediate cause of death Acute Influenza Pneumonia — Duration 6 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Geo. S. Allen
Address 12 E Saratoga St Date signed 10-7-42

VS 3

96374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 96374

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 N. Central Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 N. Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel McNeil

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Nellie McNeil

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 40 | Months | Days | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Sandy McNeil
13. Birthplace N. C.

MOTHER
14. Maiden Name Jeanette McAllister
15. Birthplace N. C.

16 (a) Informant Nellie McNeil
(b) Address 2109 Carpenter St. Phila Pa

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location B. C. County Md

18 (a) Funeral director Joseph B. Burke, Jr
(b) Address 634 N. Central Ave.

19 (a) OCT 17 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5th 1942 at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Chronic Pulm. Tuberculosis — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 6 1942

VS 6

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be given if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96375 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Green Sts

(c) Hospital or institution: University Hospital 10

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs

(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 914 Abbott Court (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Florence Elizabeth Mooney Hinks

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Norman A Hinks

6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) Oct 16 1920

8. AGE: Years 21 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace Washington Indiana (Town, county, and state)

10. Usual Occupation

11. Industry or business Home wife

FATHER 12. Name James C. Mooney

13. Birthplace Washington Indiana

MOTHER 14. Maiden Name Frances L. Norris

15. Birthplace East St Louis Ill.

16 (a) Informant James L. Mooney

(b) Address 331 S. Stricker St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location City

18 (a) Funeral director Loff & B. M. Walton

(b) Address Fait & Stricker Sts

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

OCT 8 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1942 at 9:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Oct 5 1942 and that I last saw her alive on Oct 5 1942.

Immediate cause of death Cerebral embolism & hemorrhage — Duration 4 hrs

Due to Subacute bact. end. — Duration 1 mo?

Due to Congenital heart dis. — Duration 27 y.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. H. Greenbaum M. D.

Address Univ. Hosp. Date signed 10-5-42

F 96376

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

104 B

Registration No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT + 33RD STREET
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 48 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Harford
(c) City or town EDGEWOOD
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EARL HAYES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) JULY 10, 1940

8. AGE: Years	Months	Days	If less than one day
2	2	26	hr. min.

9. Birthplace MARYLAND
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name EARL JOHN HAYES
13. Birthplace WASHINGTON D.C.

MOTHER
14. Maiden Name ORA SIZEMORE
15. Birthplace VIRGINIA

16 (a) Informant MOTHER
(b) Address EDGEWOOD, MARYLAND

17 (a) Burial (b) Date thereof Oct. 7, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Abingdon Methodist
Location Abingdon, Harford Co.

18 (a) Funeral director Howard K. McComas
(b) Address Abingdon, Md.

19 (a) OCT 8 1942 (b) Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1942 at 12:35 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 3 1942 to Oct. 6 1942 and that I last saw him alive on Oct 6 1942.

Immediate cause of death	Duration
Respiratory Failure	
Due to [redacted]	[redacted]
Due to Longitudinal sinus thrombosis	
Upper respiratory infection	
Other Conditions	mew

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James N. McCord Jr. M.D.
Address Aldon Memorial Date signed 10/6/42

F 96377

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 69

F 96377 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 772 Wacke St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katie Sample
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Widow
6 (b) Name of husband or wife Chas. Sample
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 17, 1865
8. AGE: Years 97 | Months - | Days 17 | If less than one day hr. min.
9. Birthplace Pocomoke City Md (Town, county and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name John Quinn
13. Birthplace Pocomoke City Md

MOTHER 14. Maiden Name Harriette
15. Birthplace Pocomoke City Md

16 (a) Informant Berlin Williams
(b) Address 772 Wacke St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 7 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
18 (a) Funeral director Mrs Rachel R. Williams
(b) Address 822 N Schroeder St
19 OCT 8 1942 (Date rec'd by registrar) Hunting for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4 19 42 at 7 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 4 19 42 to Oct 4 19 42 and that I last saw her alive on Oct. 4 19 42

Immediate cause of death Pellagra — Duration 2 weeks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ralph W. Pickett M. D.
Address Provident Hosp. Date signed Oct 5/42

VS 3

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96378 Registered No. 13 W

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Lexington Sts
(c) Hospital or institution: Mercy Hospital 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 days
(e) Length of stay in Baltimore (yrs., mos., or days) 31 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 605 N. Woodyear St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rena Bailey

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	M

6 (b) Name of husband or wife George Bailey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1911

8. AGE: Years	Months	Days	If less than one day
30	10	24	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Olivia Peters
15. Birthplace Maryland

16 (a) Informant Admission Record
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

OCT 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 4 1942 at 1:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 8 1942 to Oct. 3 1942 and that I last saw her alive on Oct. 3 1942.

	Duration
Immediate cause of death Cardiac - respiratory failure	
Due to Intestinal Obstruction	
Due to Adhesions	
Other Conditions Chronic nephritis Hypertension (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy Cardiac failure, chronic nephritis	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Peyton Ritchings M. D.
Address Mercy Hospital Date signed Oct 4, 1942

VS 3

F 96379

AB-77118

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 96379 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 820 Harlem Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur Speaks

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Eva.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22-1887

8. AGE: Years 55 | Months 3 | Days 12 | If less than one day hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Eliza Speaks
13. Birthplace S.C.

MOTHER
14. Maiden Name Charlotte ?
15. Birthplace S.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) Oct 8 1942 (Date rec'd by registrar) (b) Huntington W. Va. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4 1942, at 2'8 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2 1942, to 10-4 1942 and that I last saw him alive on 10-4 1942.

	Duration
Immediate cause of death: Pulmonary embolis	
Due to Mural thrombi, right auricle	?
Due to Hypertension C.V. disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: On abov

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. R. Rathbun M. D.
Address Balto. City Hosp Date signed 10-5-42

Please write plainly, with pencil or pen. Every item of information should be given. Do not abbreviate. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

Registered No. F 96380

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1322 Hillsman St.
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1322 Hillsman St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Dorsey

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Michael Dorsey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10, 1864

8. AGE: Years	Months	Days	If less than one day
78	4	26	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Home work at
11. Industry or business Home

FATHER
12. Name Timothy McGah
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Donahue
15. Birthplace Ireland

16 (a) Informant Mrs Anna D. Sanford
(b) Address 4231 Vanhook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cemetery
Location 4300 Rd Frederick Rd

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Eager St Baltimore, Md.

OCT 8 1942 (a) (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1942, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1942 to Oct 6 1942, and that I last saw h~~er~~ alive on Oct 5 1942.

Immediate cause of death: Carcinoma of Gall Bladder — Duration: ?
Secondaries of liver
Due to
Due to
Other Conditions arteriosclerosis chron. myocarditis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Schumpert M. D.
Address 714 E. Preston Date signed 10/6/42

VS 3

The information should be given by the person best qualified. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1939

F 96381

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1545 Ensor St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 + 9
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1545 Ensor St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur J Byrne

3 (b) If veteran, name war: No

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sadie A Byrne nee O'Brien

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13th 1872

8. AGE: Years: 66 yrs | Months: 11 | Days: 23 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer in Work

11. Industry or business Balto. City Water Dept.

FATHER
12. Name Patrick O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Roche
15. Birthplace Ireland

16 (a) Informant Mrs. Sadie A. Byrne
(b) Address 1545 Ensor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9th 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location 4302 Old Frederick Rd.

18 (a) Funeral director Elmer W. Conklin & Son
(b) Address 2234 E. Eager St.

19 (a) (Date received by Local Registrar) (b) Huntington Williams M.D. Registrar

OCT 8 1939

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6th 1939 at 6 a M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/29 19 39 to 10/6 1939, and that I last saw h[im] alive on 10/5 1939.

Immediate cause of death: Cerebral Hemorrhage — Duration: 9 days

Due to: Hypertension Cardio-Vascular Disease — Duration: ?

Due to: — Duration:

Other Conditions: — Duration:

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph S. Blum Mit

Address 1206 E. Preston St. Date signed 10/6/39 M.

VS 3

Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F96382 (one) 159 F96382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F96382

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hosp. 2716
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6003 Burgundy Ter. 2312 Hamilton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Owings (Birth F. 59732)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5 1942

8. AGE: Years	Months	Days	If less than one day
			15 hr. min.

9. Birthplace St. Joseph's Hospital
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Elliot F. Owings
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Dorothy H. Leverton
15. Birthplace Baltimore, Maryland

16 (a) Informant Bertha Leverton
(b) Address 6003 Burgundy Ter

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave

18 (a) Funeral director Leonard J. Ruth
(b) Address 530 S Harford Rd.

19 (a) OCT 8 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 5 1942, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Oct 5 1942, and that I last saw her alive on Oct 5 1942.

Immediate cause of death	Duration
a Asphyxia	
Due to prematurity respiratory distress	
Due to gestation 26 wks	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chesteen J. Richter M. D.
Address St. Joseph's Hosp. Date signed 10/8/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96383 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 673 Caton and Wilkens Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 673 W Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Retowsky

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife: --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 | 1 | 1880

8. AGE: Years	Months	Days	If less than one day
62	0	5	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Robert R. Retowsky
13. Birthplace Germany

MOTHER
14. Maiden Name Mathilda Krauter
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Helen H. Wiegand, sister
(b) Address 2725 Alameda Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

OCT 8 1942 (Date received by Registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/6 1942, at 1 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1942, to Oct. 6 1942, and that I last saw h[illegible] alive on Oct. 6 1942

Immediate cause of death: Lobar pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Rosberg
Address St. Agnes Hosp. Date signed 10/7/42

F 96384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96384

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Johnson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary C. Jory

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife George W. Jory (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26, 1860

8. AGE: Years	Months	Days	If less than one day
82	4	10	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Henry Appel
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Baer
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Ave. - Balto., Md.

19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-6-1942 at 8:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-29-1942 to 10-6-1942 and that I last saw her alive on 10-6-1942

Immediate cause of death: Cerebral hemorrhage — Duration 48 hrs.
as
Due to Arteriosclerotic C.V.D. & decompensation
Due to
Other Conditions Fractured neck of right femur.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 9-27-42 at ? M
(c) Where did injury occur? 1604 Johnson St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury fell in home

23. Signature Henry Moore M. D.
Address Baltimore City Hosp. Date signed 10-6-42
P. L. Wolfenstetter, M.D. for S. T.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96385

AB-37659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96385 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 207 N. Washington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phillip Jahn

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Seperated

6 (b) Name of husband or wife: Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 1-1867

8. AGE: Years	Months	Days	If less than one day
72	10	23	hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Adam Jahn
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Silverson
15. Birthplace Baltimore, Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, '42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. end of North Ave.

18 (a) Funeral director M. W. G. Oppel's Sons
(b) Address Eden and Monument Sts.

19 (a) OCT 7 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4 1942, at 10:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-29 1941, to 10-4 1942, and that I last saw him alive on 10-4 1942.

Immediate cause of death: Bronchopneumonia — Duration: 7
Due to: Cerebral arteriosclerosis — Duration: ?
Due to — Duration:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Pattison M. D.
Address Balto. City Hosp. Date signed 10-6-42

VS 3

WHITE PAPER. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96386 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 5 Minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 W. Balto. Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert R. M. Seitz

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-3883

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Gall Margaret R

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23, 1892

8. AGE: Years	Months	Days	If less than one day
50	3	12	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Driver

11. Industry or business Cloverland Dairy

FATHER
12. Name John Seitz
13. Birthplace Germany

MOTHER
14. Maiden Name Charlotte
15. Birthplace Germany

16 (a) Informant Miss Margaret Seitz
(b) Address 2507 W. Balto. St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 84 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave. & Longview

18 (a) Funeral director Harry H. Mitzke
(b) Address 401 Edmondson Ave

19 (a) OCT 7 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-5- 1942 at 8 30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Crushed Chest — Duration

Due to

Due to

Other Conditions Fracture of liver, laceration, abrasions, bruises, burns
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-5-42 at M
(c) Where did injury occur? Belloma & Holden aves Balto. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? Yes
(Specify type of place)
(e) Means of injury truck ran down & broke neck

23. Signature [illegible] M.D.
Medical Examiner.

Date signed

VS 6

F 96387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

944

Registered No.

F 96387

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2229 Ramsay St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 to
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town.)
(d) Street No. 2229 Ramsay St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine M. Kaiser

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. ~~Wid~~ Married

6 (b) Name of husband or wife Geo. J. Kaiser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19, 1876

8. AGE: Years 65 | Months 10 | Days 16 | If less than one day: hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Henry Kerbe
13. Birthplace Germany

MOTHER
14. Maiden Name Kitzinger
15. Birthplace Balto. Md

16 (a) Informant Mrs. Geo. J. Kaiser
(b) Address 2229 Ramsay St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8 42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Rd

18 (a) Funeral director Harry A. Fritze
(b) Address 401 Edmondson Ave.

OCT 7 1942
(Date rec'd by registrar)

Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1942, at 730 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942, to Oct 4 1942, and that I last saw her alive on Oct 4 1942.

Immediate cause of death: Coronary Thrombosis — Duration: 4 days

Due to Coronary Sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature

Address 1934 Wilkens Ave Date signed 10/9/42 M. D.

F 96388

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 96388 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 229 N. Kenwood Ave.
(c) Hospital or institution:

6-1

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 229 N. Kenwood Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME MARTIN KRAFT

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 212-16-3165

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife Christina Bechtold
6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1849

8. AGE: Years 93 | Months 8 | Days 15 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Clothing Cutter
11. Industry or business retired about 30 yrs

FATHER
12. Name John Kraft
13. Birthplace Maryland

MOTHER
14. Maiden Name Virginia ?
15. Birthplace Maryland

16 (a) Informant Miss Frieda Kraft (Daughter)
(b) Address 229 N. Kenwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7. 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore Md. by Henry Sander.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 (a) Date rec'd by registrar (b) Registrar
OCT. 7 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4. 1942 at 12.30 P. M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 1st 1942 to Oct 4th 1942 and that I last saw him alive on Oct 4th 1942.

Immediate cause of death: Pulmonary Oedema — Duration: 1 day
Due to: Myocardial Degeneration — Duration: [illegible] yrs
Due to: — Duration:
Other Conditions: Arterio-Sclerosis — Duration: 40 yrs

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature A. F. Kraft
Address 24 E. Penna Date signed Oct 5/42 (M.D.)

Huntington Printing Co.

CAUTION: Before writing, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96389

420029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

14a

F 96389

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE BLACK PENCIL, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2229 N. Eutaw St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME ~~Ann~~ Ann Louise Davidson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 1938

8. AGE: Years	Months	Days	If less than one day
4 yrs.			hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Selson Davidson

13. Birthplace W. Virginia

MOTHER

14. Maiden Name Josephine Lewis

15. Birthplace Ohio

16 (a) Informant Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9 1942 (month) (day) (year)

(c) Cemetery or crematory

Location Irvington Md.

18 (a) Funeral director John C. Mitchell & Son

(b) Address 900 Eutaw Place

19 (a) Filed by (b) Registrar Huntington Williams M.D. Date received OCT 7 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1942 at 8:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1942 to Oct. 6 1942 and that I last saw her alive on Oct. 6 1942

Immediate cause of death ~~Leukemia~~ Cardiac failure — Duration About 5 mos.

Due to Leukaemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Demetrius D. Zoggas M. D.

Address Johns Hopkins Hospital Date signed 10/7/42

F 96390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96390
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3321 Calvert St
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn (b) County
(c) City or town New Berg (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Harry M Slechter

3 (b) If veteran, name war	3 (c) Social Security Account No.
–	–

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Married

6 (b) Name of husband or wife Mrs. Lizzie M Slechter
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 23 73

8. AGE: Years	Months	Days	If less than one day
69 08	3	13	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name J C Slechter
13. Birthplace Penn.

MOTHER
14. Maiden Name Sophia Mower
15. Birthplace Penn

16 (a) Informant Chas G Slechter
(b) Address 5316 Illinois ave Mt Wash

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 42 (month) (day) (year)
(c) Cemetery or crematory Norland Cem
Location Chambersburg Pa

18 (a) Funeral director John O Mitchell & Son
(b) Address 1300 Eutaw Place

19 (a) (Local Registrar) Oct 8 1942 (Registrar)
(b) Oct 7 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 6 1942, at 7 20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9 25 1942 to 10 6 1942, and that I last saw him alive on 10 6 1942.

Immediate cause of death	Duration
Acute Respiratory failure	
Due to Hypostatic pneumonia	
Carcinoma Colon	
Due to	
Other Conditions Carcinoma Rectum & metastases (Include pregnancy within 3 months of death)	

Date of operation 9 26 42
Major findings of operation: Carcinoma of colon & metastases
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James McC. Finney M. D.
Address Union Memorial Hosp. Date signed 10-6

OCT 8 1942

OCT 7 1942

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96391

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

47d

F 96391
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1307 Fremont Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Scott Jackson 77081

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 12, 1870

8. AGE: Years	Months	Days	If less than one day hr.	min.
72	6	24		

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation porter

11. Industry or business

FATHER
12. Name Areh Jackson
13. Birthplace Va.

MOTHER
14. Maiden Name Emma Gelf
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (b) Date thereof 10 9 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Laurel Cem
Location Baltimore Co.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1429 Jefferson St Washington Williams, M.D.

19 (a) OCT 7 (b) 19 42
(Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 19 42 at 5:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 30 1942. to Oct. 6 1942. and that I last saw him alive on Oct. 6 19 42.

Immediate cause of death: Carcinoma of lung — Duration: 2 mos?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Carcinoma of lung

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Harty M.D.
Address Balto City Hosp Date signed 10/8/42

F 96392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

41

F 96392

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 112 St. Dunstans Road

(c) Hospital or institution: Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County City of Baltimore

(c) City or town City of Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 112 St. Dunstans Road
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Anne Janet Tucker Howell

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William H. Howell

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan-22-1863

8. AGE: Years 79 | Months 8 | Days 14 | If less than one day: hr. min.

9. Birthplace Richmond, Virginia
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER

12. Name E. Brison Tucker

13. Birthplace Washington, D. C.

MOTHER

14. Maiden Name Susan Davis

15. Birthplace Washington, D. C.

16 (a) Informant William H. Howell (husband)

(b) Address 112 St. Dunstans Road, City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Druid Ridge Cemetery

Location Pikesville, Maryland

18 (a) Funeral director Stewart & Mowen Company

(b) Address 108 W. North Avenue, City.

19 (a) OCT 7 1942 (b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6, 1942 at 1 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942. to Oct 6, 1942. and that I last saw h alive on Oct. 5 1942.

Immediate cause of death

Due to Arterio-sclerosis generalized & cerebral

Due to No hypertension

Due to ?

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature J. B. Sherman M. D.

Address 1041 St. Paul St Date signed 10-7-42

VS 2

F 96393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96393 Registered No.

PRINTED WHITE PENCIL, WITH UNFADING INK. Every item of information should be given, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3807 Park Heights Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-12
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3807 Park Heights Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME LOUIS A. HERSTEIN

3 (b) If veteran, name war: -----

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Miriam S. Herstein
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1869

8. AGE: Years	Months	Days	If less than one day
73	2	4	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Electrical Contractor
11. Industry or business

FATHER
12. Name Nathan Herstein,
13. Birthplace Germany.

MOTHER
14. Maiden Name Amelia Emrich,
15. Birthplace Germany.

16 (a) Informant Mr. Louis Herstein,
(b) Address 3807 Park Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10.8.42. (month) (day) (year)
(c) Cemetery ~~crematory~~ Oheb Shalom
Location Balto. Md.

18 (a) Funeral director Harris Levin Sons
(b) Address 1902 Eutaw Place.

19 (a) OCT 7 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6th. 1942 at A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1927 to Oct 6 1942 and that I last saw h[illegible] alive on Oct 6 1942.

Immediate cause of death	Duration
carcinoma of sigmoid	6 mths
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Hirsteinmann M. D.
Address 1720 Eutaw Place Date signed

VS 8

F 96394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 123

F 96394
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Preston apts) Preston St & Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Goldsborough

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: Wt | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Fitzhugh Goldsborough
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr) 9-20-1854

8. AGE: Years 88 | Months - | Days 15/16 | If less than one day ---hr. ---min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation —
11. Industry or business

FATHER
12. Name Alex. Hamilton Stump
13. Birthplace Balto Md

MOTHER
14. Maiden Name Elizabeth Eaton Bordley
15. Birthplace Talbot Co Md

16 (a) Informant Murray Goldsborough
(b) Address 1606 Park Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 42 (month) (day) (year)
(c) Cemetery or crematory St Thomas
Location Garrison Forest Md

18 (a) Funeral director Henry H Jenkins Sons Co
(b) Address McCulloh & Orchard Sts

19 (a) OCT 7 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 — 6 1942, at 6.05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10, 4 1942, to 10, 6 1942, and that I last saw her alive on 10 - 6 1942.

Immediate cause of death Cardio - Respiratory Failure — Duration

Due to Massive gastro - intestinal hemorrhage

Due to

Other Conditions Generalized Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John H. Gosser M. D.
Address Union Memorial Hospital Date signed 10-6-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 96395

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 96395 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Broadway . Balto.

(c) Hospital or institution: Church Home & Infirmary

(d) Length of stay in hospital or inst. (yrs., mos., or days) 162 day

(e) Length of stay in Baltimore (yrs., mos., or days) 95 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto City

City or town Baltimore City

(If outside city or town limits, write RURAL and give town)

(d) Street No. Church Home Broadway

(If rural give location)

(e) Citizen of foreign country? Non (Yes or No)

If yes, name country None

3 (a) **FULL NAME** Miss Rose Merrill (ROSE MERRILL)

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife None.

6 (c) If alive, give age x years

7. Birth date of deceased (mo., day, yr.) ? 1847

8. AGE: Years	Months	Days	If less than one day
95			hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business None.

FATHER

12. Name James H. Merrill

13. Birthplace Balto. Md.

MOTHER

14. Maiden Name Martha Lewis

15. Birthplace Balto. Md.

16 (a) Informant Church Home & Infirmary Balto

(b) Address Richard.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8 42 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Balto Md

18 (a) Funeral director Henry H. Jenkins & Sons Co.

(b) Address McCulloh & Richard Sts

19 (a) CT 7 1942 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1942, at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/26 1942, to 10/5 1942, and that I last saw h[illegible] alive on 10/5 1942.

Immediate cause of death	Duration
Bronchial Pneumonia	2 days
Due to	
Due to	
Other Conditions Senility & Arteriosclerosis	20 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Dr David Barbarash M. D.

Address Church Home & Infirmary Date signed 10/5/42

F 96396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930 F 96396 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4-2 D&A
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 231 Arch St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Harris

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1886

8. AGE: Years 56 | Months | Days | If less than one day hr. min.

9. Birthplace Newman, N. C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Charles Upton
(b) Address 231 Arch Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-7-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. C. County

18 (a) Funeral director Adolphus Abbott
(b) Address 21 E. Preston St

19 (a) 7461 (Date rec'd by registrar) (b) Huntington Ave Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 4 1942, at 3 AM M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence obtained by said autopsy & inquiry & inspection find that said deceased came to her death on the day stated above.

Immediate cause of death arteriosclerotic cardio-vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Bratton M.D.
Medical Examiner.
Date signed Oct. 4 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96397 — 186a — Registered No. F 96397

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Hanover St
(c) Hospital or institution: Provident Hosp. 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 School St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Hutton

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Thomas
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER 12. Name Abraham Essex
13. Birthplace md

MOTHER 14. Maiden Name Francis
15. Birthplace md

16 (a) Informant Bernice Gaze
(b) Address 712 Gold St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm. H. Nelson
(b) Address 1303 Pennsylvania Ave

19 (a) (Date received by registrar) (b) Huntington, W. Va.

OCT 7 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4-1942, at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7-4-1942 to 10-4-1942 and that I last saw h[illegible] alive on 10-4-1942.

Immediate cause of death Gangrene of left foot and leg.
Due to Fracture of
Due to fall
Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence July 4, 1942 at 8.15 P.M.
(c) Where did injury occur? (City or town) (County)
(d) Did injury occur about home, on farm, industrial place, in public place? public (specify type of place) While at work? no
(e) Means of injury Stepped and fell to ground

23. Signature Bertrand Farrow M.D.
Address 1207 N. Carrollton Ave Date signed 10-5-42

Howard D. Malden, M.D.

F 96398

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

Registered No. F 96398

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1303 N. Eden Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mitchell (Infant F 5311)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
			12 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Jerome Nichols
13. Birthplace North Carolina

MOTHER
14. Maiden Name Evelyn Mitchell
15. Birthplace North Carolina

16 (a) Informant Hospital Records
(b) Address Johns Hopkins Hospital

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL OCT 7 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 OCT 7 1942 Huntington Williams, M.D.
(Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 7, 1942 at 4 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 7 1942 to Sept. 7 1942 and that I last saw him alive on Sept. 7 1942

Immediate cause of death	Prematurity	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Nicholson T. Parkinson M. D.

Address Johns Hopkins Hospital Date signed 9-22-42

VS 3

5179

96399

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 96399

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Aberdeen
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME "Baby" Shaw

3 (b) If veteran, name war | (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-28-42

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Glenn B. Shaw
13. Birthplace N.C.

MOTHER
14. Maiden Name Mildred Spicer
15. Birthplace N.C.

16 (a) Informant Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL OCT 7 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) OCT 7 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 29 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1942 to Sept. 29 1942 and that I last saw her alive on Sept. 29 1942

Immediate cause of death Respiratory failure.

Due to Prematurity, unexpanded lungs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe
Address Johns Hopkins Hosp. Date signed 10/5/42 M D

VS 8

9180

Please fill in all items. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96400

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a

F 96400
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5609 Roland Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 Liberty Heights Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie Owings Taliaferro

3 (b) If veteran, name war W
3 (c) Social Security Account No. 4 4 N P

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Robert L
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6 1858

8. AGE: Years 84 | Months 4 | Days - | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Home

11. Industry or business

FATHER 12. Name Aloysius Owings
13. Birthplace Howard Co Md

MOTHER 14. Maiden Name Margaret F Waring
15. Birthplace West River Md

16 (a) Informant Henry C Mohlmann
(b) Address 4105 Chatham Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director Milburn & Son
(b) Address 1217 St Paul St

19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1942, at 11 25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938, to Oct 6 1942 and that I last saw h alive on Oct 6 1942.

	Duration
Immediate cause of death Bronchopneumonia	48 hrs.
Due to Fracture of Hip	2 mos.
Due to	
Other Conditions Senility (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 1, 1942 at 6 a M
(c) Where did injury occur? At home
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? No
(Specify type of place)
(e) Means of injury fell while getting out of bed

23. Signature H.W. Wollenweber
Address 1801 N. Charles St Date signed Oct 7, 1942

VS 3

H.W. Wollenweber M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

139a

F 96401 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5723 Bellona Avenue (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Catharine Fisher Bussey
3 (b) If veteran, name war N
3 (c) Social Security Account No. NONE
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife Edgar Bussey
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 10-30-83
8. AGE: Years 58 48 Months 11 Days 7 If less than one day hr. min.
9. Birthplace Huntington County, Pennsylvania (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business
FATHER 12. Name George Fisher
FATHER 13. Birthplace Maryland
MOTHER 14. Maiden Name Susan Parker
MOTHER 15. Birthplace Unknown
16 (a) Informant Mrs. Deceased
16 (b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (month) (day) (year)
17 (c) Cemetery or crematory Greenmount
Location Baltimore Md.
18 (a) Funeral director Wilhelm & Son
18 (b) Address 1217 E. Fayette St.
19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Huntingdon Williamsburg Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7-1942 at 2:15 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 9-16-1942 to 10-7-1942 and that I last saw her alive on 10-3-1942

Immediate cause of death: Cardio Respiratory Failure — Duration
Due to: Coronary Thrombosis — 2 days
Due to:
Other Conditions: Cardiac Hypertrophy, Hypertensive Cardiovascular (Include pregnancy within 3 months of death)
Date of operation 9-20-42
Major findings of operation: Chronic metritis & salpingitis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature John R. Davis, Jr. M. D.
Address Mercy Hospital Date signed 10-7-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 96402

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 96402 Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town ~~2924~~ Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 2924 Mokes Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Mrs. Bertha M. Satterfield

3 (b) If veteran, name war: No
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Leroy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5 1898

8. AGE: Years	Months	Days	If less than one day
44	5	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Geo. W. Fisher
13. Birthplace Germany

MOTHER
14. Maiden Name Lucie Le Parton
15. Birthplace Baltimore

16 (a) Informant Mrs. Elizabeth Lynch
(b) Address 1201 Bolton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Wilson Cook Inc
(b) Address 1217 E. Cold St

19 (a) [illegible] (b) Lexington Millinery Co.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6th 1942, at 4:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1942 to Oct. 6 1942, and that I last saw her alive on Oct. 6 1942.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to	
Due to	
Other Conditions Chronic Alcoholism	5 years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Fusting M. D.
Address St. Joseph's Hosp. Date signed 10-6-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 96403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96403

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2037 Clifton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 77 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2037 Clifton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Warden J. Potts

3 (b) If veteran, name war No

3 (c) Social Security Account No. 218-07-0678

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Edith L. Potts

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1895

8. AGE: Years 47 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Lisbon Ohio (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Bethlehem Steel Co

FATHER
12. Name Wilson L. Potts
13. Birthplace Ohio

MOTHER
14. Maiden Name Mary E. Warden
15. Birthplace Ohio

16 (a) Informant Edith L. Potts
(b) Address 2037 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/42 (month) (day) (year)

(c) Cemetery or crematory Lisbon
Location Lisbon Ohio

18 (a) Funeral director Wilbur Hoch Jr
(b) Address 1217 E. Pratt St.

19 (a) Date rec'd by Registrar OCT 8 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1942 at 11 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17, 1941 to Oct 6, 1942, and that I last saw him alive on Oct 6, 1942.

Immediate cause of death	Duration
Aneurysm of Aorta with myocardial degeneration	
Due to Aneurysm of Aorta	
Due to Luetic Infection	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Weiss, M.D.
Address 1927 E. North Ave. Date signed 10/7/42

-correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 96404 S 21455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148a

F 96404 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Type or print plainly in ink. Do not use abbreviations or symbols. Be sure that all items are correctly and completely supplied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 14 Gwynndale Av (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dorothy Townshend Dorothy Jane Townshend

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas H. Townshend
6 (c) If alive, give age 21 years

7. Birth date of deceased (mo., day, yr.) October 13, 1922

8. AGE: Years	Months	Days	If less than one day
19	11	25	24 hr. min.

9. Birthplace Balto, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John E. Malton
13. Birthplace Virginia

MOTHER
14. Maiden Name Winnie M. Langlotz
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Thomas H. Townshend
(b) Address 14 Gwynndale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof October 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn, Md.

18 (a) Funeral director Miller Funeral
(b) Address 1005 W. Baltimore St.

19 (a) (Date received by Registrar) OCT 8 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1942, at 7 05 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1942 to Oct 7 1942 and that I last saw h[illegible] alive on Oct 7 1942.

Immediate cause of death	Duration
Shock	2 hrs
Due to Eclampsia	48 hrs
Due to Post-partum hemorrhage	2 hrs
Other Conditions Post-partum Pregnancy (Include pregnancy within 3 months of death)	over

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jos A Sheehan M. D.
Address Mercy Hosp Date signed

F 96405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a Registered No. F 96405

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert + Saratoga
(c) Hospital or institution:
Mercy Hosp 209
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Da
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Hr clock

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 Mt. Holly
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Conlin Jane Elizabeth Conlin (Birth F 58852)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 5, 1942

8. AGE: Years	Months	Days	If less than one day
0	0	2 Hr	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Joseph P. Conlin
13. Birthplace Massachusetts

MOTHER
14. Maiden Name Gertrude Bradley
15. Birthplace Baltimore Maryland

16 (a) Informant Mr. Joseph P. Conlin
(b) Address 308 Mt. Holly St.

17 (a) Burial (b) Date thereof
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director Willis Lawrence
(b) Address 1005 N. Baltimore St.

19 (a) OCT 8 1942 Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1942, at 5 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1942 to 10/7 1942 and that I last saw h alive on 19

Immediate cause of death: Umbilical hemorrhage — Duration: 3 da
Due to: Prematurity
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos. L Sheehan M. D.
Address Mercy Hosp Date signed

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96406
423398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96406
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1437 E. Baltimore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Koenig
3 (b) If veteran, name war W
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12-16-84
8. AGE: Years 57 Months 9 Days 20 If less than one day hr. min.
9. Birthplace Balt, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name Edwin Baker
13. Birthplace Md.
MOTHER 14. Maiden Name Wilhemina
15. Birthplace Md.
16 (a) Informant Records
(b) Address
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md
18 (a) Funeral director Hilton & Sons
(b) Address 1217 W. Fayette St.
19 OCT 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH Oct 6 1942 at 12:15 PM
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1942 to Oct 6 1942 and that I last saw her alive on Oct 6 1942.

	Duration
Immediate cause of death Coronary Hemorrhage 1st	5 hrs
Due to Hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury Robert C. Austrian
23. Signature Huntington Williams
Address Johns Hopkins Hosp. Date signed 10/8/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and

F 96407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 96407 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp. 5-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Belair Hotel (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Wilderfost

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29 1879

8. AGE: Years 63 | Months 5 | Days 27 22 | If less than one day hr. min

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Store Worker Retired

11. Industry or business

FATHER 12. Name Louis R. Wilderfost
13. Birthplace Bavaria

MOTHER 14. Maiden Name Theresa Goering
15. Birthplace Bavaria

16 (a) Informant Robert Wilderfost
(b) Address Ambler, Pa.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-8-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Baltimore Md

18 (a) Funeral director Wilhelm & Son
(b) Address 1219 Park Ave. Washington Wilhelm, M.D.

19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 3rd 1942, at 9:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest and that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gratiot M.D. Medical Examiner.
Date signed Oct. 7 1942

VS c

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96408 ✓ F 96408

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4113 Newton Ave
(c) Hospital or institution: 28
(d) Length of stay in hospital or inst. (yrs., mos., or days) none
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4113 Newton Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dora Marie Risso

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Richard Risso
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 4th 1874

8. AGE: Years	Months	Days	If less than one day
67	10	3	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business None

FATHER
12. Name John Etzel
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Benedetto Risso
(b) Address 4113 Newton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Charles P Towell
(b) Address 2427 Edmondson

19 (a) (Delivered by) (b) Oct 8 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7th 1942, at 2:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24th 1942, to Oct 7th 1942, and that I last saw h. alive on Oct. 6th 1942.

Immediate cause of death	Duration
Coronary Thrombosis	13 days
to:	
Due to Arteriosclerosis, Cardiovascular Disease	few months
Due to Terminal Pneumonia	2 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alex A Weemstock M.D.
Address 4603 Park Heights Ave Date signed 10/7/42

29

F 96409

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96409 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1915 Harlem Ave
(c) Hospital or institution: 16
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1915 Harlem Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine C. Moore

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Maurice Moore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2-1876

8. AGE: Years	Months	Days	If less than one day
66	8	4	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name Patrick Egan
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Connor
15. Birthplace Ireland

16 (a) Informant Catherine Teresa Moore
(b) Address 1915 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore Md

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave + Fayette St

19 (a) OCT 8 1942 (Date received by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1942 at 4:45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942, to Oct 6 1942, and that I last saw h[er] alive on Oct 6 1942

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease	15 yrs
Due to	
Due to	
Other Conditions Hypertension	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John F. Coalahan M. D.
Address 24 N. Fulton Ave Date signed 10/7/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96410 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2127 E. Federal Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) 74 3 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2127 E. Federal Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME George E Adams

3 (b) If veteran, name war: No

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Carrie L. Adams

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1868

8. AGE: Years 74 | Months 3 | Days 2 | If less than one day: hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Retired Brewery Worker

11. Industry or business

FATHER
12. Name Emilious Adams
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Carrie L. Adams
(b) Address 2127 E. Federal Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location North Ave & Rose Street

18 (a) Funeral director Albert L. Dilly
(b) Address 1606 N. Chester Street

19 (a) OCT 8 1942 (Registered by) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6, 1942, at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 10, 1942. to Oct. 6, 1942. and that I last saw h im alive on Oct. 5, 1942.

Immediate cause of death	Duration
Coronary occlusion	2 Mos.
Due to Arteriosclerosis	5 yrs.
Due to	
Other Conditions Chronic Nephritis	5 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert L. Dilly Fitzgerald M. D.
Address 613 E. North Ave Date signed 10-7-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 96411

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3821 Hickory Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3821 Hickory Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Wisner.

3 (b) If veteran, name war

3 (c) Social Security Account No. 220-09-3769

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: single.

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 9 1892

8. AGE: Years 49 | Months 11 | Days | If less than one day: hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Bendix Radio.

FATHER 12. Name James Wisner.

13. Birthplace md.

MOTHER 14. Maiden Name Catherine Wilhelm

15. Birthplace md.

16 (a) Informant Clarence M. Wilhelm

(b) Address 3821 Hickory Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9/42 (month) (day) (year)

(c) Cemetery or crematory Stone Chapel.

Location Balto Co. Md.

18 (a) Funeral director Kenwood & Donovan

(b) Address 6417 Belair Ave.

19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1942, at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6, 1942 to Oct. 7 1942 and that I last saw h alive on Oct. 6, 1942.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Coronary artery disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Edward L. Hamm M. D.

Address 4037 Falls Rd. Date signed 10/7/42

VS 8

F 96412

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

167

Registered No. F 96412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hosp. 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Argyle Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Penbroke Gordwin

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-1658

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Agnes Goodwin
6 (c) If alive, give age 29 years

7. Birth date of deceased (mo., day, yr.) Feb 4 1900

8. AGE: Years	Months	Days	If less than one day
37	8	-	hr. min.

9. Birthplace Carrollton, Va
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Aberdeen Gordwin
13. Birthplace Carrollton, Va

MOTHER
14. Maiden Name Emma Edwards
15. Birthplace Carrollton, Va

16 (a) Informant Anne Gordwin
(b) Address 75 S. 7th St Newark, N.J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Carrollton, Virginia
Location

18 (a) Funeral director Mrs Kate R. Williams
(b) Address 322 Schroder St.

19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 40

20. DATE OF DEATH Oct. 4 1942 at 12 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Stab wound of chest — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Oct. 4 1942 at 12 A.M.
(c) Where did injury occur? 561 W. Biddle St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street (Specify type of place) While at work? Yes
(e) Means of injury Stabbed

23. Signature Robert Fr Gastaldi M.D. Medical Examiner.
Date signed Oct. 4 1942

VS 6

Please fill in all items. Every item of information should be carefully considered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 96413 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. Dylcrest Apts C2 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Mendelsohn.

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Moses
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day hr.	min.
75				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Hosp Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Park Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/7/42 19 at 2.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7/42 19 to 10/7/42 19.
and that I last saw h Cl alive on 10/7/42.

Immediate cause of death	Duration
Myocardial insuffic	?
Due to Coronary sclerosis & Coronary occlusion (?)	
Due to Arteriosclerotic Cardiovascular disease.	
Other Conditions Diabetes Mellitus	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alexander E. Poroshoby M.D.
Address Sinai Hospital Date signed 10/7/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96414

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1310 F 96414

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 E Biddle St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Mary McCarthy

If U. S. Veteran specify WAR

(a) Residence: No. 2403 E Biddle St. St., 8-3 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 27-1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16 17	11	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore.

FATHER

13. NAME Michael F McCarthy

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Minnie S Gill

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Minnie S Gill

(Address) 2403 E. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date Oct 10th 1942

19. UNDERTAKER Wendell E Humphreys

(Address) 1530 N. Broadway

20. OCT 8 1942 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 7-1942 ; 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1932, 19, to Oct 6, 1942

I last saw her alive on Oct 6, 1942 Death is said to have occurred on the date stated above, at 5:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Rheumatic Endocarditis	1932
Other contributory causes of importance:	
Chronic Diffuse Nephritis	1938

Was an operation performed? Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J Ayd M. D.

(Address) 2005 E. Monument St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

F 96415

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

940

F 96415
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 13 E. Franklin St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 E. Franklin St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DANIEL MULLEN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex m

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years abt. 60 | Months | Days | If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Sales Manager

11. Industry or business Oster Manufacturing Co.

FATHER
12. Name Patrick Mullen
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Reynolds
15. Birthplace Maryland

16 (a) Informant Rev. John O. M. Barrett
(b) Address St. Mary's Seminary

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director Wm. Medrow Sons
(b) Address 805 N. Calvert St, Baltimore, Md.

19 (a) OCT 8 1942 (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7, 1942 at 11 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

Findings of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeier M.D.
Medical Examiner.
Date signed 10-7-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96416 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 Frankford Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 7
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or corporate limits, write RURAL and give town)
(d) Street No. 2001 Frankford Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Fischer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jul 15 1866

8. AGE: Years 76 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Frederick Weber
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea
15. Birthplace Germany

16 (a) Informant Mrs Louise Hopke
(b) Address 2001 Frankford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9 42 (month) (day) (year)
(c) Cemetery or crematory Stemmers Run Cem
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004-8 Orleans St

19 (a) OCT 8 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6th 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1942 to Oct 5 1942 and that I last saw her alive on Oct. 5 1942.

Immediate cause of death Cerebral Thrombosis — Duration 2 mos

Due to Arterio-Sclerosis

Due to Chronic Nephritis

Other Conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Walter A. Anderson M. D.
Address 3001 Shannon Drive Date signed Oct. 6-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46B

F 96417 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1621 Edmondson av
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1621 Edmondson av.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Nettie Jones

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife Isaac Jones

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10/25/1891

8. AGE: Years 50 | Months 9 | Days 11 | If less than one day — hr. — min.

9. Birthplace Scranton, N. Carolina
(Town, county, and State)

10. Usual Occupation Domestic

11. Industry or business Home work

FATHER
12. Name Nathan Boyd
13. Birthplace Scranton N. Car.

MOTHER
14. Maiden Name Nettie Boyd
15. Birthplace Scranton N. Car.

16 (a) Informant Edward Campbell
(b) Address 917 N Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location —

18 (a) Funeral director Mrs Katie R Williams

(b) Address 322 N Schroeder St

19 (a) — (Date received by registrar) (b) OCT 8 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1942 at 4 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1942 to 10/6 1942 and that I last saw her alive on 10/6 1942.

Immediate cause of death Carcinoma of Stomach — Duration —

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? —
(Specify type of place)
(e) Means of injury —

23. Signature C. N. Pifer M.D.
Address 360 W Lanvale St
Date signed 10/7/42

Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96418

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

F 96418 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Do not abbreviate. Entry must be complete. Every item of information should be carefully obtained.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital 17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore 4
(If outside city or town limits, write RURAL and give town)
(d) Street No. 666 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Stewart

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife Charles H. Stewart
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1878

8. AGE: Years	Months	Days	If less than one day
64	4	10	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Murray
13. Birthplace Maryland

MOTHER
14. Maiden Name Debbie Green
15. Birthplace Maryland

16 (a) Informant Administrative Record
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director William A. Jackson
(b) Address 8 OCT 1942 Penna. Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5 1942, at 5:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2, 1942 to Oct 5, 1942, and that I last saw her alive on Oct 5, 1942.

Immediate cause of death	Duration
Cardio-respiratory failure.	
Due to Pulmonary edema	
Due to Cardiac failure with decompensation	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Peyton Richardson M. D.
Address Mercy Hospital Date signed Oct 6 1942

VS 3

F 96419

419484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 96419

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 3611 Old Frederick Rd. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mary Bobby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife Charlie

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) April 26, 1873

8. AGE: Years	Months	Days	If less than one day
69	5	11	hr. min.

9. Birthplace Tennessee (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Henry Jones

13. Birthplace Tenn.

MOTHER

14. Maiden Name Sally Turner

15. Birthplace Tenn.

16 (a) Informant Reeves

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location A. G. Co. Md.

18 (a) Funeral director William A. Jackson

(b) Address 916 Penna. Ave.

19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1942 at 10:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31 1942, to Oct 7 1942, and that I last saw her alive on Oct 7 1942

Immediate cause of death Uremia — Duration 2 years

Due to Hypertensive cardiovascular renal disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harold E.C. Thomkins M.D.

Address Johns Hopkins Hosp. Date signed 10/9/42

VS 8

F 96420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 96420
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE IN PERMANENT, BLACK, UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 252 N. Schroeder Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Taylor

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife Benjamin Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6 1885

8. AGE: Years	Months	Days	If less than one day
56 57	11	1	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Benjamin Taylor
13. Birthplace Howard Co., Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Albert Taylor - son
(b) Address 936 Bennett Place

17 (a) (Burial, cremation, or removal) (b) Date thereof 10 11 42
(month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Balto.

18 (a) Funeral director Ernest Poole
(b) Address 43 W. Hamburg St.

19 (a) (Date certificate registered) OCT 8 1942 Huntington Whitehead

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7-1942, at 4 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry and that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 10-8-42

VS 6

423242

F 96421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

307

F 96421 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Robert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aquill Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-0067

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-4-03

8. AGE: Years	Months	Days	If less than one day
39	1	1	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER
12. Name Aquilla Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Thompson
15. Birthplace Md

16 (a) Informant Reeanda.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8 1942 (Month) (day) (year)
(c) Cemetery or crematory Pleasant Rest
Location Towson Md

18 (a) Funeral director Byron Thomas & Wright
(b) Address 721 Cinquin St

19 (a) OCT 8 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 5 1942 at 6.25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1942 to Oct 5 1942 and that I last saw him alive on Oct 5 1942.

Immediate cause of death Aneurysm of aorta — Duration Abort 2 mos.

Due to Syphilis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Aneurysm of aorta

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard C.C. Thomkins M.D.
Address Johns Hopkins Date signed 10/6/42

VS 8

Please write plainly, with unfading ink. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

F 96422 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 821 Brice St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Bc.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 Brice St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME George Warren Jones

3 (b) If veteran, name war World war. I. | 3 (c) Social Security Account No. 705-05-0890

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Grace Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 31-1884

8. AGE: Years 58 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Machinist B. & O. RR.

11. Industry or business

FATHER
12. Name George Warren Jones.
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Annie M. Betrin
15. Birthplace Virginia

16 (a) Informant Wife Grace Jones
(b) Address 821 Brice St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Baltimore

18 (a) Funeral director Manuel Cook Sypes
(b) Address 1600 W. North Ave

19 (a) OCT 8 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7 1942, at 1:0 M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939, to Oct 7 1942
and that I last saw h alive on Sept 1 1942

Immediate cause of death Pulmonary Tuberculosis 2.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lavy
Address 844 W Hoffman Date signed 10/7/42

VS 3

Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. TYPEWRITER, WITH UNFADING INK.

F 96423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

Registered No. F 96423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 804 S. Sharpe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 804 S. Sharpe St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM RANDOLPH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 5, 1901

8. AGE: Years	Months	Days	If less than one day
41	7	1	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Beverly Randolph
13. Birthplace Va

MOTHER
14. Maiden Name Jenie Greenbury
15. Birthplace Va

16 (a) Informant Georgia Johnson
(b) Address 610 Pelham Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-9-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location G & R Co Md

18 (a) Funeral director Daniel L. Brown & Son
(b) Address 1028 W Montgomery St

19 (a) 8 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1942, at 11:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardiovascular Renal	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Wallenmeyer M.D. Medical Examiner.
Date signed 10-7-42

VS 6

CT

Please PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ Registered No. F 96424

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 813 N. Patterson Pk Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 813 N. Patterson Pk Ave., (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kirschnick

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Herman (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23, 1864

8. AGE: Years	Months	Days	If less than one day
78	9	13	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation housewife at home
11. Industry or business

FATHER
12. Name Fred Williams
13. Birthplace Germany

MOTHER
14. Maiden Name Kahn
15. Birthplace Germany

16 (a) Informant Gertrude McCleary
(b) Address 813 N. Patterson Pk Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601-03 [illegible] Madison Street

19 (a) OCT 8 1942 (Date received by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 6 1942, at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 . . to Oct. 6 1942.
and that I last saw her alive on Oct. 6 1942.

Immediate cause of death	Duration
Acute Pulmonary Oedema	-
Due to chronic myocardial disease	
Due to	
Other Conditions Hypertension Cardiovascular disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lemuel Bull M. D.
Address 826 N. Wolfe St. Date signed Oct 7, 1942

Howard J. Maldeis, M.D. B.M.E.

VS 3

FORM WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 96425 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3031 Elliott St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3031 Elliott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jacob Grase (or) Grac2Kowski

3 (b) If veteran, name war: No.

3 (c) Social Security Account No. 212-16-6156

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catharine

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 8 1865

8. AGE: Years 77 | Months 4 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Stevidoring

11. Industry or business Pennsylvania Railroad

FATHER 12. Name Frank-Walter Grace Kowski

13. Birthplace Germany

MOTHER 14. Maiden Name ?

15. Birthplace Germany

16 (a) Informant Michael Grac2Kowski

(b) Address 3031 Elliott St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1042 (month) (day) (year)

(c) Cemetery or crematory Holy Cross

Location Gorman Mill Rd.

18 (a) Funeral director M. W. E. Oppel & Sons

(b) Address 1 Broadway Ave. Sta.

19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Huntington Williamsburg

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 6 1942 at 9 P. M. 25

21. I certify that death occurred on the date above stated: that I attended deceased from 10/3 1942 to 10/6 1942, and that I last saw him alive on 10/6/ 1942.

Immediate cause of death: Bronchial Pneumonia — Duration: Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Rosenblatt M. D.

Address 3048 O'Donnell St. Date signed 10/7/42

VS 8

Every item of information should be given, if known. Do not abbreviate. Write plainly with UNFADING INK. Be sure that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

City Disposal ✓

96426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

F 96426 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1222 Mosher St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Seaton (Birth 59215)

3 (b) If veteran, name war /

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-27-42

8. AGE: Years	Months	Days	If less than one day
0	0	7	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name William Seaton
13. Birthplace Cape Charles, Va

MOTHER
14. Maiden Name Sarah Smith
15. Birthplace Kilmarnock, Va

16 (a) Informant William Seaton
(b) Address 1222 Mosher St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 8 1942

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williamsport, Md.

19 OCT 8 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 4 1942, at 6 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct 4 1942 and that I last saw her alive on Oct 4 1942

Immediate cause of death: Facial atelectasis — Duration: 5 hrs.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Cole M.D.
Address University Hosp. Date signed 10/5/42

VS 8

9482

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 96427

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96427 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Howard St.
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn., (b) County
(c) City or town New Freedom (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob H. Stabler (H-HAMMOND)

3 (b) If veteran, name war NONE

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Clara Estella Stabler

6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1859

8. AGE: Years 82 | Months 11 | Days 7 14 | If less than one day hr. min.

9. Birthplace Frankford Maryland (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Clerk-Baldwin Steel Co.

FATHER
12. Name Daniel E. Stabler
13. Birthplace Penn.

MOTHER
14. Maiden Name Mary E. Wilhelm
15. Birthplace Maryland

16 (a) Informant Mrs. A. Earl Stabler
(b) Address 703 - E. - St. - Spring Pt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-42 (month) (day) (year)
(c) Cemetery or crematory New Freedom Cemetery
Location New Freedom, Pa.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (H. F. MOWEN SUC.) 108 W. NORTH AVENUE

19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1942, to Oct 7 1942, and that I last saw him alive on Oct 7 1942.

Immediate cause of death Coronary Thrombosis — Duration

Due to: Hypertensive arteriosclerotic heart disease

Due to:

Other Conditions Pneumonia.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C Herman Williams M. D.
Address Maryland General Hospital Date signed Oct 7, 1942

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 96428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96428

Registered No. 939

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1001 St. Paul Street
(c) Hospital or institution: HOME
(d) Length of stay in hospital or inst. (yrs., mos., or days) XXXX
(e) Length of stay in Baltimore (yrs., mos., or days) Abt. 62 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County XXXXXX
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 St. Paul Street (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME: ELLEN TRAILL LEGG

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No. NONE

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Col. Edgar Kent Legg

6 (c) If alive, give age XXXX years

7. Birth date of deceased (mo., day, yr.) January 30, 1855

8. AGE: Years 87 | Months 8 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business NONE

FATHER
12. Name George F. Webster
13. Birthplace Probably in Virginia

MOTHER
14. Maiden Name Ellen Traill
15. Birthplace Frederick, Maryland

16 (a) Informant Mr. Frederic W. Legg (Son)
(b) Address 100 Edgevale Rd., Roland Pk, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 9 - 42 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director Stewart & Mowen Company.
(b) Address 105 N. North Av. (W.F. Wooden-Suc.)

19 (a) OCT 8 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1942 at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1935 to Oct 7 1942 and that I last saw h[illegible] alive on Oct 7 1942.

Immediate cause of death: Myocardites-Bronchitis-acute — Duration: Endured 1 wk

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. A. Maddy M.D.
Address 1403 Park Ave. Date signed Oct 8 1942

VS 2

Please fill in all items. Every item of information should be given or explained. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96429 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2101 W. Cold spring Lane

(c) Hospital or institution: Cold Spring Nursing Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 - D

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1610 Lancaster St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John H Niblett

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Sarah Niblett

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) March 25. 1865

8. AGE: Years 84 Months 6 Days 14. If less than one day hr. min.

9. Birthplace Salisbury Eastern Shore (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Salisbury Md.

MOTHER 14. Maiden Name Mary Cooper

15. Birthplace Salisbury

16 (a) Informant Joseph Niblett

(b) Address 1610 Lancaster St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9. 1942 (month) (day) (year)

(c) Cemetery or crematory Meadowridge

Location Washington Blvd.

18 (a) Funeral director Wendell J. Hagel

(b) Address 312 S Highland Ave

19 (a) OCT 8 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1942 at 5:40 p.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 14 1941 to Oct 6 1942 and that I last saw h[im] alive on Oct 6 1942

Immediate cause of death: Myocarditis — Duration

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. N. Patterman

Address 7324 Reisterstown Rd. Date signed 10/8/42 M.D.

F 96430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96430 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 E. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Joseph Roycroft

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
Male	White	Married

6 (b) Name of husband or wife Sda. Roycroft
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Sept 18. 1876

8. AGE: Years	Months	Days	If less than one day
66 65	1	7	hr. min.

9. Birthplace Baltimore Md. (town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Joseph. Roycroft
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Bloom
15. Birthplace Baltimore Md.

16 (a) Informant Sda. Roycroft
(b) Address 1106 E. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9. 1942 (month) (day) (year)
(c) Cemetery or crematory St. Marys.
Location Roland Ave
18 (a) Funeral director Randell & Skipper
(b) Address 312 Washington Blvd

19 OCT 8 1942 (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5th 1942 at 4 00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1942 to Oct. 5 1942 and that I last saw him alive on Oct. 5th 1942

Immediate cause of death	Duration
Congestive Heart Failure	?
Due to Hypertensive C-V Renal Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilson H. Fuseler M.D.
Address St. Joseph's Hosp. Date signed Oct 5-42

VS 3

correct ago is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 96431 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 613 S. Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adam Sawyer.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 31-1883

8. AGE: Years	Months	Days	If less than one day
57 5y	8	6	hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation Faller

11. Industry or business

FATHER
12. Name George Sawyer
13. Birthplace Ohio

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Wendel Howland
(b) Address Portsmouth Ohio

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10-42 (month) (day) (year)
(c) Cemetery or crematory Old Wheelersburg
Location Portsmouth Ohio

18 (a) Funeral director A. Reiley Slade
(b) Address 490 7th Ave Portsmouth Ohio

19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/7 1942, at 5.27 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death: Broncho-pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh C. McNally M.D. Medical Examiner
Date signed 10/8/42

VS 6

Please write plainly with indelible pencil. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96432 MPR 77147 BALTIMORE CITY HEALTH DEPARTMENT F 96432

CERTIFICATE OF DEATH 93D

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 16-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 14 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harriet Dublin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) [illegible] married, widowed, [illegible]

6 (b) Name of husband or wife Henry Dublin (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15, 1879

8. AGE: Years 63 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Bently
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Dorsey
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12. 1942 (month) (day) (year)
(c) Cemetery or crematory Highland
Location Howard County Maryland

18 (a) Funeral director Joseph A. Lemley
(b) Address 1098 Fremont Street

19 (a) [illegible] (Date received by Registrar) (b) Huntington Williams M.D. Registrar

OCT 8 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7 1942; at 8 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2 1942; to 10-7 1942; and that I last saw h[illegible] alive on 10-7 1942.

	Duration
Immediate cause of death ? Coronary occlusion	2 hrs.
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rattlem[illegible] M. D.
Address Balt. City Hosp. Date signed 10-8-42

IMPORTANT—Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96433

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 96433 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 324 S. Gilmore st.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 324 S. Gilmore St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katharine Christina Conn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Oliver Charles Conn

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1886

8. AGE: Years 55 Months 10 Days 18 If less than one day hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name Paul M. Bauer
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Lange
15. Birthplace Germany

16 (a) Informant Paul M. Cohen, Jr.
(b) Address 324 S. Gilmore St

17 (a) Burial (b) Date thereof Oct 9/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood st

18 (a) Funeral director Harry H. Smith
(b) Address 4101 Edmondson ave

19 (a) OCT 8 1942 (b) Huntington Willia
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6, 1942, at 5:50PM

21. I certify that death occurred on the date above stated; that I attended deceased from March, 1941, to Oct, 1942, and that I last saw h.r. alive on Oct 6, 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to Hypertensive Cardio Vascular Renal

Due to Chronic nephritis

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Bayless

Address 1600 Wilkens Ave. Date signed 10/7/42

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B

Registered No. F 96434

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1215 E Federal St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Walter GILL

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 215-07-1288

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1895

8. AGE: Years	Months	Days	If less than one day
47	3	8	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Standard Oil Co.

FATHER
12. Name Walter S. Gill
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Elizabeth Miller
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Elizabeth Gill
(b) Address 1215 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/10/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Harford Road

18 (a) Funeral director Wilhorn & Doe
(b) Address 1214 Gorsuch St

19 (Date received by registrar) OCT 9 1942 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1942, at 3 04 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Contusion of the brain
Due to: atrophy
Due to:
Other Conditions: No
(Include pregnancy within 3 months of death)
Date of operation: No
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. E. Wallenmeyer M.D. Medical Examiner.
Date signed 10-7-42

VS 6

CORRECTIONS OR ERASURES INVALIDATE THIS CERTIFICATE. Every item of information should be given if known. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1310 F 96435

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 Grantley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 - 8
(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 Grantley St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William L Coates

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Beulah Coates
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 15. 1864

8. AGE: Years 78 | Months 8 | Days 22 | If less than one day hr. min.

9. Birthplace Lunsburg N C (Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business Self

FATHER
12. Name William E Coates
13. Birthplace N C

MOTHER
14. Maiden Name Lazaretta Parker
15. Birthplace Va

16 (a) Informant Gerald H Coates
(b) Address 725 Lyndhurst St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilkens Cook Inc
(b) Address 1217 E Fayette St

19 (a) OCT 9 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1942 at 4-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from August 1 1942 to Oct 7 1942 and that I last saw h alive on Oct 7 1942

Immediate cause of death: Arteriosclerotic cardio vascular renal disease — Duration

Due to

Due to

Other Conditions: Terminal bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thurber E Stacy
Address 3803 Edmondson Date signed 10/6/42

VS 8

Dr Stacy 3803 Edmondson Ave

F 96436

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96436 — Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 619 Glenwood ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 Glenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph N. Calder

3 (b) If veteran, name war World | 3 (c) Social Security Account No. 216-05-7119

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Separated.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1. 1893

8. AGE: Years	Months	Days	If less than one day: hr.	min.
49	2	7		

9. Birthplace Baltimore Md (town, county, and state)
10. Usual Occupation Elevator Operator
11. Industry or business

FATHER
12. Name Joseph N Calder
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sadie Base
15. Birthplace Baltimore Md

16 (a) Informant Mrs Lilly May Janssen
(b) Address 619 Glenwood ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/42 (month) (day) (year)
(c) Cemetery or crematory Presbyterian Towson
Location York Rd. Balto

18 (a) Funeral director William Cook Sons
(b) Address 127 St Paul St

19 (a) OCT 9 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/8 1942 at 3:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/26 1942 to 10/8 1942 and that I last saw h[illegible] alive on 10/8 1942

Immediate cause of death Uremia — Duration

Due to Chronic Nephritis — [illegible]

Due to

Other Conditions Hypertensive Cardio-Vascular Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1 W Baltimore [illegible] Date signed 10/8/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

VS 3

F 96437 Pikesville 56 to Towson 800 W 33rd St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 96437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution Home for the Aged M E Church
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Eugenia Geddes

3 (b) If veteran, name war W | 3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8 1870

8. AGE: Years 72 | Months 1 | Days 29 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James A Geddes
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah C Benton
15. Birthplace Baltimore Md

16 (a) Informant Mrs W H McLea
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wilbur Cook Inc
(b) Address 1217 E Fort Ave

19 (a) OCT 9 1942 Huntington Williams, M.D. (Date rec'd by reg.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 1 1942 at 1 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct 6 1942 and that I last saw h alive on 10-6 1942.

Immediate cause of death Pneumonia — Duration 6 days

Due to

Due to — over

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur J Davies M. D.
Address 800 W 33rd Date signed 10-7-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 3

F 96438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

F 96438 Registered No.

1. PLACE OF DEATH: 3004 Windsor Ave.
(a) Baltimore City, Maryland
(b) Street address 3004 Windsor Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 Windsor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph D. Tarr

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 219-12-6134

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Sarah E

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1873

8. AGE: Years 69 | Months 9 | Days 6 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Retired Sheet metal worker

11. Industry or business

FATHER
12. Name Wesley B Tarr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Emma
15. Birthplace Virginia

16 (a) Informant Sarah E Tarr
(b) Address 3004 Windsor Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (month) (day) (year)
(c) Cemetery or crematory London Park Cem
Location Frederick Ave

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) OCT 9 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1942 to Oct 8 1942 and that I last saw him alive on Oct 8 1942.

Immediate cause of death	Duration
Chronic cardiovas. dis.	5 yrs.
Due to	
Due to	
Other Conditions Paraplegia	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Ernest W Kahler
Address 1735 Poplar Grove St Date signed 10/8/42

VS 3

If any item of information should be unknown, state "unknown." Every item of information should be answered or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96439

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

F 96439 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Applied. Every item of information should be carefully [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2215 E Preston
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 4
(e) Length of stay in Baltimore (yrs., mos., or days) 78

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits write RURAL and give town)
(d) Street No. 2215 E Preston (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Caroline L Roth

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Chas Roth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/23/1864

8. AGE: Years 78 | Months 5 | Days 14 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business At home

FATHER 12. Name Gottlieb Radtke

13. Birthplace Germany

MOTHER 14. Maiden Name Dorothea

15. Birthplace Germany

16 (a) Informant Louis H Roth

(b) Address 4306 Glenmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 4 (month) (day) (year)

(c) Cemetery or crematory Gen. Stemmers Run

Location Rural

18 (a) Funeral director Keller & Funeral Home

(b) Address 6190 Reisterstown Rd

19 (a) Oct 6 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7th 1942 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1942 to Oct 7 1942 and that I last saw her alive on Oct 7 1942

Immediate cause of death Cerebral Hemorrhage — Duration 2½ Mo.

Due to Ch Hypertension

Due to Cerebral Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J E Harding

Address 4810 Belair Rd Date signed Oct 8/42 M. D.

VS 3

F 96440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 96440

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5205 Blairfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5205 Blairfield Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara Alice Walter nee Horning

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Anthony J.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 17, 1888

8. AGE: Years 7 | Months 1 | Days 23 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation At Home.

11. Industry or business

FATHER 12. Name Herman S. Horning

13. Birthplace Germany

MOTHER 14. Maiden Name Clara Barth

15. Birthplace Reading Pa

16 (a) Informant Anthony J. Walter

(b) Address 5205 Blairfield

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 19/10/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd

18 (a) Funeral director Leonard J. Ruck

(b) Address 5305 Halford Ave

19 OCT 9 1942 (Date rec'd by Reg.) (b) Huntingtor Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1942 at 5 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1941 to Oct 7 1942 and that I last saw h[illegible] alive on Oct 7 1942.

Immediate cause of death Myo-cardial degeneration — Duration 11 mos.

Due to Heart Bloak

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Joseph L. Valentine M.D.

Address 932 S. Broadway Date signed 10 3 42

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 c

F 96441
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered, or the word "unknown" inserted. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 Hanover St
(c) Hospital or institution:
Bon Secours Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 Hanover St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ann Sarah Wilson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/17/64

8. AGE: Years	Months	Days	If less than one day
78	-	22	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name John W. Brady
13. Birthplace Annapolis Md.

MOTHER
14. Maiden Name Anna R. Brady
15. Birthplace Annapolis Md.

16 (a) Informant Mr. James Brady
(b) Address Cathedral St - Annapolis Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12-42 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Annapolis Md

18 (a) Funeral director Maley & Taylor
(b) Address Annapolis Md.

19 (a) OCT 9 1942 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9 1942 at 7 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to Oct 9 1942 and that I last saw her alive on Oct 9 1942

Immediate cause of death	Duration
Cardiac Decompensation	
Due to Generalized Arteriosclerosis	
Due to	
Other Conditions Bronchial Asthma	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm T. Muse M. D.
Address Bon Secours Hosp Date signed 7/9/43

VS 2

96442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 96442

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dod
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1615 Chesapeake Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lola Hill

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	married

6 (b) Name of husband or wife Weaks
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 2 1902

8. AGE: Years	Months	Days	If less than one day
40	8	4	hr. min.

9. Birthplace Atlanta, Ga. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Gill Waters
13. Birthplace Atlanta, Ga.

MOTHER
14. Maiden Name Danna Jennings
15. Birthplace Atlanta Ga.

16 (a) Informant Cleane Hike
(b) Address 607 George Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location G. G. County

18 (a) Funeral director Mrs. Roberta Elzey-Dgt.
(b) Address 1129 N. Caroline St.

19 (a) OCT 9 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 6 1942, at 10:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Crushing injury of skull
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Crushing injury of skull

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Oct. 3 1942 at M
(c) Where did injury occur? 3504 Kenley St Balto (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Struck with Ax

23. Signature Robert E. Graham M.D. Medical Examiner.
Date signed 10/6/42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 96443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

Registered No. F 96443

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Joseph Hospital
(c) Hospital or institution: 14
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1411 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Jukneliš

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Widowed

6 (b) Name of husband or wife Joseph
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Lith. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER 12. Name	Unknown
FATHER 13. Birthplace	Luth
MOTHER 14. Maiden Name	Unknown
MOTHER 15. Birthplace	Luth

16 (a) Informant Joseph Jukneliš
(b) Address 1411 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 - 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Rd

18 (a) Funeral director Joseph Kasmakas
(b) Address 602 W Washington Blvd

19 OCT 9 1942 Huntington Williams M.D. Registrar
(Date rec'd by Local Reg.)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7, 1942, at 7 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1942, to Oct 7 1942 and that I last saw h[illegible] alive on Oct 7 1942.

Immediate cause of death	Duration
Carcinoma a dehydration with post-operative shock	
Due to Metastatic Carcinoma	
Due to Rt Pelvis Bladder	
Other Conditions (Anemia)	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: as above
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J Smith M. D.
Address St Joseph Hosp. Date signed 10/7/42

VS 3

Please write in INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and in ink.

F 96444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 96444

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Providence Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 936 Druid Hill avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Byrd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1909

8. AGE: Years	Months	Days	If less than one day
33			hr. min.

9. Birthplace Augusta Ga. (Town, county, and state)
10. Usual Occupation Helper on truck
11. Industry or business

FATHER
12. Name Zachai Byrd.
13. Birthplace Ga.

MOTHER
14. Maiden Name Josephine Jackson
15. Birthplace Ga.

16 (a) Informant Henrietta Byrd.
(b) Address 1067 N. Gilmor St.

17 (a) (Burial, cremation, or removal) (b) Date thereof OCT 9 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 2 E. Lanvale St.

19 (a) OCT 9 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1942 at 4 15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of chest — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence October 3, 1942 at 10. P.M.
(c) Where did injury occur? 1016 Druid Hill Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no (Specify type of place)
(e) Means of injury Bullet wound of chest

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 6 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96445

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 96445

Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. Every item of information should be carefully supplied. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2132 Callow Ave

(c) Hospital or institution:

12-8

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2132 Callow Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Herman Cassel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1874

8. AGE: Years	Months	Days	If less than one day
67	10	7	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business Retired

FATHER

12. Name Max Cassel

13. Birthplace Russia

MOTHER

14. Maiden Name Ida ?

15. Birthplace Russia

16 (a) Informant Mrs Lena Cassel

(b) Address 2132 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9, 1942 (month) (day) (year)

(c) Cemetery or crematory Hebrew Washington Rd

Location Washington Blvd

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W North Ave

19 (a) OCT 9 1942 (Date rec'd by registrar) (b) Huntington Williams Ave MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8, 1942 at 8.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to Oct 8 1942 and that I last saw him alive on Oct 8 1942

Immediate cause of death Coronary occlusion (thrombosis

Due to

Due to Arterio - Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

5 minutes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jack Cohen M. D.

Address 1804 Eutaw Place Date signed 10/8/42

F 96446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92B F 96446 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 650 Bartlett Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 650 Bartlett Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lucy M. Smith

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Joseph F.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 30, 1859

8. AGE: Years	Months	Days	If less than one day
83	6	8	hr. min.

9. Birthplace Talbott Co., Maryland
(Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Isaac Harney
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Morris
15. Birthplace Maryland

16 (a) Informant Lillian Momberger
(b) Address 650 Bartlett Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10, '42 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton, Maryland

18 (a) Funeral director M. W. E. Dippel's Sons
(b) Address 2110 Belair Road

19 (d) OCT 9 1942 (Date rec'd by registrar) Huntingtown Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1942, at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 19 42 to Oct 8 1942
and that I last saw him alive on Oct 8 1942

Immediate cause of death	Duration
Mitral Regurgitation	2
Due to Chronic Myocarditis	yrs
Due to Arteriosclerosis	
Other Conditions Gall bladder disease	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed Oct 9 1942

VS 3

F 96447

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 96447
Registered No.

Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2507 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13-3
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2507 Druid Hill Ave
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Rosa Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race Col. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Sam

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years 66 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation domestic

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Lillian Spencer
(b) Address 2507 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/42 (month) (day) (year)
(c) Cemetery or crematory Woodstock
Location Va.

18 (a) Funeral director Geo. E. Folsom & Priesman
(b) Address 1303 Huntington Ave

19 (a) OCT 9 1942 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/7/1942 at 9 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 1942 to 10/7 1942, and that I last saw h[illegible] alive on 10/7 1942.

Immediate cause of death Bronchial Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Burk Letts M. D.
Address 3[illegible] (Date signed)

F96448

F 96448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1903 E. North Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1903 E. North Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Albert Meriter

3 (b) If veteran, name war

3 (c) Social Security Account No. 383-01-5855

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lorraine
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1904

8. AGE: Years	Months	Days	If less than one day
38	7	17	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business

FATHER
12. Name Hyman Merker
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie
15. Birthplace Russia

16 (a) Informant Wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Co.
Location Pikesdale

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St.

19 (a) OCT 9 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-9- 1942 at 69. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Oct. 9, 1942 and that I last saw h[illegible] alive on Oct. 9, 1942

Immediate cause of death Melanotic Sarcoma (of eye)
Due to metastases to liver
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation July 1941
Major findings of operation: Melanotic Sarcoma of eye
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isidor L. Levy M.D.
Address 2322 Eastern Ave Date signed 10/9/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 96449
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St. and Rutland Ave.
(c) Hospital or institution:
Sinai Hospital of Baltimore, Incorp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3732 W Garrison Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Friedman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name not known
13. Birthplace Russia

MOTHER
14. Maiden Name not known
15. Birthplace Russia

16 (a) Informant Maurice Coleman
(b) Address 3732 W Garrison ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/9/42 (month) (day) (year)
(c) Cemetery or crematory Rosedale
Location Hamilton ave

18 (a) Funeral director Jack Levis Inc
(b) Address 1629 E Balto St

19 (a) OCT 9 1942 (Date rec'd by registrar)
Huntington Maryland

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1942, at 11:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 26 1942 to Oct 8 1942, and that I last saw him alive on Oct 8 1942.

Immediate cause of death Cerebral vascular thrombosis — Duration 4 wks.

Due to Arteriosclerotic cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert A. Moses M. D.
Address Monument St. and Rutland Ave Date signed 10-9-42
Sinai Hosp of Balto., Inc.

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WITH UNFADING INK.

F 96450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96450 Registered No. 169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1922 Forest Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Albert Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-2326

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15, 1897

8. AGE: Years 45 | Months 5 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (City, county, and state)

10. Usual Occupation Contractor

11. Industry or business

FATHER 12. Name Thomas A. Jackson

13. Birthplace Balto. Co. Md

MOTHER 14. Maiden Name Effie Parker

15. Birthplace Carroll Co. Md

16 (a) Informant according to records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10-1942 (month) (day) (year)

(c) Cemetery or crematory Oakland M.E.

Location Oakland, Carroll Co. Md

18 (a) Funeral director G. Howard Strong

(b) Address 3707 W. North Ave

19 (a) OCT 9 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 1942 at 9 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection (Autopsy or Inquest) thereon and from the evidence obtained by said Inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Avulsion of intestines

Due to: Crushing injuries of abdomen

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence October 5, 1942 at 8:50 P.M.
(c) Where did injury occur? Near Lehigh near Reisterstown (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Struck by train

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Oct. 6 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96451 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2768 W. Baltimore
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 7 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Annie M. Slagle

3 (b) If veteran, name war None | 3 (c) Social Security Account No. no

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Samuel D. Slagle
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 15, 1861

8. AGE: Years 81 | Months 7 | Days 22 | If less than one day hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name August Stettau
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Wentzel
15. Birthplace Germany

16 (a) Informant W. H. Middelhauve
(b) Address 2768 W. Baltimore

17 (a) Burial (b) Date thereof Oct 9, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Howard Evans
(b) Address 1400 W. Franklin St.

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1942 at 1:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1942 to Oct 7 1942
and that I last saw her alive on Oct 5 1942

Immediate cause of death Senile Psychosis
Due to Uremia
Due to
Other Conditions
(Include pregnancy within 3 months of death)

Duration
2 wks
1 yr

Date of operation
Major findings of operation:
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Middelhauve M. D.
Address 2768 W. Baltimore Date signed Oct 8 1942

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96452

96452

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942 a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto General Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry F Koontz
3 (b) If veteran, name war
3 (c) Social Security Account No. 216-01-2950

4. Sex M. | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed or divorced~~ married

6 (b) Name of husband or wife Edith Koontz
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Aug 11 1895

8. AGE: Years 47 | Months 1 | Days 27 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Bookkeeper - for Balto.
11. Industry or business Shipbuilding Yd, Fairfield

FATHER
12. Name Charles Koontz
13. Birthplace Md

MOTHER
14. Maiden Name Emma Overton
15. Birthplace Md

16 (a) Informant Mrs. Edith Koontz (Wife)
(b) Address 1742 Hanover St.

17 (a) Burial — (b) Date thereof Oct. 12, 1942 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Beda Hill Cem
Location A. A. Co., Md.

18 (a) Funeral director J. Howard Evans
(b) Address 1600 E. Chase St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8-1942, at 1:55 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1942 to 10-8-1942, and that I last saw h ~~im~~alive on 10-8-1942.

Immediate cause of death: Cardiac decom- Cont. coronary occlusion. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano, M. D.
Address 1213 Light Street Date signed

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... PRINTING INK. Every item of information should be ...

F 96453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 96453 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 124 S. Collington ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 124 S. Collington ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Fenning

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Bernard Fenning
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11 - 1878

8. AGE: Years	Months	Days	If less than one day
63	8	29	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Georg Kraus
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mollie Fenning
(b) Address 8 N. Ellwood ave

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 10/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Geiler Inc.
(b) Address 403 S. WOLFE ST.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 8 - 1942, at 6 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection (Autopsy or Inquiry) I find that said deceased came to her death on the day stated above.

Immediate cause of death: Coronary Disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy Yes

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mulder M.D.
Medical Examiner
Date signed 10-8-42

VS 6

F 96454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96454 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 725 Sterling St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 725 Sterling St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Laura

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 28, 1864

8. AGE: Years 78 | Months 9 | Days 8 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Laborer (Unemployed)

11. Industry or business

FATHER
12. Name William H. Johnson Sr.
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Mary Fisher
15. Birthplace Balt. Md

16 (a) Informant Milton Johnson
(b) Address 725 Sterling St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. County

18 (a) Funeral director Mrs Robert A. Elliott & Dgt.
(b) Address 1129 N. Caroline St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 6 - 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 - 4 - 1942, to 10 - 6 - 1942, and that I last saw h[illegible] alive on 10 - 6 - 1942.

Immediate cause of death Cardio - Renal disease — Duration

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M McGinley M. D.
Address 611 N. Caroline Date signed 10 - 8 - 42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and [illegible]

F 96455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 96455 Registered No.

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 915 Myrtle Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 915 Myrtle Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Andrew Crowner

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-01-8794

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	col	widower

6 (b) Name of husband or wife Thelma Crowner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) dead 3-9-[illegible]

8. AGE: Years	Months	Days	If less than one day
42	7	27	hr. min.

9. Birthplace md (Town, county, and state)

10. Usual Occupation Chauffeur

11. Industry or business

FATHER 12. Name Jno. W. Crowner

13. Birthplace Shadyside Md

MOTHER 14. Maiden Name Nellie Francis

15. Birthplace Balto Md

16 (a) Informant mother

(b) Address 2204 Druid Hill Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Brooklyn Md

18 (a) Funeral director Geo. F. T. A. Gilgon Jr.

(b) Address 1735 Druid Hill Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct - 6 - 1942 at 9P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 8 1942 to Oct. 6 - 1942 and that I last saw h[illegible] alive on Oct 6 1942

Immediate cause of death	Duration
Acute Insufficiency	3 mos
Due to Chronic Nephritis	6 mos
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. C. Pelletreau M. D.

Address 41 Hamilton Ave Date signed 10/7/42

VS 3

F 96156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

Registered No. F 96456

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & Saratoga Sts

(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days) Just Co—

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Howard

(c) City or town Elkridge - Woodbine

(If outside city or town limits, write RURAL and give town)

(d) Street No. Woodbine

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Bessie E. Duvall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Vernon E. Duvall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24, 1894

8. AGE: Years	Months	Days	If less than one day
48	0	13	hr. min.

9. Birthplace Maryland (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name James Harrison

13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Short

15. Birthplace Maryland

16 (a) Informant Hospital Administrator

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-10-42 (month) (day) (year)

(c) Cemetery or crematory Jennings Chapel

Location Forestville, Md

18 (a) Funeral director F. C. Digmon Woodbine

(b) Address Ellicott City, Md. Huntington

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3 OCT 9 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1942, at 7:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1942 to Oct 7 1942 and that I last saw her alive on Oct 7 1942.

Immediate cause of death: Acute pulmonary edema — Duration

Due to Acute cardiac decompensation

Due to Primary carcinoma of liver

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Oct 6 1942

Major findings of operation: Primary carcinoma of liver

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature William A. Johnson M. D.

Address Mercy Hospital Date signed 10/7/42

Every item of information should be checked carefully. The correct age is especially important. Physicians: please write the causes of death clearly and use INDELIBLE INK.

F 96457

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96457
Registered No. 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Una Fields

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1, 1934

8. AGE: Years 8 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace Texas (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Basil Fields
13. Birthplace Va.

MOTHER
14. Maiden Name Myrtle Monroe
15. Birthplace Texas

16 (a) Informant Basil Fields
(b) Address Clarksville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-42 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Ellicott City Md.

18 (a) Funeral director J. A. Dignitana Jr.
(b) Address Ellicott City Md.

19 (a) OCT 9 1942 (Date rec'd by registrar) Hunting for Millard Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9th 1942, at 5:00 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest + investigation thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest + investigation (Autopsy or Inquiry) find that said deceased came
to her death on the day stated above.

Immediate cause of death Tetanus — Duration

Due to Electrical burn of hand, right

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept. 19 1942 at ? M
(c) Where did injury occur? near Ellicott City (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? farm While at work? no (Specify type of place)
(e) Means of injury Touched house current wire

23. Signature Robert Lee Graham M.D. (Medical Examiner.)
Date signed Oct. 9th 1942

VS 6

CORRECTIONS: DO NOT USE INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

F 96458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 96458

AR 77214

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
1116 W. Franklin St.
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida Adams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Lean

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10-1888

8. AGE: Years 53 | Months 9 | Days 28 | If less than one day hr. min.

9. Birthplace N.C.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Howard Hartfield
13. Birthplace Va.

MOTHER
14. Maiden Name Luganie Liles
15. Birthplace N.C.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 9, 1942 (month) (day) (year)
(c) Cemetery or crematory Durham
Location North Carolina

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) OCT 9 1942 Huntington Williams M.D.
(Signature of registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8 1942, at 12 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-6 1942, to 10-8 1942, and that I last saw h[illegible] alive on 10-8 1942.

	Duration
Immediate cause of death: Pulmonary edema	1 day
Due to: Cardiac failure	?
Due to: Hypertension & C.V. disease	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature K. K. Pattbun M. D.

Address Balto. City Hosp Date signed 10-8-42

The correct age is especially important. Physicians: please write the causes of death clearly and fully. Every item of information should be carefully supplied. USE WRITING INK.

F 96459

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45c

F 96459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 N. Dallas St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 N. Dallas St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis (Patton) Pattinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1896

8. AGE: Years	Months	Days	If less than one day hr.	min.
47	2	5		

9. Birthplace Georgia
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Wm Pattinson
13. Birthplace Ga

MOTHER
14. Maiden Name Mary Vernon
15. Birthplace Ga

16 (a) Informant Mattie L. Pattinson
(b) Address 1408 N Dallas St

17 (a) Burial (b) Date thereof 10 10 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A Co

18 (a) Funeral director Paynes Sanders
(b) Address 1412 E. Preston St

19 OCT 9 1942 (Huntington Williams, M.D.)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/7 1942 at 10.55 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an thereon and from the evidence
(Autopsy or Inquiry)
obtained by said find that said deceased came
(Autopsy or Inquiry)
to death on the day stated above.

Immediate cause of death — Duration

Carcinoma of mouth,
Due to involving tongue
and bone of skull
Due to with extension to brain

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place?
(Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNulty, M.D.
Medical Examiner.
Date signed 10/8/42.
Howard L. Snowden M.D.

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

42 2380
F 96460

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

30 F

F 96460
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Gambrill P.O.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emmet Mason

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-24-42

8. AGE: Years | Months: 4 | Days: 13 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard Ford
13. Birthplace VA

MOTHER
14. Maiden Name Edna Mason
15. Birthplace Md

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Bonal
Location Walbrook Md

18 (a) Funeral director E H Bekarkar
(b) Address 417 Washington St

19 (a) OCT 9 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1942 at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Oct 7 1942, and that I last saw h. i. alive on Oct 7 1942.

Immediate cause of death: Bronchopneumonia — Duration: 7 days

Due to

Due to

Other Conditions Congenital Syphilis
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius G. Iraggis M. D.
Address Johns Hopkins Hospital Date signed

VS 3

Please fill in, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96461

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 96461 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th Street
(c) Hospital or institution: Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr 26 da
(e) Length of stay in Baltimore (yrs., mos., or days) 30-35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Rebecca Pope

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife William R. Pope
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5 1863

8. AGE: Years	Months	Days	If less than one day
78	10	3	hr. min.

9. Birthplace Baltimore, Maryland (Town, county and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Thomas H. H. Leary
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Emily Neilson
15. Birthplace Baltimore, Maryland

16 (a) Informant Records of Home for Incurables
(b) Address 700 W. 40th St. Baltimore Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Hope Cemetery
Location Hastings on Hudson N.Y.

18 (a) Funeral director John A. Mitchell Sons
(b) Address 1700 Eutaw Place Baltimore, Md.

19 (a) OCT 8 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1942, at 7 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1940 to Oct 8 1942, and that I last saw h[er] alive on Oct 8 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 day
with secondary clots in femoral	
Due to Arteriosclerotic Cardio	12 yrs
Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad Wolf, M.D.
Address 11 E. Chase St Date signed 10/8/42

VS 8

F 96462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 96462

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1901 Eutaw Place
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1901 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth N. Culverhouse

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1898

8. AGE: Years	Months	Days	If less than one day
44	8	14	hr. min.

9. Birthplace Massachusetts (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B & O Railroad

FATHER
12. Name John H. Culverhouse
13. Birthplace England

MOTHER
14. Maiden Name Lena E. Culverhouse
15. Birthplace Mass.

16 (a) Informant Dr. J. Burnett Culverhouse
(b) Address 1901 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10, 1942 (month) (day) (year)
(c) Cemetery ~~crematory~~ Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John O Mitchell & Sons, Inc
(b) Address 1900 Eutaw Place

19 (a) OCT 9 1942 (b) Huntington Williams, M.D. Registrar
Date rec'd by registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7-1942 at 11.38 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-18 1942 to 10-7 1942 and that I last saw her alive on 10-7 1942

Immediate cause of death	Duration
Acute Cardiac Dilatation	sudden
Due to Chr. Endocarditis	10 yrs
Due to Chr. Myocarditis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Culverhouse M. D.
Address 1901 Eutaw Place Date signed

VS 150

F 96463

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

F 96463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Ferndale
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Louis McDutee Nevin (Birth F. 59381)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 3 1942

8. AGE: Years	Months	Days	If less than one day
0	0	4	hr. min.

9. Birthplace Johns Hopkins Hospital
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Louis McDutee Nevin
13. Birthplace Easton, Pennsylvania

MOTHER
14. Maiden Name Louise von Whitehead
15. Birthplace Bruxells, Belgium.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Oct 10, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn County
Location Woodlawn, Md

18 (a) Funeral director John O. Mitchell & Son, Inc
(b) Address 1900 Eutaw Place

19 (a) OCT 9 1942 Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1942 at 11 48 AM

21. I certify that death occurred on the date above stated; that I attended deceased from October 3 1942 to Oct. 7 1942, and that I last saw h i.m alive on 11 30 Am " 1942.

	Duration
Immediate cause of death Cardiac failure	
Due to Intra cranial hemorrhage	4 days
Due to ~~Cerebral hemorrhage~~	
Due to Atelectasis lungs bilateral	
Other Conditions Edema larynx.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Eleanor McCoy, M.D.
Address Johns Hopkins Hospital Date signed 10-7-42

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE INK, WITH UNFADING INK.

F 96464

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92 C

F 96464 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 E. 36th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs. 2 mo. 20 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 E. 36th Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine Frances Ricks

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-18-0235

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18-1923

8. AGE: Years 19 Months 2 Days 20 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Store Girl

11. Industry or business Julius Gutman Co.

FATHER
12. Name John A. Ricks
13. Birthplace Maryland

MOTHER
14. Maiden Name Helen F. Buffington
15. Birthplace Maryland

16 (a) Informant Mrs. Helen F. Ricks
(b) Address 701 E. 36th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10-1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Gwynn Oak Road

19 (a) OCT 9 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8- 1942, at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Oct 8 1942, and that I last saw h er alive on Oct 8 1942.

Immediate cause of death Cerebral Embolism — Duration 1 day

Due to Chronic valvular Heart disease — 4 yrs.

Due to Rheumatism

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address 2201 W. Cleveland Date signed 10/9/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and

F 96465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1576

Registered No. F 96465

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 34
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city limits, write RURAL and give town)
(d) Street No. 361 Elmo St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Kostkoski (BirthF-60144)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5, 1942

8. AGE: Years	Months	Days	If less than one day hr.	min.
		4		

9. Birthplace Baltimore Baltimore Co, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Alex Kostkoski
13. Birthplace New Jersey

MOTHER
14. Maiden Name Sophie Gradisha
15. Birthplace Balto Md

16 (a) Informant Sophie Gradisha Kostkoski
(b) Address 361 Elmo St, Balto.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location Gwynn Falls R D 1

18 (a) Funeral director Lilly & Zumbrun
(b) Address 4030 Wilkens Av

19 (a) (Date received by registrar) (b) Registrar

OCT 9 1942 Huntington Williams M.D.

VS 15a

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1942, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Oct 9 1942 and that I last saw him alive on Oct 8 1942

Immediate cause of death Congenital Heart Disease — Duration 4 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George H. Davis M. D.
Address University Hospital Date signed 10/9/42

M. D. B. 1269-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 96466

CERTIFICATE OF DEATH

1937 F 96466

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 S. Kossuth St., 0-7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Gustav A Kipke

(a) Residence: No. 143 S Kossuth St., Ward. S.D. No. 215-09-1704

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Cecila Kipke

6. DATE OF BIRTH (month, day, year): 2/17/1890

7. AGE: Years: 52; Months: 7; Days: 20/21; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocery Trade

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Wm. Kipke

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Hinkeyer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Richard J Kipke (Address) 143 S Kossuth St

18. BURIAL, CREMATION, OR REMOVAL: Place Loudenslager Date 10/10/ 42

19. UNDERTAKER: F. D. Neufeldt & Son (Address) 500 Edmondson Ave

20. FILED OCT 9 1942 Huntington Williams, M.D. Registrar.

V. S. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/8, 1942

22. I HEREBY CERTIFY, That I attended deceased from 9/8, 1942, to 10/8, 1942

I last saw h[illegible] alive on 10/7, 1942 Death is said to have occurred on the date stated above, at 11 35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	
Chronic Myocarditis	
Other contributory causes of importance: Arterio Hypertension	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Aloha H Carruthers M. D.

(Address) 4209 Fred. Ave.

M. D. B. 1268-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 96467

CERTIFICATE OF DEATH

46 F 96467

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1837 N. Bello St., 9-4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma C. J. Kuhlmann

(a) Residence: No. 1837 N. Bello St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Henry H. Kuhlmann

6. DATE OF BIRTH (month, day, year): 9/12/1861

7. AGE: Years 81 | Months — | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Grinnod Md

FATHER

13. NAME: Edward Meyer

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Louise Dunkeng

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Otto Kuhlmann

(Address): 1837 N. Bellmore St

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 10/10/ 19 42

19. UNDERTAKER: F. O. Wagner Inc

(Address): 1500 Eastern Ave

20. FILED OCT 9 1942, 19... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 8, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1942 to Oct 8, 1942

last saw h[illegible] alive on Oct 7, 1942 Death is said to have occurred on the date stated above, at 3 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ascending Colon	Prob. 2 yrs.
Secondary anaemia &c	Aug 17

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) H. Bannard Kool M. D.

(Address) 2200 Garrison Blvd

Information should be carefully supplied. AGE should be stated EXACTLY. If less than 1 year state AGE in months, or if less than 1 month state in days. CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 96468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 96468
Registered No.

The information should be given by someone who knows the facts. The correct age is especially important. Physicians: please write the causes of death clearly and fully. WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if known or supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Gold Spring Lane
(c) Hospital or institution: Gold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1104 Hanlick Rd (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Henry J. Spuckemann

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lottie Spuckemann
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 11 1861

8. AGE: Years 81 | Months 6 | Days 28 | If less than one day hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name John Spuckemann
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Lottie M. Spuckemann
(b) Address 1104 Hanlick Rd Md

17 (a) Burial (Burial, cremation or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director J. B. Sturgeut & Son
(b) Address 300 Eastern Ave

19 (a) (Date received by registrar) (b) Registrar

VS OCT 9 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1942, at 1:10 p. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1942, to Oct 8 1942, and that I last saw him alive on Oct 6 1942.

Immediate cause of death Myocarditis

Due to

Due to

Other Conditions Senility

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature M. N. Patterson
Address 7324 Reisterstown Rd Date signed 10/9/42 M.D.

F 96469

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 96469
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1247 Clipper Heights
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1247 Clipper Heights.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eugene Duvall

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1868

8. AGE: Years	Months	Days	If less than one day
74*	7	16/17	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry Clay Duvall
13. Birthplace Urbraptlis Md

MOTHER
14. Maiden Name Margaret Sandmeier
15. Birthplace Baltimore Md

16 (a) Informant Sam Duvall
(b) Address 3821 Fulton Ave Washington DC

17 (a) Burial (b) Date thereof Oct 10 42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Greenmount
Location Baltimore

18 (a) Funeral director J. Vernon Keehner
(b) Address 2301 Edmondson Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/7 1942, at 11:25 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to my knowledge death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular Disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 10/8/42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96470

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96470 Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 39
(e) Length of stay in Baltimore (yrs., mos., or days) 20?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Rodgers Forge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 Hopkins Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ina Bemis Ona Bemis ✓

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	M

6 (b) Name of husband or wife Harry E. Bemis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/28/42 1864

8. AGE: Years	Months	Days	If less than one day
78	5	10	hr. min.

9. Birthplace Massachusetts (Nadick)
(Town, county, and state)

10. Usual Occupation —
11. Industry or business --

FATHER
12. Name Augustus Cate
13. Birthplace ~~Mass.~~ New Hampshire

MOTHER
14. Maiden Name Harriett Mann
15. Birthplace Mass (Nadick)

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Spencer, Mass.
Location --

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Huntington Williams M.D. Registrar
(Date received) (Registrar)

OCT 9 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1942, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/31 1942, to 10/8 1942, and that I last saw h e r alive on 10/8 1942.

Immediate cause of death Bronchopneumonia — Duration 8 days

Due to

Due to

Other Conditions Generalized Arteriosclerosis — 7

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. Greaney M. D.
Address Church Home & Infirmary Date signed 10/9/42

F 96471

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124 B

F 96471 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Lombard & Green

(c) Hospital or institution: University Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 201 E. University Pkwy. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elizabeth P. Marshall (Elizabeth Perry Marshall)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wh.	Married

6 (b) Name of husband or wife Hilary P. Marshall

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/4/1903

8. AGE: Years	Months	Days	If less than one day
39	2	4	hr. min.

9. Birthplace Bluefield, W. Va. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name Thomas E. Perry

13. Birthplace Va.

MOTHER

14. Maiden Name Mildred Fulcher

15. Birthplace Va

16 (a) Informant Mr. Hilary P. Marshall, husband

(b) Address 201 E. University Pkwy.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)

(c) Cemetery or crematory Bluefield, W. Va.

Location Bluefield, W. Va.

18 (a) Funeral director Wm. J. TICKNER & SONS

(b) Address Balto., Md.

19. (a) OCT 9 1942 (Date received by registrar) (b) Registrar

VS 150

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/8/ 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24 1942, to Oct. 8 1942, and that I last saw h alive on Oct. 8 1942.

Immediate cause of death Vasomotor collapse — Duration 12 hrs.

Due to Portal carcinoma

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Oct. 2 1942

Major findings of operation: Portal carcinoma with ascites

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature M. K. Palmer M. D.

Address University Hospital Date signed 10/8/42

F 96472

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96472 Registered No. 13/a

The ... correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... UNFADING INK. Every item of information should be ...

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1825 Walbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1825 Walbrook Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY L. CRUSEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Charles F. Crusey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1873

8. AGE: Years	Months	Days	If less than one day
69	7	16	hr. min.

9. Birthplace Upper Marlboro, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Emanuel Eckenrode
13. Birthplace Md.

MOTHER
14. Maiden Name Laura L. Duvall
15. Birthplace Md.

16 (a) Informant Mr. Charles F. Crusey
(b) Address 1825 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address 940 Balto., Md.

OCT 9 1942
(Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8, 1942 at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 1939 to Oct 8 1942
and that I last saw her alive on Oct 8 1942.

Immediate cause of death: Hypertensive Cardiovascular disease
Chronic Nephritis — Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis T. Lawy
Address 1844 W. North Ave. Date signed 10/9/42

VS 3

F 96473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 96473 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Mathews & Eaton

(c) Hospital or institution: St. Agnes

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3210 Lot 24th Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mildred Clatem Baugh (Mae)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	220-03-9824

6 (b) Name of husband or wife Frederick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-8-18

8. AGE: Years	Months	Days	If less than one day
24	3	29	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER

12. Name Jno T. Ironmonger.

13. Birthplace Balto Md

MOTHER

14. Maiden Name Edna P Wett.

15. Birthplace Balto Md

16 (a) Informant Mr. Frederick J Clatenbaugh

(b) Address 5701 Wimmer Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Baltimore, Md.

18 (a) Funeral director Wm. H. Richardson

(b) Address North & Penna Aves.

19 (a) OCT 9 1942 (Date rec'd by registrar) (b) Huntington Palisade, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7- 1942 at 2.10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 4 1942 to Oct. 7 1942, and that I last saw her alive on Oct. 7 1942.

Immediate cause of death	Duration
Lobar pneumonia	
Due to	
Due to	
Other Conditions Rheumatic C-V-D	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature E. Patterson Rosebery, D.

Address St. Agnes Hosp. Date signed 10/7/42

VS 8

Every item of information should be completed. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT, WITH UNFADING INK.

F 96474

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 459

F 96474
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3418 Fait Avenue (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clifford Dennis Gossett (Birth F 59564)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	[redacted]

6 (b) Name of husband [redacted]
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-8-42

8. AGE: Years	Months	Days	If less than one day
			4 hr. 5 min.

9. Birthplace Sinai Hospital (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Willis Clifford Gossett
13. Birthplace Birmingham, Alabama

MOTHER
14. Maiden Name Dorothy Sprainis
15. Birthplace Pennsylvania

16 (a) Informant Willis Clifford Gossett
(b) Address 3418 Fait Ave., Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12th 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore, Beau-
Location Balto. Md.

18 (a) Funeral director Charles. F. Dill.
(b) Address 1501 E. Fort Ave

OCT 9 1942 (Date rec'd by Registrar) (Signature of Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8, 1942 to Oct. 9, 1942, and that I last saw him alive on Oct. 9, 1942.

Immediate cause of death Prematurity — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Block M. D.
Address Sinai Hosp Date signed 10/9/42

TYPE PRINT, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96475 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 Byrd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1730 Byrd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hearn Lawson Ward

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-3474

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Margaret Hartlove

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1899

8. AGE: Years 43 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Crisfield, Md. (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business B & O R. R. Co.

FATHER
12. Name John A. Ward
13. Birthplace Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace Md.

16 (a) Informant Mrs. N. L. Ward
(b) Address 1730 Byrd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 (a) OCT 9 1942 (Date rec'd by registrar) (b)* Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8 1942 at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 6 1942 to Oct 8 1942 and that I last saw him alive on Oct 7 1942.

Immediate cause of death: acute dilatation of heart — Duration: 1 day
Due to:
Due to: Chronic Nephritis — Duration: Indef.
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. L. Campbell M.D.
Address 1644 Hanover St. Date signed 10/9/42

VS 2

PRINT WHITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96476 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Hyson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vernon D. Lacer (Birth F 44674)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/II/42

8. AGE: Years | Months: 7 | Days: 26 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Leroy Lacer
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sophie Connaway
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Lacer
(b) Address 614 Hyson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Ritchie Highway

18 (a) Funeral director I.F. McCully
(b) Address 130 E. Fort Ave.

19 (a) OCT 9 1942 (Date received by Registrar) (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 7 1942, at 6:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942, to Oct 7 1942, and that I last saw him alive on Oct 7 1942.

Immediate cause of death: Respiratory Failure — Duration: 19 days

Due to: Cerebral edema

Due to: Infectious Diarrhea — Etiology unknown

Other Conditions: Mesenteric Lymphadenitis

(Include pregnancy within 3 months of death)

Date of operation: None

Major findings of operation:

of autopsy: Cerebral edema, mesenteric lymphadenitis

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature J. G. Burt M. D.
Address University Hosp. Date signed 10-8-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96477

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 96477

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 S. Athol Ave.
(c) Hospital or institution: General Germ. Aged Peoples Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225. Athol Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence (Lorenz) J. Engel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3. 1861

8. AGE: Years 81 | Months 1 | Days 5 | If less than one day hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Otto J. Engel
13. Birthplace Germany

MOTHER
14. Maiden Name Anna M. Schmidt
15. Birthplace Germany

16 (a) Informant Mr. J. Geb. Wolz
(b) Address 225 S. Athol Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Gem
Location North Ave. & Gay St.

18 (a) Funeral director Harry H. Winkler
(b) Address 401 Edmondson Ave

19 OCT 9 1942 Interred by (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 8/42. 19 7.55 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 8/42 to Oct. 8/42, and that I last saw h 1m alive on Oct. 7/42.

Immediate cause of death — Duration

Chronic Myocarditis. Unknown.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Henry Wade Olsen, M.D.
Address 933 Hanover St. Date signed Oct. 9/42.

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 96478
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3727 E Pratt St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3727 E Pratt St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph G. Mardaga

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-5549

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Josephine Mardaga
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7 - 1872

8. AGE: Years	Months	Days	If less than one day
70	3	2	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Can inspector
11. Industry or business Retired

FATHER
12. Name Louis Mardaga
13. Birthplace Belg

MOTHER
14. Maiden Name Dorothy Kroger
15. Birthplace Dorothy Kroger

16 (a) Informant Theo Mardaga
(b) Address Belair Rd + Dalton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location City

18 (a) Funeral director Wilhide Funeral Home
(b) Address 2004-E Orleans St

19 (a) OCT 01 1942 Registered by registrar Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1942 at 12 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1942 to 10/9 1942 and that I last saw h alive on 10/8 1942

Immediate cause of death Arth. Sclr. Cardiovascular Renal disease
Cerebral Apoplexy — Duration of Illness

Due to

Due to

Other Conditions Generalized fibrillation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Gordon
Address 3400 Dr Balto Date signed 10/9/42

VS 3

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96479

AB-77162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1220

F 96479 Registered No.

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 12 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 930 W. Franklin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME May Gunter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Separated

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22-1904

8. AGE: Years	Months	Days	If less than one day
38	7	16	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name William Wise
13. Birthplace Va.

MOTHER
14. Maiden Name Agnes Hall
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (month) (day) (year)
(c) Cemetery or crematory
Location Reconnec Co. Va.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brookfield Ave Huntington Williamson, W. Va.

19 (a) OCT 10 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1942, at 330 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/1 1942, to 10/8 1942, and that I last saw h alive on 10/8 1942

Immediate cause of death: Intestinal obstruction — Duration: 1 week

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10/1/42

Major findings of operation: volvulus - gangrenous ileum

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Magee M. D.
Address Balto. City Hosp. Date signed OCT 9 1942

VS 8

F 96480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1642

F 96480
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maray Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto - (If outside city or town limits, write RURAL and give town)
(d) Street No. 504 N Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RALPH H. LONG.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Sarah
6 (c) If alive, give age 47 years
7. Birth date of deceased (mo., day, yr.) June 17, 1905
8. AGE: Years 37 | Months 3 | Days 22 | If less than one day hr. min.
9. Birthplace Sylva N.C. (Town, county, and state)
10. Usual Occupation Painter
11. Industry or business

FATHER
12. Name Leon Long
13. Birthplace Sylva N.C.

MOTHER
14. Maiden Name Carrie Glenn
15. Birthplace Jerkins Rock, Ga

16 (a) Informant Luke Long
(b) Address 1104 Barclay St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Trinity Church
Location Brookton, Ga.

18 (a) Funeral director A. Lee Ader
(b) Address 4644 York Rd Baltimore Md.

19 (a) OCT 10 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9th 1942, at 2 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Suicide	
Due to: drowning	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Oct 9, 1942 at 12 05 M
(c) Where did injury occur? Fort Holabird Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Same (Specify type of place) While at work? No
(e) Means of injury Jumped in harbor

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 10-9-42

VS 6

Fill in with INDELIBLE INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96481 F 96481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 83P

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina
(c) Hospital or institution: St Joseph's Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 N. Patterson Park Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Moffett

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-09-0290

4. Sex: M.

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emma

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 4, 1900

8. AGE: Years 42 | Months 4 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business American Brewery

FATHER
12. Name Patrick Moffett
13. Birthplace

MOTHER
14. Maiden Name Emma Meyers
15. Birthplace

16 (a) Informant Emma Moffett
(b) Address 821 Patterson Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Frank Leuckeroth
(b) Address 900 N. Chester Street

19 (a) (Date received by Registrar) OCT 10 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8 1942, at 5:50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1942 to 10-8 1942 and that I last saw h 5 alive on 10-8 1942

Immediate cause of death: Heart failure — Duration

Due to: Septicemia

Due to: Staphylococcus

Other Conditions: Carbuncle Thrombosis femoral artery (L)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: On abd

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Hoyt, M.D.
Address St Joseph Hosp Date signed 10/8/42

VS 8

IMPORTANT: WRITE WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96482

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93)

F 96482 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT WITH INDELIBLE INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Belona Ave.
(c) Hospital or institution: Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4059 Ichester Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Bossom

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Widow

6 (b) Name of husband or wife Franklin P. Bossom
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 26 1856

8. AGE: Years	Months	Days	If less than one day
86	4	12	hr. min.

9. Birthplace Baltimore Co., Md (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Hugh Crockett
13. Birthplace Virginia

MOTHER
14. Maiden Name Eliza
15. Birthplace Baltimore Co. Md.

16 (a) Informant Mrs Annie B Sigel
(b) Address 4059 Ichester Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (month) (day) (year)
(c) Cemetery or crematory Forest Baptist
Location Forest, Balto Co. Md.

18 (a) Funeral director E. Kemp Sollers Inc
(b) Address 5005 Park Heights Ave

OCT 10 1942

(Date received by registrar) (b) Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 8 1942 at 5 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1940 to 10/8/1942, and that I last saw her alive on 10/7/42 19

Immediate cause of death: Cerebral Vascular Disease — Duration 15 yrs

Due to: Cerebral Hemorrhage — Due to Oct 1/42

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W Whiston M.D.
Address 4303 York Rd Date signed 10/12/42

VS 3

F 96483

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96483 Registered No. 13R

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 721
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 West York Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Nancy Patrick

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6 1871

8. AGE: Years	Months	Days	If less than one day
68	5	29	hr. min.

9. Birthplace N. C. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Isaac McEvoy
13. Birthplace N. C.

MOTHER
14. Maiden Name Huldy Tuttle
15. Birthplace N. C.

16 (a) Informant Robert Patrick
(b) Address 111 West York St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A.A.Co. Md

18 (a) Funeral director Isaiah K Brown Son
(b) Address 1040 Montgomery St

19 (a) OCT 10 1942 (Registered by) Huntington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5, 19 42 at 9.0 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) and that said deceased came to her death on the day stated above.

Immediate cause of death Chronic pulmonary tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Oct 6 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96484

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96484
Registered No.

WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 509 N. Monroe St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH A. GOODWIN

3 (b) If veteran, name war ------
3 (c) Social Security Account No. ------

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife John Goodwin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1860

8. AGE: Years 82 | Months 3 | Days 24 | If less than one day: hr. min.

9. Birthplace Jessops, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name John Wesley Biggs
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Jane Spears
15. Birthplace Md.

16 (a) Informant Mrs. Ira C. Hands
(b) Address 509 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) OCT 10 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/9/ 1942, at 12:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1939 to Oct. 9 1942
and that I last saw her alive on Oct. 9 1942

Immediate cause of death	Duration
Carcinoma breast	3 yrs.
Due to Met. - Uterus - Bladder	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Homer C. Todd
Address 735 N. Fulton Ave. Date signed 10/9/42

VS 8

F 96485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 96485

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilbur & Coton
(c) Hospital or institution: St. Agnes Hospital Cope.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3112 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Anna Beeler (Anna Lee Beeler)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife George Beeler

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 1860

8. AGE: Years	Months	Days	If less than one day
82			hr. min.

9. Birthplace Md. (Westminster)
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Stoner
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Heines
15. Birthplace

16 (a) Informant Mr. William Dunton
(b) Address 2421 Annapolis Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Baltimore, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

19 (a) OCT 10 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/8/42 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7 1942 to 10/8 1942 and that I last saw h[illegible] alive on 10/8 1942

Immediate cause of death: Lobar Pneumonia — Duration 10 days

Due to

Due to

Other Conditions Fr. of humerus — 19 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/6
(a) Accident, suicide, or homicide accident
(b) Date of occurrence September 21 at 3 P.M.
(c) Where did injury occur? 3112 W. North Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury Fell while walking on sidewalk

23. Signature Arthur Hackney
Address St. Agnes Hosp. Date signed 10/9/42

Approved Robert [illegible] M.D.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96485

T.N 74862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

F 96486

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. TYPEWRITER OR FOUNTAIN PEN WITH UNFADING INK.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 months

(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Baltimore (b) County

(c) City or town Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. 1803 N. Mount St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Carey Martin

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife Madlyn (Deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60	0	1	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name James Martin

13. Birthplace Maryland

MOTHER

14. Maiden Name Laura Phillips

15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location Md.

18 (a) Funeral director Geo. L. Kelson

(b) Address 1303 Presstman

19 (a) Oct 10 1942 Huntington W. Jones M.D.

(Date received by registrar) (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7 1942 at 11 35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-23 1942 to 10-7 1942 and that I last saw h[illegible] alive on 10-7 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. K. Rootbrun M. D.

Address Balt. City Hosp Date signed 10-9-42

JL - 77126

F 96487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 300a

F 96487

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7Days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1512 Baker St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hayes Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05- 1091 ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1900

8. AGE: Years	Months	Days	If less than one day
41 42	11	3 2	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Contract Work

11. Industry or business Home Contraction Co,

FATHER

12. Name Edward Parker

13. Birthplace Md.

MOTHER

14. Maiden Name Sarah Milk

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Md.

18 (a) Funeral director Geo. G. Kelson

(b) Address 1303 Presstman St.

19 (a) OCT 10 1942 (Date rec'd by registrar) (b) Huntington Williams Funeral Home

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8 1942, at 3 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2 1942, to 10-8 1942, and that I last saw him alive on 10-8 1942.

Immediate cause of death Bronchopneumonia

Due to Tabes dorsalis

Due to Tabes dorsalis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: an also

Duration
2 days
?
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. K. Walther M. D.

Address Balt. City Hosp Date signed 10-10-42

Please write, WITH UNFADING INK. Every item of information should be given fully and carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96488

F 96488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 816 Freemount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 816 Freemount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fredrick Douglas

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-0069

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 20, 1911

8. AGE: Years 31 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Melvin Douglas
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Lee
15. Birthplace Va.

16 (a) Informant Lillie Mae Lewis
(b) Address 908 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A.A. County Md.

18 (a) Funeral director Mrs Roberts-Ellis & Dyer
(b) Address 1129 N. Carlton St.

19 (a) OCT 10 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1942, at 10:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 5 1942, to Oct 7 1942 and that I last saw h alive on Oct. 7 1942

Immediate cause of death

~~Lobar Pneumonia~~
Acute Myocarditis, Pulmonary edema
Due to Lobar Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
~~4 days~~
1 days
4 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dorsey H. Harvey M. D.
Address 1420 E. Chase Date signed Oct. 10 '42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96489 Registered No. 83a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1607 Latrobe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1607 Latrobe St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert Emory Baker

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-12-7046

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 10, 1889

8. AGE: Years 53 | Months 7 | Days 2527 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name John C. Baker
13. Birthplace Raleigh, N. C.

MOTHER
14. Maiden Name Mary Harrison
15. Birthplace Dorchester Co. Md.

16 (a) Informant Rosa Baker
(b) Address 1607 Latrobe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) OCT 10 1942 Huntington Williams M.D. Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7, 1942 at 3 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28-42 19 to 10-7-42 19, and that I last saw h/m alive on 10-6-42 19.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to	
Other Conditions Carbol Hemorrhage (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Mavis Odom M.D.
Address 312 E 23rd St. Date signed 10/11/42

PRINT OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

422955 F 96490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 13 C F 96490 Registered No.

The information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A ARUN
(c) City or town ANNAPOLIS (If outside city or town limits, write RURAL and give town)
(d) Street No. 29 Gotts Ct. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Henry Green

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-30-41

8. AGE: Years	Months	Days	If less than one day
1	—	19	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER 12. Name John Henry Green
13. Birthplace Md

MOTHER 14. Maiden Name Dorothy Colbert
15. Birthplace Md

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct-12-42 (month) (day) (year)
(c) Cemetery or crematory Brewer Hill Cem
Location Annapolis Md

18 (a) Funeral director Ethel Hicks
(b) Address Annapolis Md.

19 (a) OCT 10 1942 (Date rec'd by Registrar) Huntington Register

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1942, at 1125 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1942 to Oct 9 1942, and that I last saw h. im alive on Oct 9 1942.

Immediate cause of death Tbc. meningitis

Due to + Tbc. miliary

Due to of lung

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank W. Kibbe
Address Johns Hopkins Hosp. Date signed 10/10/42 M. D.

VS 8

F 96491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96491 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 12 E.Lanvale Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 10yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 E.Lanvale St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond Christopher Bryan

3 (b) If veteran, name war No

3 (c) Social Security Account No. 216-10-9318

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Alice A.Bryan

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) June 25-1885

8. AGE: Years 57 Months 3 Days 14 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Checker

11. Industry or business Bethehelm-Fairfield

FATHER
12. Name Thomas Bryan
13. Birthplace Maryland

MOTHER
14. Maiden Name Annie E.Price
15. Birthplace Maryland

16 (a) Informant Alice A.Bryan
(b) Address 12 E.Lanvale Street

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery Chesterfield
Location CENTREVILLER, MARYLAND

18 (a) Funeral director CHAS.F.EVANS+SON
(b) Address 118 W. Mt Royal Ave

19 (a) (Signature of registrar) (b) Huntington Williams, M.D.

OCT 10 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9, 1942, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1942, to Oct. 9 1942, and that I last saw h alive on Oct. 8. 1942

Immediate cause of death Coronary Thrombosis — Duration 1 day.

Due to Coronary Sclerosis

Due to

Other Conditions Grippe Influenza — 10 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. S. Moon M. D.

Address 16 Cathedral St Date signed Oct 9 42

The information should be typewritten or PRINTED PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96492

F 96492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 13/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2108 Baker St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2108 Baker St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Kessler

3 (b) If veteran, name war: Wal, World war
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Ida Kessler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1899

8. AGE: Years 43 | Months 8 9 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)
10. Usual Occupation Dept City of Balto
11. Industry or business

FATHER
12. Name Julius Kessler
13. Birthplace Russia

MOTHER
14. Maiden Name Ida Schlesinger
15. Birthplace Russia

16 (a) Informant Mrs Ida Kessler
(b) Address 2108 Baker St

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Oct 11/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt Carmel Road
Location Mt Carmel Rd

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1624-26 W. North ave

OCT 10 1942
(Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1942 at 7.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 9 1942 to October 10 1942, and that I last saw h alive on Oct 10 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: Hrs.: 1
Due to: Hypertension Arteriosclerosis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation: None
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence no at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work? no
(e) Means of injury

23. Signature Herman Kaufman M. D.
Address 2322 Callow Ave Date signed Oct 10, 1942

VS 3

F 96493

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96493 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1138 N. Stockton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Margaret Montgomery 76637

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Willie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1914

8. AGE: Years 28 | Months 8 | Days 0 | If less than one day: hr. min.

9. Birthplace S.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John English
13. Birthplace S.C.

MOTHER
14. Maiden Name Carrie Collins
15. Birthplace S.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 10/10/42 (month) (day) (year)
(c) Cemetery or crematory Columbia, S. C.
Location Columbia, S. C.

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna, Ave

19 (a) OCT 1 1942 (b) Registrar Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9 1942, at 10:35A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1942 to Oct. 9 1942, and that I last saw her alive on Oct. 9 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 7 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. S. Hartz
Address Balto City Hosp Date signed 10/10/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The ... LEAD, WITH UNFADING INK. Every item of information should be carefully supplied.

4231 F 96494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96494 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town South River (If outside city or town limits, write RURAL and give town)
(d) Street No. 44 DARRELL (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joan Knote

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2 - 6 - 33

8. AGE: Years 9 | Months 8 | Days 5 | If less than one day hr. min.

9. Birthplace N. J. (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER 12. Name John Knote
13. Birthplace Ohio

MOTHER 14. Maiden Name Mabel Wright
15. Birthplace N. J.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/42 (month) (day) (year)
(c) Cemetery or crematory South River Cem.
Location South River, N. J.

18 (a) Funeral director John A. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

OCT 10 1942 (Date rec'd by Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1942 at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1942 to Oct 11 1942 and that I last saw h[illegible] alive on Oct 11 1942.

Immediate cause of death: Brain tumor — Duration:

Due to

Due to

Other Conditions over

(Include pregnancy within 3 months of death)

Date of operation Oct. 7, 1942

Major findings of operation: Large tumor in posterior fossa removed

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harriet G. Guild
Address Johns Hopkins Hospital Date signed 10/11/42 M. D.

F 96495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96495 Registered No. 1702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) D. O. A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Jone's Station A.A.Co. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Jackson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C	

6 (b) Name of husband or wife Elena Jackson
6 (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Aug 21 1910

8. AGE: Years	Months	Days	If less than one day
32	1 2	8	hr. min.

9. Birthplace Jones station A. A. Co. (Town, county, and state)
10. Usual Occupation U. S. N. Building Attend
11. Industry or business

FATHER
12. Name Charles Jackson
13. Birthplace A. A.

MOTHER
14. Maiden Name Malinda Hazel
15. Birthplace A. A.

16 (a) Informant Elenor Jackson
(b) Address Severna Park.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14/42 (month) (day) (year)
(c) Cemetery or crematory Carpenters Hill
Location Jones station A. A. Co.

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis Md

19 (a) OCT 11 1942 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1942, at 3 30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry & Inspection (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death Fracture of skull	
Due to accident	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 10 1942 at 2:45 P.M
(c) Where did injury occur? Old Annapolis Road (City or town) (County)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no (Specify type of place)
(e) Means of injury auto struck pedestrian

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 10 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and fully. Every item of information should be carefully supplied. PRINT PLAINLY, WITH UNFADING INK.

F 96496

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96496 Registered No. 170 C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Anne Arundel
(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)
(d) Street No. St. Margaretta R. F. D.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Ireland

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 22 1918

8. AGE: Years	Months	Days	If less than one day
23	9	18	hr. min.

9. Birthplace St Margretta
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name William Ireland
13. Birthplace A. A. Co

MOTHER
14. Maiden Name Bertha Watkins
15. Birthplace A. A.

16 (a) Informant William Ireland
(b) Address St Margretta

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13 1942 (month) (day) (year)
(c) Cemetery or crematory Broadneck
Location A. A. Co.

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 (a) OCT 11 1942 (Date rec'd by registrar) (b) Filed Oct 13 1942 by Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1942, at 4:45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy & Partial autopsy (Autopsy or Inquiry) and that said deceased came to h's death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 10, 1942 at 2:45 A.M
(c) Where did injury occur? Old Annapolis Rd at Pleasant
(City or town) (County) A. A. Co.
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no
(Specify type of place)
(e) Means of injury Auto. struck pole and overturned

23. Signature Robert Lee Hutchins M.D.
Medical Examiner.

Date signed Oct 10 1942

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Use only black ink. Do not use pencil. Every item of information should be carefully supplied. WITH UNFADING INK.

F 96497

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96497

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1626 Mount Moore Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Sept 15

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Mount Moore Ct (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Washington (Burial F 41977)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12 - 21 - 41

8. AGE: Years 0 | Months 9 | Days 18 | If less than one day hr. min.

9. Birthplace md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Vanderford Washington
13. Birthplace Va

MOTHER
14. Maiden Name Lula Carter
15. Birthplace Va

16 (a) Informant Vanderford Washington
(b) Address 1626 Mountmoore Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director George S. Nelson
(b) Address 1303 Pennsylvania Ave
(c) Date rec'd by registrar OCT 10 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9, 1942 at 4:20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Bronchial pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 10 1942.

VS 6

Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. DO NOT USE PENCILS, WITH UNFADING INK.

F 96198 FREE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 B

F 96498 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1314 Patapsco St
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Patapsco (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Hoeflich

3 (b) If veteran, name war Spanish a. W. | 3 (c) Social Security Account No. no

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Grace Hoeflich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 8, 1871

8. AGE: Years 71 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Retired Patrolman
11. Industry or business B. P. D.

FATHER
12. Name Benjamin Hoeflich
13. Birthplace Germany

MOTHER
14. Maiden Name Dymond Kehoe
15. Birthplace Germany

16 (a) Informant Grace Hoeflich
(b) Address 1314 Patapsco St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetery
Location Baltimore City

18 (a) Funeral director C. Herrmann Sons
(b) Address 1400 Lexington St
(c) Huntington Williams M.D. Registrar

OCT 10 1942 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1942 at 6:47 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1940 to Oct 9 1942
and that I last saw him alive on Oct 9 1942

Immediate cause of death: Acute dilatation of heart — Duration 2 Days
Due to
Due to Mitral Regurgitation — Indef.
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: —
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Campbell M.D.
Address 1644 Hanover St Date signed 10/10/42 M. D.

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96499 Registered No. 1248

The information should be carefully recorded. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1544 Boyle
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1544 Boyle (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James W Sparks

3 (b) If veteran, name war No
3 (c) Social Security Account No. 212-05-4566

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Divorced

6 (b) Name of husband or wife Divorced 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17, 1902

8. AGE: Years 40 | Months 5 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore (town, county, and state)

10. Usual Occupation Stationary Engineer

11. Industry or business

FATHER 12. Name Andrew J Sparks
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Georgianna Caskey
15. Birthplace Balto, Md.

16 (a) Informant Mrs Estelle Ballard
(b) Address 160 N Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Leden Hill
Location Anne Arundel Co

18 (a) Funeral director A. Howard Evans
(b) Address 1400 St Paul St

19 (a) Date received OCT 10 1942 (b) Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/9/ 1942, at 11 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/6/42 19 , to 10/9/ 19 42 and that I last saw him alive on 10/9/ 19 42 a.

Immediate cause of death Cirrhosis of liver. — Duration ?

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Detel M.D.
Address 1226 Hanover St. Date signed 10/8/42

VS 3

F 96500

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 96500 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkens & Caton Ave
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Wks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1742 Gorsuch Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Hannah Reeder

3 (b) If veteran, name war None

3 (c) Social Security Account No. 216-12-9073

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Mabel (Fitzpatrick)

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 2/13/1872

8. AGE: Years	Months	Days	If less than one day
70	7	27	— hr. — min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Engr. St Agnes Hospital

11. Industry or business

FATHER
12. Name Charles Reeder
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Friese
15. Birthplace Germany

16 (a) Informant Wife Mabel Reeder
(b) Address 1742 Gorsuch ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-42 (month) (day) (year)
(c) Cemetery or crematory Emanuel Cem.
Location Grandon Lane

18 (a) Funeral director Geo. J. Toth Inc
(b) Address 734 Hanover St

19. OCT 10 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-10 1942, at 4:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/25 1942 to 10/10 1942, and that I last saw h/m alive on 10/10 1942.

	Duration
Immediate cause of death Pulmonary embolism	10 mins
Due to Cancer of stomach	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 10-2-42

Major findings of operation: Ca of stomach

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. N. Devries MD M. D.
Address St Agnes Hosp Date signed 10/10/42

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

F 96501 *48

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96501 Registered No. 1702

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) D.O.A.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1925 Herbert Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leonard J. Simmons

3 (b) If veteran, name war: no

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years 41 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Thomas W. Simmons
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Edith M. Glendenning
15. Birthplace Baltimore, Maryland

16 (a) Informant Odessa C. Jones
(b) Address 420 Emmett Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.

18 (a) Funeral director W. Oak Lee
(b) Address 1217 Eutaw Pl. Thursday for Hillen Station

19 (a) 10-10-1942 (b) (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1942 at 9.50 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and examination thereon and from the evidence obtained by said Inquest & examination find that said deceased came to his death on the day stated above.

Immediate cause of death Avulsion of brain and skull

Due to (2)

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 9 1942 at 9.20 PM
(c) Where did injury occur? 2300 Block Riverton Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? street While at work? No (Specify type of place)
(e) Means of injury Fell off a truck

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct 10 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Liv Rooney 539 Equitable Bldg

F 96502

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96502 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2207 E. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Brenner

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21, 1863

8. AGE: Years 79 | Months 2 | Days 18 | If less than one day: hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housekeeper
11. Industry or business

FATHER
12. Name Philip Brenner
13. Birthplace Md

MOTHER
14. Maiden Name Margaret (?)
15. Birthplace Md.

16 (a) Informant Mrs Marie Leary
(b) Address 2207 E. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Schwartz's Cem
Location Baltimore, Md

18 (a) Funeral director William Cook
(b) Address 1217 St. Paul St

19 (a) Washington Williams M.D. Registrar
(b) OCT 10 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9 1942 at 11 45 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1942 to Oct. 8 1942
and that I last saw h[illegible] alive on Oct 8 1942

Immediate cause of death: Myocarditis
Due to: Arterio sclerosis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Liv Rooney M. D.
Address 1617 E. Broadway Date signed

VS 8

F 96503

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 44a

F 96503 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2036 East Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2036 East Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret D. Bond

3 (b) If veteran, name war NO

3 (c) Social Security Account No. 213-03-5133

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife John Bond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1873

8. AGE: Years 68 | Months 10 | Days 3 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business C. J. Young

FATHER 12. Name Frank Gill

13. Birthplace Germany

MOTHER 14. Maiden Name (Unknown) Boost

15. Birthplace Germany

16 (a) Informant George W. Heinlein

(b) Address 2039 E. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location Baltimore, Md.

18 (a) Funeral director Wm. Cook Inc.

(b) Address 1217 N. Paul Balto. Md.

19 (a) OCT 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9, 1942 at 8:10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to HIS death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 10 1942

V8 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly

M. D. B. 1203-6

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 96504

96504

CERTIFICATE OF DEATH 50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 St. Paul St. Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Sarah E. Terry

(a) Residence: No. 807 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Willard

6. DATE OF BIRTH (month, day, year) Apr. 7, 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Milton, Delaware
(State or country)

FATHER

13. NAME Andrew Holland

14. BIRTHPLACE (city or town) Delaware
(State or country)

MOTHER

15. MAIDEN NAME Mary Conwell

16. BIRTHPLACE (city or town) Delaware
(State or country)

17. INFORMANT Zoe Lilley
(Address) 807 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Dessemtown Harverson Del. Date Oct. 13 1942

19. UNDERTAKER A. Lee Oder
(Address) 4604 York Road.

20. FILED OCT 10 1942 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1941, to Oct. 10, 1942

I last saw her alive on Oct. 10, 1942. Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days
Carcinoma left breast	10 yrs.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Earl H. Brogan, M. D.

(Address) 5111 York Rd.

Information should be given by person who can supply ACCURATE information. Physician must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 96505

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96505

Registered No. 1246

PLEASE WRITE PLAINLY, WITH UNFADING INK. Except items of information requiring signature, every item must be answered. Please see that the information given is correct and complete. Physicians: please write the causes of death clearly and legibly. Especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 341 S. Clinton St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 341 S. Clinton St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph E. Vincent.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Antoinett A. Vincent

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Sept. 28. 1886

8. AGE: Years	Months	Days	If less than one day
56	0	16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Opomeltist

11. Industry or business Own

FATHER
12. Name Harry Vincent
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Law
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs Antoinett A. Vincent
(b) Address 341 S. Clinton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/1942 (month) (day) (year)

(c) Cemetery or crematory Sacred Heart
Location German Hill Rd.

18 (a) Funeral director John H. Moran.
(b) Address 3000 E. Baltimore St.

OCT 10 1942
(Date rec'd by Registrar)

Huntington Williams, M. D.
Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9 1942, at 1450 M

21. I certify that death occurred on the date above stated; that I attended deceased from March 3 1942, to Oct 9 1942, and that I last saw h alive on Oct 9 1942.

Immediate cause of death Hepatic cirrhosis — Duration 7 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature John J. Powell M. D.

Address 14 N. Eutaw Date signed 10-10-42

F 96506

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92-B

F 96506 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use no abbreviations except correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 128 S. Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ~
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 128 S. Potomac St (If rural give location)
(e) Citizen of foreign country? ~ (Yes or No)
If yes, name country ~

3 (a) FULL NAME Annie R. Stevens

3 (b) If veteran, name war ~

3 (c) Social Security Account No. 216-03-4815

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 26-1891

8. AGE: Years 51 | Months 3 | Days 17/12 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Mattress Maker

11. Industry or business R. B. Hegler

FATHER 12. Name William B. Stevens

13. Birthplace Balto Md.

MOTHER 14. Maiden Name Ella V. Campbell

15. Birthplace Balto Md.

16 (a) Informant Rhoda M. Stevens

(b) Address 128 S. Potomac St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/1942 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location East end North ave

18 (a) Funeral director John A. Moran

(b) Address 3660 E. Baltimore St

19 (a) OCT 10 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/8/ 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 4 42 to Oct 8 1942, and that I last saw h-l alive on Oct 8 1942.

Immediate cause of death Mitral Stenosis

Due to ~

Due to ~

Other Conditions ~

(Include pregnancy within 3 months of death)

Date of operation ~

Major findings of operation: ~

of autopsy: ~

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ~
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury ~

23. Signature J. Kemp Insley M. D.

Address 2956 E Balto Date signed 10-10-42

F 96507

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 470

F 96507

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5314 Kenilworth Rd, Govans
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 5314 Kenilworth Rd, Govans (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward W. Powell.

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	216-10-0801	Male	White	Married

6 (b) Name of husband or wife Carrie E. Powell
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 7. 1871

8. AGE: Years	Months	Days	If less than one day
71	5	2	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business May Co, Balto.

FATHER
12. Name Edward W. Powell Sr,
13. Birthplace Va,

MOTHER
14. Maiden Name Mattie A. Ramsey.
15. Birthplace Va,

16 (a) Informant Mrs Carrie E. Powell.
(b) Address 5314 Kenilworth Rd, Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor ave, Parkwood

18 (a) Funeral director John A. Moran
(b) Address 4201 Greenmount Ave.

19 (a) Date received by Registrar OCT 10 1942 (b) Signature of Registrar Herrington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9. 1942, at 8 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1942 to 9 1942, and that I last saw him alive on Oct. 9 1942.

Immediate cause of death Carcinoma of the layrnx. — Duration 6 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Anthony F. Bocciolo
Address 8212 York Rd. Date signed Oct. 10 1942

F 96508

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 96508

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 806 E. Preston Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John O'Sullivan

3 (b) If veteran, name war: Last War
3 (c) Social Security Account No. 113-12-8987

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 28th 1889

8. AGE: Years	Months	Days	If less than one day: hr.	min.
53	1	18		

9. Birthplace New York City (Town, county, and state)
10. Usual Occupation Plasterer
11. Industry or business

FATHER
12. Name Michael O'Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget McGrath
15. Birthplace Ireland

16 (a) Informant Mrs Mary Ann Dennison
(b) Address 4839 202nd St Bayside

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13th 1942 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Long Island N.Y.

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patterson Park Ave

19 (a) OCT 11 1942 Huntington Williamsville N.Y.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1942 at 8:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence obtained by said Inquest + Autopsy (Autopsy or Inquiry) (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Duration
Immediate cause of death Depressed fracture of skull
Due to marked coronary arterio sclerosis
Due to Diffuse fibrosis of heart.
Other Conditions Cardiac hypertrophy and dilatation

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Grattan M.D. Medical Examiner.
Date signed Oct. 10 1942

VS 4

(over)

Please fill in all items if you can. It is especially important. Physicians: please write the causes of death clearly and legibly.

F 96509 T.N

BALTIMORE CITY HEALTH DEPARTMENT

77176 CERTIFICATE OF DEATH 1937

F 96509 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 705 N. Howard St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Abraham Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Seperated

6 (b) Name of husband or wife None

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 7th, 1882

8. AGE: Years	Months	Days	If less than one day
60	9	3	hr. min.

9. Birthplace Austria (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Austria

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 Burial (Burial, cremation, or removal) (b) Date thereof 10-12-42 (month) (day) (year)
(c) Cemetery or crematory New Park
Location

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Baltimore St

OCT 12 1942 (Date rec'd by registrar) Harrington Williamson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-10 1942, at 11 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1942, to 10-10 1942, and that I last saw him alive on 10-10 1942.

Immediate cause of death	Duration
Cardiac failure	4 weeks
Due to Hypertensive C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. V. Rathbun M. D.
Address Balto. City Hosp. Date signed 10-11-42

F 96510

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

Registered No. F 96510

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1719 Bolton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jean Dale

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Allan Dale
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30, Age 26

8. AGE: Years	Months	Days	If less than one day: hr.	min.
26	11	11		

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Price
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Schlimm
15. Birthplace Maryland

16 (a) Informant Hospital Records
(b) Address

17 (a) Buried (Buried, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Salem Mo
Location Jamestown

18 (a) Funeral director Wm. H. Ives
(b) Address 1270 Park Ave

19 (a) (Date rec'd by registrar) Huntington Williams Registrar

OCT 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1942, at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1942 to Oct 11 1942, and that I last saw h er alive on Oct 11 1942.

Immediate cause of death: Generalized Carcinomatosis — Duration: 3 mos.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy Generalized Carcinomatosis

over

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zapp M. D.
Address 1213 Light St. Date signed 10/11/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. W. Holt. 423 E. Monte Ave
F 96511

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 56 F.

F 96511 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2822 Kennedy Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2822 Kennedy Ave (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George J. Boone

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of ~~husband~~ or wife Cassandra M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1861

8. AGE: Years	Months	Days	If less than one day
81	7	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Standard Brands Optimo

FATHER
12. Name John Boone
13. Birthplace Md.

MOTHER
14. Maiden Name Jane (?)
15. Birthplace Md.

16 (a) Informant Mrs. Gertrude Williams
(b) Address 2822 Kennedy Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Baltimore, Md.

18 (a) Funeral director Williams, Cooke & Lee
(b) Address 1217 St. Paul St.

OCT 12 1942 (Date received by Registrar) (Huntington Williams, M.D.) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 9 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1942, to 10-9 1942, and that I last saw h[illegible] alive on 10-9 1942

Immediate cause of death	Duration
Generalized Arteriosclerosis	5 yrs
Due to Papilloma of Urinary Bladder	6 wks
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 1306 [illegible] Date signed 10/10/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and

F 96512

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96512

Registered No. 1192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eaton and Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Lee Simmons (Birth F. 52197)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24-1942

8. AGE: Years	Months	Days	If less than one day
*	3	16	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business —

FATHER
12. Name William Simmons
13. Birthplace Elkridge

MOTHER
14. Maiden Name Lula Simmons
15. Birthplace Elkridge Md

16 (a) Informant Mr. William Simmons
(b) Address Elkridge Md.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 10/12/1942 (month) (day) (year)

(c) Cemetery or crematory Meadowridge Memorial Park
Location

18 (a) Funeral director John J. Cowan Son
(b) Address 90-03 Hollins Street

19 (a) OCT 12 1942 (b) Date received by local registrar
Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/10 1942 at 8:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/10 1942 to 10/10 1942 and that I last saw him alive on 10/10 1942.

Immediate cause of death acute gastroenteritis — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. Cranis M. D.
Address ST Agnes' Hosp. Date signed 10/11/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 96513

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 96513 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 372 Melrose ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 113 W. York (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alonzo Smith

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-6231

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Rosa

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 1903

8. AGE: Years 39 | Months 8 | Days - | If less than one day hr. min.

9. Birthplace Portsmouth Va (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Va

MOTHER
14. Maiden Name Victoria Harvey
15. Birthplace Va

16 (a) Informant Victoria Smith
(b) Address 113 W. York St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14 42 (month) (day) (year)
(c) Cemetery or crematory Portsmouth Va
Location

18 (a) Funeral director James A Hayes
(b) Address 1142 W. Fayette St

OCT 12 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/2 1942 to 10/10 1942 and that I last saw h alive on Oct 9 1942

Immediate cause of death acute Bronchitis (Primary) — Duration 10 Days

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature David Trumbo M. D.
Address 1111 Lee ave Date signed 10/10/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the information given is correct and complete. Accuracy is especially important.

VS 8

F 96514

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 96514

83a Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the cause of death clearly and report correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4612 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4612 Keswick Road.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary F. Smith

3 (b) If veteran, name war — (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife Charles L. Smith
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) Nov 15, 1879

8. AGE: Years	Months	Days	If less than one day
62	10	24	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward B. Miller.
13. Birthplace Va.

MOTHER
14. Maiden Name Frances Owens
15. Birthplace Va

16 (a) Informant Charles L. Smith
(b) Address 4612 Keswick Road

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof Oct 12/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ St. Mary's
Location Hampden

18 (a) Funeral director Chenoweth & Donovan
(b) Address 1715-17 Eastern Ave.

OCT 12 1942
(Date rec'd by registrar) (b) Registrar for Williams, M.D.

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9, 1942 at 4:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29 1942 to October 9 1942, and that I last saw him alive on Oct 9 1942.

Immediate cause of death	Duration
Basal Cerebral Hemorrhage	10 days
Due to Cerebral Arteriosclerosis	
Due to Essential Hypertension	3 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation No operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. Gibson Porter
Address 822 Roland Ave Date signed 10/11/42 M. D.

F 96515

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96515 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Arlington Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Lillian Gray.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife Harry M.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 23, 1895

8. AGE: Years 47 | Months 9 | Days 16 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Robert Collins
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Amanda Tyler
15. Birthplace New York, N. Y.

16 (a) Informant James R. Thompson
(b) Address 420 N. Arlington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. George H. Holland
(b) Address 1631 Druid Hill Ave

19 (a) OCT 12 1942 (Date received by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7-42 19 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-6-42 19 to 10-7-42 19 and that I last saw h. alive on 10-7-42 19

Immediate cause of death Cerebral Hemorrhage

Due to Hypertensive Cardio Vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Byerly Jr M. D.
Address University Hospital Date signed 10-9-42

Spec.—6-16-39—L. F. S.—100 Blk.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 96516

F 96516

CERTIFICATE OF DEATH

159

1—PLACE OF DEATH

REGISTERED NO.

CITY OF BALTIMORE: (No. 701 Gold ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Frank Lee. 15

(a) RESIDENCE NO. 701 Gold ST., WARD (Birth F 59060)
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Infant

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) Oct 8-1942

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			2	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ✓

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) (State or country) 701 Gold St.

PARENTS

10 NAME OF FATHER Victor Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Veronica Martha Lee

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Veronica Martha Lee
(Address)

15 Date received OCT 12 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Oct 8-1942

17 I HEREBY CERTIFY, That I attended deceased from Oct 8 19 42 to Oct 10 19 42

that I last saw him alive on Oct 10 19 42

and that death occurred, on the date stated above, at 8-45 P m.

The CAUSE OF DEATH* was as follows:

Seven month Foetus

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Premature & mature

Caposite (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical

(Signed) Wm. H. Wright M. D.

10/11 19 42 (Address) 1209 Presstman St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peter's Cemetery — DATE OF BURIAL Oct 12 1942

20 UNDERTAKER J. Brooks — ADDRESS 1463 N. Pa

OCT 12 1942

NOTE—Information should be carefully supplied. Any omission or error in information should be corrected at once. CERTIFICATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

F 96517

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

F 96517 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625 Shakespeare St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 Shakespeare St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Mrozek

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Helen Mrozek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Andrew Mrozek
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Joseph Mrozek
(b) Address 1308 S Ann St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 47 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave.

OCT 12 1942 (Date rec'd by registrar) (Huntington Williams) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1942, at 7 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to Oct 9 1942 and that I last saw h alive on 19

Immediate cause of death Uraemia

Duration Oct 42

Due to Chr. Pyelonephritis Nephr 7/1/42

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J Roamer M. D.
Address 801 N Kenwood Ave Date signed Oct 12 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and correctly. Age is especially important.

VS 3

K 96518

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96518

Registered No. 13/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 214 N. Patterson Park Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 214 N. Patterson Park
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Allison

3 (b) If veteran, name war

3 (c) Social Security Account No. Unknown

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	217-14-1861

6 (b) Name of husband or wife Louise Allison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 13 1881

8. AGE: Years	Months	Days	If less than one day
61		29	hr. min.

9. Birthplace Arnold Va
(Town, county, and state)

10. Usual Occupation Mason Engineer

11. Industry or business

FATHER
12. Name Warren Allison
13. Birthplace Va

MOTHER
14. Maiden Name Emily Wunch
15. Birthplace Va

16 (a) Informant Louise Allison
(b) Address 210 N Patterson Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co Md

18 (a) Funeral director John W Crook
(b) Address 2008 Eutaw St

19 (a) OCT 12 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1942, at 3:55 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Arteriosclerotic Cardio-vascular-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. O'Daly M.D.
Medical Examiner.

Date signed 10/12/42

F 96519

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 96519 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1808 N. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Ringrose

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 16. 1861
8. AGE: Years 80 | Months 11 | Days 25 | If less than one day hr. min.
9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name — Schaper
13. Birthplace ✓

MOTHER
14. Maiden Name Unknown
15. Birthplace ✓

16 (a) Informant John Peterson
(b) Address 1808 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Road

18 (a) Funeral director Howard M. Blight Jr
(b) Address 4914 Belair Road.

OCT 12 1942 (a) Date received by registrar (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1942, at 11 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9 1942 to Oct. 11 1942, and that I last saw her alive on Oct. 11 1942.

Immediate cause of death: Congestive Heart Failure — Duration: ?
Due to: Arteriosclerotic Heart Disease — Duration: ?
Due to
Other Conditions: Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fooling M. D.
Address St. Joseph's Hosp. Date signed 10-11-42

F 96520 ✓ F 96520

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4402 Woodlea ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 76
(e) Length of stay in Baltimore (yrs., mos., or days) 73 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Woodlea ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Katherine Herkenhine

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widowed

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 27 1869

8. AGE: Years	Months	Days	If less than one day
73	4	13	..... hr. ..... min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George H. Young
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Margaret Jones
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Margaret Kuhn
(b) Address 7803 Ardmore Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4330 Belair Road

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

19 (a) ..... (b) Registrar

OCT 12 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1942 at 6 20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July — 1941 to Oct. 10 1942 and that I last saw h.. alive on Oct. 9 1942

Immediate cause of death	Duration
Cardio Pul. Edema	
Chronic Myocarditis	3 yrs 4 yrs
Hypertension or Nephritis	10 ? "
Due to	
Chronic Nephritis	1-2 "
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Fred. T. Kuhn
Address 4402 Sheldon Av Date signed 10-12-42

M. D.

JL- 74994

F 96521

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96521 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo 11Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1637 Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Effie Johnson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Single

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1886

8. AGE: Years	Months	Days	If less than one day
56	4	24 23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business Supported by Relief

FATHER
12. Name William Davis
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Baltimore, Md.

16 (a) Informant Baltimore City Hosp. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 12 12 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. A. County Md.

18 (a) Funeral director Mrs R. A. Elliott & Daughter
(b) Address 429 N. Carolina St.

19 (a) OCT 12 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-8 1942, at 6 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-27 1942 to 10-8 1942, and that I last saw her alive on 10-8 1942

Immediate cause of death: Bronchogenic carcinoma — Duration ?
Due to
Due to
Other Conditions: Lymphosarcoma mediastinum
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 10-10-42

VS 8

F 96522

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

48a

F 96522 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1417 Barnes St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) Life
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1417 Barnes St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie Fisher

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	C.	Married

6 (b) Name of husband or wife Charles Wesley Fisher
6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) March 8, 1882

8. AGE: Years	Months	Days	If less than one day
60	7	1	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Samuel Clayton
13. Birthplace Md

MOTHER
14. Maiden Name Sarah Williams
15. Birthplace Md

16 (a) Informant Mary Louise Mitchell
(b) Address 1424 Barnes St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md

18 (a) Funeral director Joseph B. Locke Jr.
(b) Address 1364 N. Central Ave

19 (a) 1942 (Date filed by registrar) (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/9 1942 at 11-AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1942 to Oct. 9 1942 and that I last saw h alive on Oct 7 1942

Immediate cause of death Carcinoma of Cervix — Duration 2 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature T. K. Adams M. D.
Address 1222 N. Caroline Date signed 10-10-42

F 96523

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96523 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 E. Eager St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 E Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country Ireland

3 (a) FULL NAME Katherine Bannon

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Hugh P. Bannon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 6, 1871

8. AGE: Years 71 | Months 4 | Days 3 | If less than one day hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name James O'Neill
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen Reilly
15. Birthplace Ireland

16 (a) Informant Mrs. Annie Holmes
(b) Address 2862 Mayfield Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Greenmount Ave

19 (a) OCT 12 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1942, at 7.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Oct 9 1942 and that I last saw h alive on Oct 9 1942

Immediate cause of death: Arrhythmia, fibrillation
Cond. Myocardiopathy — Duration 5 days
Due to arteriosclerosis — ? ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Samuel Silverfeld M. D.
Address Date signed

F 96524

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96524 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2207 E.North Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2207 E.North Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Frank S.Hess

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 216-07-1909

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Lillian C.Hess

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14,1881

8. AGE: Years: 61 Months: 2 Days: 26 If less than one day: hr. min.

9. Birthplace: Harford County Md.
(Town, county, and state)

10. Usual Occupation: Foreman Continental

11. Industry or business: Can Company

FATHER
12. Name: William Hess
13. Birthplace: Harford County Maryland

MOTHER
14. Maiden Name: Jennie Price
15. Birthplace: Harford County Maryland

16 (a) Informant: Mrs. Lillian C.Hess (Wife)
(b) Address: 2207 E.North Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct.13,1942 (month) (day) (year)
(c) Cemetery or crematory: Trinity Cem. Joppa Md.
Location: Joppa, Harford Co. Maryland

18 (a) Funeral director: Albert L. Hilt
(b) Address: 1606 N.Chester Street

19 (a) (Date rec'd by registrar) (b)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 10 1942 at 11:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from January 27 1942 to Oct. 10 1942 and that I last saw him alive on Oct. 10 1942

Immediate cause of death: Coronary Thrombosis — Duration: 6 hrs

Due to: Arteriosclerosis — Duration: 1 yr

Due to:

Other Conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury:

23. Signature: W. T. Gorry M. D.
Address: 6 7 7 N. Howard St. Date signed: 10/14/42

F 96525

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 96525 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 248 N. Monroe Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 248 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Jesse Clary

3 (b) If veteran, name war. None
3 (c) Social Security Account No. None

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Margaret E. Clary
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Oct. 22, 1863

8. AGE: Years 78 | Months 11 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Clerk (Retired)
11. Industry or business Register of Wills Office

FATHER
12. Name Richard Clary
13. Birthplace Maryland

MOTHER
14. Maiden Name Clementine T. Brashiers
15. Birthplace Maryland

16 (a) Informant Mrs. Margaret E. Clary
(b) Address 248 N. Monroe St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Maryland

18 (a) Funeral director George E. Beyer Jr.
(b) Address 1512 Hollins Street

19 (a) OCT 12 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1942 at 1 A M

21. I certify that death occurred on the date above stated, that I attended deceased from April 15 1941 to Oct. 10 1942 and that I last saw him alive on Oct. 9 1942

Immediate cause of death: Coronary Thrombosis — Duration: 1 day
Due to: Generalized arteriosclerosis — 2 years
Due to:
Other Conditions: Chronic arthritis
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A. Kipp M. D.
Address 3030 Edmondson Ave. Date signed 10/10/42

VS 3

F 96526

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 49a

F 96526 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1-05 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore, (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1-05 Dolphin
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Irene Merritt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Olivia Merritt
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Georgia Majors
15. Birthplace Balto. Md

16 (a) Informant Georgia Merritt
(b) Address 1-05 Dolphin

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location Balto. Md.

18 (a) Funeral director Wm. Geo. W. Williams
(b) Address 1681 Druid Hill Ave.

19 OCT 12 1942 (Date received by Local Reg.) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1942, at 7:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3, 1942 to Oct 8 1942 and that I last saw h[illegible] alive on Oct 8 1942.

Immediate cause of death: Lobar Pneumonia — Duration: 6 days
Due to: Carcinomatosis — Duration: 3 mos.
Due to: A. of Ovary
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation: none
Major findings of operation:
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed Oct 12 1942

VE 3

F 96527

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 96527 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hand Broadway
(c) Hospital or institution:
Church Home & Infirmary 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5-4 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Howardville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3 Campfield Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3 (a) FULL NAME Walter Hawkins (Walter Edward Hawkins)

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War I	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Madeline Hawkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 4, 1884

8. AGE: Years	Months	Days	If less than one day
57	0	6	hr. min.

9. Birthplace Maryland (Baltimore)
(Town, county, and state)
10. Usual Occupation Chief Tariff Clerk
11. Industry or business Western Md. R. R.

FATHER
12. Name Charles Hawkins
13. Birthplace Maryland

MOTHER
14. Maiden Name Estelle Smith (Clara E. Smith)
15. Birthplace Maryland

16 (a) Informant Mrs. Oline Hawkins
(b) Address 3 Campfield Rd, Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md. for Baltimore, M.D.

19 (a) OCT 12 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1942, to Oct 10 1942, and that I last saw him alive on Oct 10 1942.

Immediate cause of death	Duration
Carcinomas of gall bladder	2
Due to	
Due to	
Other Conditions Jaundice & Liver Metastasis	

(Include pregnancy within 3 months of death)
Date of operation 10-1-42
Major findings of operation: Carcinoma of gall bladder with metastasis
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 10-10-42

VS 1

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96528

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 96528

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3504 Hayward Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3504 Hayward Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin Putnam (CALVIN SIBLEY PUTNAM)

3 (b) If veteran, name war: World —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Miriam M. Putnam
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1895

8. AGE: Years	Months	Days	If less than one day
47	3	5	hr. min.

9. Birthplace Tryon, N. C.
(Town, county, and state)
10. Usual Occupation Clerk - Quartermasters
11. Industry or business U. S. Goverment

FATHER
12. Name Albert S. Putnam
13. Birthplace Mass.

MOTHER
14. Maiden Name Sibley
15. Birthplace Alabama

16 (a) Informant Mrs. Miriam M. Putnam
(b) Address 3504 Hayward Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11- 19 42, at 8 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inspection Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death
Coronary Disease — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Waldeis M.D.
Medical Examiner.
Date signed 10-11-42

correct also if typewritten

F 96529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190

F 96529 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street.
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 24 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4023 Belle Ave. (If rural give location)
(e) Citizen of foreign country? If yes, name country (Yes or No) (Brith F 5/7/15)

3 (a) FULL NAME MILLER, Howard Franklin Jr. (Howard Franklin Miller, Jr.)

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	infant

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/16/42

8. AGE: Years	Months	Days	If less than one day
0	0	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name Howard F. Miller
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Phyllis McDonald
15. Birthplace Balto., Md.

16 (a) Informant Mr. Howard F. Miller, father
(b) Address 4023 Belle Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Shrewsbury, Md. PA
Location " " "

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

OCT 12 1942 Huntington Williams, M.D. Registrar
(Local Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10, 1942, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7, 1942, to Oct. 10 1942, and that I last saw him alive on Oct 10, 1942.

Immediate cause of death: Nutritional diarrhea. Malnutrition. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address 1213 Light St. Date signed 10-12-42

F 96530

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 96530 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard St. and Linden
(c) Hospital or institution: Maryland General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 516 N. Potomac St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elizabeth Dowling Neff (NEFF)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	white	Married

6 (b) Name of husband or wife John Henry Dowling Henry Neff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1892

8. AGE: Years	Months	Days	If less than one day
50	4	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name John Dowling
13. Birthplace Baltimore

MOTHER
14. Maiden Name Mary Schneider
15. Birthplace Baltimore Co.

16 (a) Informant Henry Neff
(b) Address 516 N. Potomac St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Gate Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2424 Eutaw St.

OCT 12 1942 (Date rec'd by registrar)

19 (a) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1942 at 3:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/5 1942 to 10/10 1942, and that I last saw her alive on 10/10 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to Bronchial pneumonia	7/28 to 4/0
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. T. M. Horgan M. D.
Address Maryland Gen. Hosp. Date signed 10/10/42

VS 8

F 96531

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96531 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 Sexton St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1712 Sexton St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CATHERINE GALWAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife James
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1866

8. AGE: Years	Months	Days	If less than one day
75	11	25	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Joseph Watson
13. Birthplace Ireland

MOTHER
14. Maiden Name Anne ?
15. Birthplace Ireland

16 (a) Informant Family
(b) Address 1712 Sexton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave,

18 (a) Funeral director I. Few McCully
(b) Address 130 E. Fort Ave.

OCT 12 1942 (Date Rec'd by Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1942, at 4:50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8 1942, to Oct 8 1942, and that I last saw her alive on — 19

Immediate cause of death CORONARY OCCLUSION — Duration Oct 8 PM 1942

Due to ARTERIOSCLEROSIS — 1941

Due to CEREBRO VASCULAR DISEASE — 1 YEAR

Due to ARTERIOSCLEROSIS

Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward J Nolan M. D.
Address 682 Wilson Ave Date signed 10-10-42

H. L. Wollenweber M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96532

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 96532 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) less than ½ hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 Chatham Road (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Mc Glothlin (Birth F. 59003)
3 (b) If veteran, name war None
3 (c) Social Security Account No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. single
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 10. 1942
8. AGE: Years | Months 1 | Days | If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation infant
11. Industry or business

FATHER
12. Name Thomas Mc Glothlin
13. Birthplace Tennessee

MOTHER
14. Maiden Name Ruth Zorn
15. Birthplace Baltimore Maryland

16 (a) Informant Sisters of Mercy Hospital
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md.

18 (a) Funeral director STEWART & MOWEN COMPANY
(b) Address (E. F. BOOKER SUC.) 200 W. NORTH AVENUE

19 (a) Date received by registrar OCT 12 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1942 at 4.35 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1942 to Oct 11 1942 and that I last saw h[illegible] alive on Oct. 11 1942

Immediate cause of death Circulatory Failure — Duration
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Thomas Hedgpeth M.D.
Address Mercy Hospital Date signed Oct 11 1942

correct age is especially important. Physicians: please write the causes of death clearly and

423514
F 96533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96533
Registered No. 107

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Turners Station (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 Central (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Betty Glover

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-15-41

8. AGE: Years	Months	Days	If less than one day
1	14	23	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Robert Glover
13. Birthplace Ohio

MOTHER
14. Maiden Name Lillian Humphrey
15. Birthplace Md.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12-42 (month) (day) (year)
(c) Cemetery or crematory Lehmanite Cem.
Location O'Donnell St.

18 (a) Funeral director John G. Connelly
(b) Address 418 S. Eden Ave. - Govt

19 (a) Date received by registrar Huntington Williams M.D.
OCT 12 1942
VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8 1942 at 3 15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1942 to Oct 8 1942 and that I last saw her alive on Oct 8 1942

Immediate cause of death Bronchopneumonia — Duration 5 days
Due to
Due to
Other Conditions anemia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert D. Solomon M. D.
Address Johns Hopkins Hosp. Date signed 10 13 1942

Please write clearly and legibly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

AR-76701

F 96534

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F-96534

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution:

Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 Days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. No Home (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William Clautice

3 (b) If veteran, name war	3 (c) Social Security Account No.
Yes	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22-1883

8. AGE: Years	Months	Days	If less than one day
59	3	19	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Paper Hanger

11. Industry or business Lathe

FATHER

12. Name John Clautice

13. Birthplace Baltimore, Md.

MOTHER

14. Maiden Name Ella Powell

15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 1942 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Balto Md.

18 (a) Funeral director Partridge Home

(b) Address 2337 N Charles St.

OCT 12 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11 1942, at 5 00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-12 1942 to 10-11 1942; and that I last saw him alive on 10-10 1942.

Immediate cause of death	Duration
Coronary sclerosis	7 10 min.
Due to Arteriosclerotic heart disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not Done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. H. Rathbun M. D.

Address Balto. City Hosp. Date signed 10-11-42

Physicians: please write the cause of death clearly and correct age is especially important.

F 96535 ✓ F 96535

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 N Wolfe St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 N Wolfe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Delmar N Dennett

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 4108

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13 1896

8. AGE: Years	Months	Days	If less than one day
46	2	26	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Howard Colgiano
13. Birthplace Md

MOTHER
14. Maiden Name Ella Briscoe
15. Birthplace Md

16 (a) Informant Robert A Dennett
(b) Address 1525 N Wolfe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Wallace Funeral Home
(b) Address 1217 E Pratt St

19 (a) OCT 12 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1942, at 11:9 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct 9 1942
and that I last saw h alive on Oct 9 1942.

Immediate cause of death

Due to Coronary Occlusion 9 days
Due to with Carcinoma of Breast
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Fred Angelo
Address 1217 E Pratt St
Date signed OCT 12 1942

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96568 36

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119W

F 96536 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 E Lafayette ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME John James Simpson (Birth F 5 8 98)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife (9-26-42)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22-42

8. AGE: Years | Months | Days: 20 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation -

11. Industry or business

FATHER 12. Name James D. Simpson

13. Birthplace Parkton Md

MOTHER 14. Maiden Name Mary Martin

15. Birthplace A.A. Co Md

16 (a) Informant Jas D. Simpson

(b) Address 1908 E Lafayette ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-42 (month) (day) (year)

(c) Cemetery or crematory West Liberty

Location White Hall Md

18 (a) Funeral director P. Mahalm Sons

(b) Address White Hall, Md

19 Filed OCT 19 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12- 1942, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9 1942 to 10-12 1942 and that I last saw h/im alive on 10-12 1942

Immediate cause of death: Bronchial Pneumonia — Duration: 24 hrs

Due to:

Due to:

Other Conditions: Non-Specific diarrhea of unknown (Include pregnancy within 3 months of death) — Duration: 3 days

Date of operation

Major findings of operation

of autopsy: Bronchial Pneumonia

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward R. Knight M. D.

Address Bon Secours Hosp Date signed 10-12-42

VS 3

H 96537 T96537

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. H 96537

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 Booth St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nolan Taylor 76992

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1903

8. AGE: Years	Months	Days	If less than one day
39 ~~38~~	8	12	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation housemaid

11. Industry or business

FATHER
12. Name James Taylor
13. Birthplace ?

MOTHER
14. Maiden Name Tenna Willimer
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) OCT 13 1942 (Date rec'd by Registrar) (b) Registrar Huntington Williams

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7 1942, 5:00P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25 1942, to Oct. 7 1942, and that I last saw him alive on Oct. 7 1942.

Immediate cause of death — Duration

Multiple myeloma ? — ?

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Lung abscess

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A.L. Harte
Address Balto City Hosp (Co.) Date signed 10/10/42

96538 963 56

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. F 96538

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6228 6228 Ridgewood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 6228 Ridgewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William T. Davis

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jeanette
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec 17 1865

8. AGE: Years 72 | Months 9 | Days 23 | If less than one day: hr. min.

9. Birthplace Balto (town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Davis
13. Birthplace Wales

MOTHER
14. Maiden Name Mary ?
15. Birthplace Ireland

16 (a) Informant Wife
(b) Address 6228 Ridgewood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd

18 (a) Funeral director Mrs. W. L. Diggs
(b) Address 7110 Belair Rd.

19 (a) Filed Oct 13 1942 (b) Registrar Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Oct 11 1942 and that I last saw him alive on Oct 10 1942

Immediate cause of death: Thrombosis

Due to Cardiovascular Renal

Due to Heart Disease

Duration: 5 days

Other Conditions (include pregnancy within 3 months of death) Arteriosclerosis

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fred Murphy M. D.

Date signed Oct 11 1942

96539

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1514 F 96539 Registered No.

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1614 Lancaster St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1614 Lancaster St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Robert W. Hollaway

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color of race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 30 1939

8. AGE: Years	Months	Days	If less than one day
2	10	11	hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation None

11. Industry or business None

FATHER
12. Name Charles Hollaway
13. Birthplace Georgia

MOTHER
14. Maiden Name Helen Malec
15. Birthplace Balto.

16 (a) Informant Mother
(b) Address 1614 Lancaster St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13 '42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Cermak Hill Rd

18 (a) Funeral director M. W. E. Dippel & Sons
(b) Address 6 S. Howard & Ann Sts.

19 (a) OCT 13 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 19 42 at 4:4 M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 12 1942 to Oct. 11 1942 and that I last saw h— alive on Oct. 11 1942

Immediate cause of death	Duration
Myocardial insufficiency	3 days
Due to Congenital Heart disease.	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John V. Feldbrugge M. D.
Address 1802 Eastern Ave Date signed 10-12-42

VS 3

96540

HEALTH DEPARTMENT—CITY OF BALTIMORE

96540

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 Aisquith St., Ward) 10-V 50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Moss, Sister Mary Godfrey

If U. S. Veteran specify WAR

(a) Residence: No. 901 Aisquith St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	11	20	

OCCUPATION

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct 1, 1942

11. Total time (years) spent in this occupation 38 yrs.

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME John Moss.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mary Prince

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT School Sister of Notre Dame

(Address) 901 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place Natch Cliff Date 10/13 19 42

19. UNDERTAKER Geo M Fricke & Son

(Address) 811 N Wolfe St

20. FILED OCT 13 1942 Huntington Williams M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 11th 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan. 19 42, to Oct 19 42

I last saw h. er alive on Oct 11th 19 42 Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left breast	
Metastases left lung	
Other contributory causes of importance:	

Was an operation performed? Yes Date of January 1942

For what disease or injury

Name of operation Radical [illegible] Date of

What test confirmed diagnosis? Micro Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L J Kirby M. D.

(Address) 110 E North Ave

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 96541

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180 Registered No. F 96541

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts
(c) Hospital or institution: Franklin
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 N Lombard St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Darey Brent

3 (b) If veteran, name war W

3 (c) Social Security Account No. 518F

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. M

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr 1944

8. AGE: Years 1 | Months 6 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Tom Brent Sr
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Thelma Dougherty
15. Birthplace Canfield Md

16 (a) Informant Tom Brent
(b) Address 1113 N Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Wilhoyte Colonial
Address 1219 W Lombard St

19 (a) OCT 13 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1942, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942 to Oct 10 1942, and that I last saw h/2 alive on Oct 10 1942.

Immediate cause of death Burns 2nd Degree
5 hours — Duration Hrs

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct 10 1942
(c) Where did injury occur? Balto Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury Home Burned

23. Signature H Goodman M. D.
Address Franklin Sq. Date signed
Howard J Mueller, M. D.

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

96542

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

80 Registered No. F 96542

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shirley Brent

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1930

8. AGE: Years	Months	Days	If less than one day
12			hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Paul H. Brent
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Thelma Dougherty
15. Birthplace Crisfield Md.

16 (a) Informant Paul H Brent
(b) Address 1113 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto.

18 (a) Funeral director Wm Cook Inc.
(b) Address 1217 St Paul St.

19 (a) OCT 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry & Inspection (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Ext. Burns 2nd degree burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 10, 1942 at 4:35 P.M.
(c) Where did injury occur? 1113 W. Lombard St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury burned w/ hot fat

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 10 1942

VS 6

96543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 96543 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 W. Lombard Street (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lorraine Brent

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 7-1933

8. AGE: Years	Months	Days	If less than one day
9	1	3	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER 12. Name Paul H. Brent

13. Birthplace Baltimore

MOTHER 14. Maiden Name Thelma Dougherty

15. Birthplace Crisfield, Md.

16 (a) Informant Paul H Brent

(b) Address 1113 W. Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore Cem

Location Balto.

18 (a) Funeral director Wm Cook Inc.

(b) Address 717 St Paul St

19 (a) OCT 13 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1942, at 5.30 A. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Inspection (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry & Inspection (Autopsy or Inquiry) find that said deceased came to her death on the date stated above.

Immediate cause of death Extensive 2nd degree burns

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: no

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence October 10, 1942 at 4:25 P.M.
(c) Where did injury occur? 1113 W. Lombard Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury burned in house fire

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Oct. 10 1942.

VS 6

Correct age is especially important. Physicians, please write out cause of death clearly

F 96544

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

180 Registered No. F 96544

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) D.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Norma Brent

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	214-20-2332	F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) July 7-1926

8. AGE: Years	Months	Days	If less than one day: hr.	min.
16	3	3		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Cashier
11. Industry or business Capital Mourning Pictures
PARENTS
12. Name Paul H Brent
13. Birthplace Baltimore
MOTHER
14. Maiden Name Thelma Dougherty
15. Birthplace Crisfield, Md.
16 (a) Informant Paul H Brent
(b) Address 1113 W. Lombard St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore
18 (a) Funeral director William Cook Inc.
(b) Address 1217 St Paul St
19 (a) Date received by local registrar OCT 13 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10, 1942 at 5:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Inspection (Autopsy or Inquiry) thereof and from the evidence obtained by said Inquiry & Inspection (Autopsy or Inquiry) find that said deceased came to h ~~s~~ Y death on the day stated above.

Immediate cause of death Ex tensive 2nd 3rd & 4th degree burns.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 10, 1942 at 4:25 P.M
(c) Where did injury occur? 1113 W. Lombard St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury Burned by flame fire.
23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 10 1942

VS 6

Correct age is especially important. Physicians, please write in words as well as figures, and plainly and

96545

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

180

F 96545 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Brent

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 9-1928

8. AGE: Years	Months	Days	If less than one day
14	6	9	1 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Student

11. Industry or business

FATHER
12. Name Paul H. Brent
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Thelma Dougherty
15. Birthplace Crisfield Md.

16 (a) Informant Paul H Brent
(b) Address 1113 W Lombard St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-43 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Balto.

18 (a) Funeral director: Wm Cook Inc.
(b) Address 1217 St Paul St.

19 (a) OCT 13 1943 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1943 at 5:30 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Electrocution 2nd & 3rd degree burns — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: xxx

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 10 1943 at 4:21 A.M
(c) Where did injury occur? 1113 W. Lombard St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury burned in home fire

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Oct. 10 1943

VS 6

correct age is especially important. Physicians: please write the cause of death clearly and legibly

F 96546

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 96546 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 14-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1619 Druid Hill Ave. Y. M. C. A. - Druid Branch (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Wiley P. Kelso

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex: M

5. Color or race: C

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mamie A.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 11, 1889

8. AGE: Years 53 | Months 2 | Days 21 | If less than one day: hr. min. 0

9. Birthplace: Meridian, Miss. (Town, county and state)

10. Usual Occupation: Messenger - Pratt Subway

11. Industry or business

FATHER
12. Name: Watt Kelso
13. Birthplace: Meridian, Miss.

MOTHER
14. Maiden Name: Ella Loaine
15. Birthplace: Meridian, Miss.

16 (a) Informant: Mamie A. Kelso
(b) Address: 1303 Hamlin Cemetery, Chicago

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 13, 1942 (month) (day) (year)
(c) Cemetery or crematory: Lincoln Cemetery
Location: Wash. D.C.

18 (a) Funeral director: Mrs. Lee W. Holland
(b) Address: 1531 Druid Hill Ave.

19 OCT 13 1942 (Date received by Registrar) Washington, Williamsport, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 1942 to Oct. 10 1942 and that I last saw h[illegible] alive on Oct. 10 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 1 day

Due to: Hypertensive Cardiac Disease

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling, M. D.
Address Provident Hosp. Date signed 10/10/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly

96547

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

161a

Registered No. F 96547

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 648 W. Lombard St. (If rural give location)
(e) If foreign born, how long in U. S. A.) — years

3 (a) FULL NAME Verna Lee Hargett (Birth F 60339)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Infant

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1942

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Madeline Henry Hargett
13. Birthplace Frederick Md.

MOTHER
14. Maiden Name Madeline Fitze
15. Birthplace Mt. Airy Md.

16 (a) Informant Mother
(b) Address 648 W Lombard

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location City

18 (a) Funeral director Mrs. Nds. John W. Geisel & Son
(b) Address 801 W. Fayette St.

19 (a) Oct 13 1942 (Date received by registrar) (b) Hunting for Williams M.D. (Registrar)

OCT 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1942, at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9 1942 to Oct. 12 1942 and that I last saw her alive on Oct. 12 1942

Immediate cause of death	Duration
Asphyxia	1 day
Due to Fetal atelectasis	3 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. L. Sergiman M. D.
Address University Hosp. Date signed 10/12/42

Please write the causes of death clearly and correctly. Physicians: please write the causes of death clearly and correct age is especially important.

96548

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96548

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4300 Old York Road
(b) Street address
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4300 Old York Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Lowry GERMAN

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar. 19, 1892

8. AGE: Years	Months	Days	If less than one day
50	6	23	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Auto Mechanic
11. Industry or business Balto. Cadilac Co.

FATHER
12. Name Thomas S. German
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Alice Lewis
15. Birthplace Baltimore, Maryland

16 (a) Informant Alice Lewis
(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location North Ave. nr. Gay

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 OCT 13 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1942 at 12.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1940 to Oct 11 1942 and that I last saw him alive on Oct 10 1942

Immediate cause of death: progressive spinal muscular atrophy — Duration: 2 yrs
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Fritz J Kruger M. D.
Address 2700 Harford Rd Date signed Oct 17 1942

VS 8

PLEASE ... correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96549

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183 ✓ Registered No. E 96549

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Found in harbor at East Falls ave + Lakes St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME UNIDENTIFIED WHITE . MALE

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 45? | Months | Days | If less than one day hr. min.

9. Birthplace
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location PUBLIC CEMETERY OCT 10 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) OCT 10 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 15 1942 at 7½ M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental ?
(b) Date of occurrence Sept. 1942 at M
(c) Where did injury occur? Baltimore
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work?
(Specify type of place)
(e) Means of injury drowning

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 9-16-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

422929
F 96550

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96550

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 E Mulliken (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Virginia Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-12-39

8. AGE: Years	Months	Days	If less than one day
3	8	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Horace James
13. Birthplace Texas

MOTHER
14. Maiden Name Annie Jones
15. Birthplace Tex.

16 (a) Informant Rosanda
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Baltimore ave

19 (a) OCT 13 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 9 1942 at 7:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1942 to Oct 9 1942 and that I last saw h[illegible] alive on Oct 9 1942

Immediate cause of death	Duration
Cardiac Failure	
Due to Retropharyngeal abscess	3 wks 2 days
Due to Pentamidine abscess + pentamidine	1 wk
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 10/9/42
Major findings of operation: Retropharyngeal abscess
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Wood M.D.
Address Johns Hopkins Hospital Date signed 10/10/42

VS 8

422909
F 96551

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128

Registered No. F 96551

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1105 Ala Eldersley (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Leak

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Married

6 (b) Name of husband or wife Hattie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-12-84

8. AGE: Years	Months	Days	If less than one day
57 58	11	28	hr. min.

9. Birthplace N.C. (Town, county, and state)
10. Usual Occupation Longshoreman
11. Industry or business

FATHER
12. Name Andrew Leak
13. Birthplace N.C.

MOTHER
14. Maiden Name Eliza Smith
15. Birthplace N.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof 10/13/42 (Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 E Fayette

19 (a) OCT 13 1942 (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1942 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1942 to Oct 10 1942 and that I last saw h alive on Oct 10 1942

Immediate cause of death post operative shock & hemorrhage — Duration
Due to
Due to
Other Conditions Ca bowel resection (Include pregnancy within 3 months of death)
Date of operation 10/10/42
Major findings of operation: carcinoma cyst
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp Date signed 10/14/42

F 96552

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 ✓ 16 ✓

F 96552 Registered No.

Please write the causes of death clearly and correct age is especially important. Physicians:

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1020 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1020 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CAROLINE COOK

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife John W. Cook
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 23, 1867

8. AGE: Years 75 | Months 8 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace A. A. Co. Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Ward
13. Birthplace Calvert Co., Md.

MOTHER
14. Maiden Name Sarah Whittington
15. Birthplace A. A. Co.

16 (a) Informant Mrs. Elizabeth E. Jefferies
(b) Address 3307 Alto Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/42 (month) (day) (year)
Balti-ore
(c) Cemetery or crematory
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) OCT 13 1942 (Date rec'd by Registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/10/42 19.... at 12:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1941, to Oct 10 1942 and that I last saw alive on Oct 10 1942

Immediate cause of death: Chronic Nephritis — Duration: 2 yrs
Due to: Chronic Colitis — Duration: 3 yrs
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Gray
Address 622 N. Fulton Ave Date signed 10/13/42

F 96553

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95 D

F 96553 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd + Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 33 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3314 SPAULDING AVE (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME MRS. IRENE B EISEL (Mrs. Georgia Irene Eisel)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 215 07-1686

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: Walter Frederick

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7, 1892

8. AGE: Years 50 | Months 9 10 | Days 25 5 | If less than one day hr. min.

9. Birthplace MARYLAND (Baltimore) (Town, county, and state)

10. Usual Occupation SHIRT WORKER

11. Industry or business Aetna Shirt Co.

FATHER 12. Name CHARLES D. MCHERRY

FATHER 13. Birthplace MARYLAND Balto.

MOTHER 14. Maiden Name Georgia Kraft

MOTHER 15. Birthplace Maryland Balto.

16 (a) Informant Ella M. CHERRY

(b) Address 3314 SPAULDING ST. CITY

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cem.

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) OCT 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1942, at 9 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1942 to Oct 12 1942 and that I last saw her alive on Oct 12 1942.

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to Saddle Thrombus of Iliacs	
Due to Probable Rheumatic Ht. disease	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James M. McCook Jr. M. D.
Address Union Memorial Hosp. Date signed 10-12-42

VS 8

F 96554

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15

F 96554 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Dawson St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 Edmondson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maggie Hayes Gallop

3 (b) If veteran, name war —

3 (c) Social Security Account No. — None

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Garrison

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 2- 1912

8. AGE: Years: 30 Months: 7 Days: 6 If less than one day: hr. min.

9. Birthplace: N. C. (Town, county, and state)

10. Usual Occupation: Beautician

11. Industry or business

FATHER
12. Name: Adolphus Hayes
13. Birthplace: N. C.

MOTHER
14. Maiden Name: Sallie Patterson
15. Birthplace: N. C.

16 (a) Informant: Annabelle N. Taylor
(b) Address: 1036 Edmondson Ave

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof 10/13/42 (month) (day) (year)
(c) Cemetery or crematory: Edenton
Location: Edenton N. C.

18 (a) Funeral director: William J. Jackson
(b) Address: 916 Penna Ave

OCT 13 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 10 1942, at 2:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-27 1942 to 10-10 1942 and that I last saw h[illegible] alive on 10-13 1942

Immediate cause of death: Tuberculosis peritonitis — Duration

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: 9-13-42

Major findings of operation: Typical [illegible] of [illegible]

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: R. S. Jackson M. D.
Address: 00 Arlington Ave Signed 10-12-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

96555 Fenden

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1330 F 96555 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2131 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2131 Madison Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ada Fenden

3 (b) If veteran, name war –
3 (c) Social Security Account No. –

4. Sex: Female
5. Color or race: Col.
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Henry Edward Fenden
6 (c) If alive, give age: 56 years
7. Birth date of deceased (mo., day, yr.) 1907
8. AGE: Years 35 | Months | Days | If less than one day: hr. min.
9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Edward Fiter
13. Birthplace Richmond Va.

MOTHER
14. Maiden Name Mary Hart
15. Birthplace Farmville, Va

16 (a) Informant Henry Fenden
(b) Address 2131 Madison Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 13-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Memorial Pk
Location Balto.

18 (a) Funeral director Archibald A. Gaddis
(b) Address 210 [illegible]

(a) (Date rec'd by registrar) (b) Registrar

OCT 13 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11, 1942, at 2:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1942 to Oct 11 1942, and that I last saw h[illegible] alive on Oct 11, 1942

Immediate cause of death	Duration
Pyelonephritis	2 wks.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Goodwin Higgins M. D.
Address 2170 Madison Ave Date signed 10/12/42

VS 8

96556

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 10

Registered No. F 96556

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2603 Gibbons Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 43 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2603 Gibbons Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ann C. Burger

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife John F. Burger
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 10-24-1895

8. AGE: Years	Months	Days	If less than one day
43	9	16	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Michael J. Quinlan
13. Birthplace Balto Md

MOTHER
14. Maiden Name Delia T. Enright
15. Birthplace Ireland

16 (a) Informant John F. Burger
(b) Address 2603 Gibbons Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Roark
(b) Address 3305 Harford Rd

19 (a) OCT 13 1942 Huntington Williams, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/10 1942, at 9 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942, to Oct 10 1942 and that I last saw h alive on 10/10 1942

Immediate cause of death

Duration

Coronary Convulsions 3 hrs.
Due to Syphilitic Chronic
Hypertension & 4 years.
Due to Cardiac Hypertrophy
with Congestion Heart
Other Conditions Failure

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John F. Moran M. D.
Address 804 Cathedral St Date signed

VS 8

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Especially important. Physicians: please write the causes of death clearly and legibly. Especially important. Physicians: please write the causes of death clearly and legibly. Especially important

F 96557

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

#12

Registered No. F 96557

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore.
(c) City or town 8503 Harford Road
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Maryland.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM AUGUST GEYER

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Glen Cora Frazier
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1896

8. AGE: Years	Months	Days	If less than one day
46	1	18	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)
10. Usual Occupation FIREFIGHTER
11. Industry or business

FATHER
12. Name Oscar Geyer
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Ruhling
15. Birthplace Germany

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 15 42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location

18 (a) Funeral director Leonard Hurst
(b) Address 6305 Belair Rd

OCT 13 1942

19 (a) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11, 1942, at 6:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8, 1942, to Oct. 11, 1942, and that I last saw him alive on Oct. 11, 1942.

Immediate cause of death
Carcinoma, bronchiogenic, left lung, with metastases xxxx to neck nodes and liver — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify)
(e) Means of injury

23. Signature J. Carter M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 10/22/42

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

96558

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N E 96558 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 523 W 39th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 84 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 823 W 39th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Jagger

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Louis P. Jagger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-6-1858

8. AGE: Years	Months	Days	If less than one day
84	1	5	hr. min.

9. Birthplace Balto Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs J Tillo
(b) Address 323 W 39th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Brook Lyn

18 (a) Funeral director Leonard J Bayh
(b) Address 5405 Harford Rd
Huntington Williams M.D.

OCT 13 1942 (Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1942 at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1940 to Oct 11 1942 and that I last saw him alive on Oct. 11, 1942

Immediate cause of death	Duration
Myocardial Insufficiency	
Due to Arteriosclerosis	
Due to Cardiac disease	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. D.
Address 842 Cathedral Date signed Oct 13-42

VS 3

96559

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96559

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Calvert & 33rd St.
(b) Street address 6311 Clearspring Rd City
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6311 Clearspring Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MATHIAS THAU

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife MRS. LILLIAN THAU
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-1-1867

8. AGE: Years	Months	Days	If less than one day
75	1	11	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Retired florist

11. Industry or business

FATHER
12. Name Karl Thau
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret Wagner
15. Birthplace Germany

16 (a) Informant Mrs. Mathias Thau
(b) Address 6311 Clearspring Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director E. Leroy Staffa, Inc.
(b) Address 5005 Park Heights Ave.

19 (a) Huntington Williams
(Signature of registrar)

OCT 15 P 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12 1942, at 3:46 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1942 to Oct 12 1942 and that I last saw him alive on Oct 12 1942.

Immediate cause of death Cardiorespiratory failure — Duration

Due to Ca of head of pancreas — 1 yr.

Due to

Other Conditions Metastases to liver and lt lung [redacted]
(Include pregnancy within 3 months of death)

Date of operation

Major findings of autopsy: Ca of pancreas & lung + liver metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [redacted] M. D.
Address [redacted] Date signed 10-12-42

96560

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

F 96560 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1184 CLEVELAND ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days) 51 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1184 Cleveland St (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCES MARY SANDS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F.

5. Color or race WHT

6 (a) ~~Single, married~~, widowed, ~~or divorced~~ WIDOW

6 (b) Name of husband ~~or wife~~ LATE WM SANDS.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 187?

8. AGE: Years about 66 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace VIENNA. (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name
13. Birthplace VIENNA

MOTHER
14. Maiden Name
15. Birthplace VIENNA

16 (a) Informant MRS JOHN EIGENBROAT
(b) Address 1235 CARROLL ST

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK.
Location FREDERICK AVE

18 (a) Funeral director GEO. H. LEIMBACH
(b) Address 525 N. LYNDHURST ST. Huntington Williamsport Md.

19 (Signature and title of local registrar) OCT 13 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/11 1942 at 5-10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/7 1942 to 10/11 1942 and that I last saw h[er] alive on 10/11 1942

Immediate cause of death Acute Cardiac Failure — Duration 1 da

Due to Cardio-Vascular Renal Disease — 10 yrs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Joseph H. Lawrence M.D.
Address 659 Washington Blvd Date signed 10/13/42

VS 150

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96561

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96561

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Fayette & Calhoun Sts.
(c) Hospital or institution:
Franklin Square
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Wm A. Radcliffe

3 (b) If veteran, name war ----

3 (c) Social Security Account No. 212-10-2879

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Emma H. Radcliffe,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 2. 1893

8. AGE: Years	Months	Days	If less than one day
49	3	10	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mark W. Radcliffe,
(b) Address 1840 Sutton Ave. St Denis Md.

17 (a) Burial (b) Date thereof Oct. 14. 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) OCT 13 1942 (b) Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1942, at 1:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1942 to Oct 12 1942 and that I last saw him alive on Oct 12 1942.

Immediate cause of death Coronary Occlusion — Duration 2 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Goodman Jr.
Address Franklin Sq. Hosp. Date signed 10/12/42 M. D.

F 96562

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N Registered No. F 96562

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address E. Fairmount St
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 5 4
(e) Length of stay in Baltimore (yrs., mos., or days) 28

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1102 E. Balto St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME JOSEPH SIMON

3 (b) If veteran, name war	3 (c) Social Security Account No. None
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Widower

6 (b) Name of husband or wife Mollie Beltman
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Shoe Maker
11. Industry or business

FATHER
12. Name Philip Simon
13. Birthplace Russia

MOTHER
14. Maiden Name Hilda Miller
15. Birthplace Russia

16 (a) Informant Philip Simon
(b) Address 3526 Sinai ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-42 (month) (day) (year)
(c) Cemetery or crematory Beth Jacob Aged
Location Rosedale

18 (a) Funeral director Jack Levin Inc
(b) Address 4326 E. Balto St

19 (a) OCT 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/12 1942 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/9 1942 to 10/12 1942 and that I last saw h[illegible] alive on 10/12 1942

Immediate cause of death Arteriosclerotic Heart Dis. — Duration 7 YRS

Due to

Due to

Other Conditions Bronchopneumonia Benign Prostatic Hypertrophy
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Saul J. Farber
Address Sinai Hosp. Date signed 10/12

VS 3

96563

BALTIMORE CITY HEALTH DEPARTMENT ✓ 9HN

CERTIFICATE OF DEATH

F 96563 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of unknown or illegible information should be avoided. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2816 Rockrose ave

(c) Hospital or institution: ✓

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 5

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2816 Rockrose ave (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Doline

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 217-03-7980

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Designer

11. Industry or business Mens clothing

FATHER 12. Name Unknown

13. Birthplace Russia

MOTHER 14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Wife

(b) Address 2816 Rockrose ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-42 (month) (day) (year)

(c) Cemetery or crematory Baker Benjamin Cem. Co.

Location Shark Rd

18 (a) Funeral director Jack Levis Inc

(b) Address 1143 E. Baltimore St

OCT 13 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/12 1942 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/12 1942 to 10/12 1942 and that I last saw h. l. alive on 10/12 1942.

Immediate cause of death Pulmonary edema — Duration 1 hr

Due to Coronary Sclerosis, Thrombosis — 1 yr

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr. M. S. Sterling M.D.

Address 2352 Eutaw Pl Date signed 10/12/42

96564

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W Registered No. E 96564

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3738 Park Heights Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3738 Park Heights Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Lehrenberg Lehrenberg

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-16-9447

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Blacksmith

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace Russia

MOTHER
14. Maiden Name Not Known
15. Birthplace Russia

16 (a) Informant Wife
(b) Address [illegible]

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 10-13-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Rd
Location Liberty Springs Rd

18 (a) Funeral director Edward Lehrenberg
(b) Address 1439 E. Baltimore St

19 Date received by Registrar OCT 13 1942 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11-42 19 at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 19 42 to Sept 19 42
and that I last saw h alive on Sept 19 42

Immediate cause of death Acute Coronary Thrombosis

Due to

Due to

Other Conditions Coronary Sclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Hrs Min
1

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chester Brown M. D.
Address 790 Reed St Date signed 10/14/42

Per Howard J. Wollenweber, M.D.
Howard J. Wollenweber, M.D.

96565

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108 F 96565 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 N. Chapel St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 109 N. Chapel St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Richard Hudgins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	W

6 (b) Name of husband or wife Amelia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 5, 1882

8. AGE: Years	Months	Days	If less than one day
60	4	20/36	hr. min.

9. Birthplace Mathews Co Va (Town, county, and state)

10. Usual Occupation Unemployed

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Norman Hudgins
(b) Address 109 N. Chapel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)
(c) Cemetery or crematory
Location Mt Calvary

18 (a) Funeral director Emory Wilson
(b) Address 1000 Brantley Ave

19 (a) OCT 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1942, at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1 1942 to Oct 11 1942 and that I last saw h alive on October 11 1942

Immediate cause of death Lobar Pneumonia — Duration 11 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Silverstein M. D.
Address 22 S. Broadway Date signed Oct 13 - 1942

VS 180

96566

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

F 96566 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1226 Carlton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen Ella Gibson or Ella Bell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1918

8. AGE: Years	Months	Days	If less than one day
23			hr. min.

9. Birthplace Norford Va (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name William Bell
13. Birthplace Norford Va

MOTHER
14. Maiden Name Pearl Williams
15. Birthplace Va

16 (a) Informant Pearl Williams
(b) Address 1609 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 15 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Brooklyn A.A. Co. Md.

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St

19 OCT 13 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9, 1942, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest and Autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said Inquest & Autopsy (Autopsy or Inquiry) find that said deceased came to h.e.y death on the day stated above.

Immediate cause of death	Duration
Chronic myocardial degeneration	
Due to	
Due to	
Other Conditions Obesity, eczema	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct 8

VS 6

96567

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96567

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as fully and correct age is especially important. Physicians: please write the causes of death clearly (and legibly).

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 53 Monastery Ave N.
(c) Hospital or institution: at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Months

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County ?
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 510 N Franklin
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Karl Bock

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 182-07-7925

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dora Bock

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) Aug-18-1875

8. AGE: Years 67 | Months 1 | Days 23 | If less than one day: hr. min.

9. Birthplace Germany (Town, county and state)

10. Usual Occupation Upholsterer

11. Industry or business Upholstering

FATHER
12. Name could not ascertain
13. Birthplace Germany

MOTHER
14. Maiden Name could not ascertain
15. Birthplace Germany

16 (a) Informant Mrs. E. B. Fornbaugh (daughter)
(b) Address 53 N. Monastery Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 13-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location Baltimore

18 (a) Funeral director STEWART & MOWEN COMPANY (THE WOODEN SHOP) 1401 W. NORTH AVENUE
(b) Address Huntingdon Pennsylvania

19 (a) OCT 13 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 1942 at 8 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct 11 1942 and that I last saw him alive on Oct 9 1942

Immediate cause of death	Duration
Last Stage of Carcinoma of Lung	6 mo?
Due to Carcinoma of Lung (Left) Upper Lobe	
Due to	

Other Conditions Wt. 76 lbs. anemic
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas E. Ballizer M. D.
Address Med. Arts Bldg. Date signed

VS 8

96568

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59

F 96568

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2703 KILDIAR DRIVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 KILDIAR DRIVE
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MICHAEL E. WILLIAMS (Birth F 59181)

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. NONE

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 30 1942

8. AGE: Years | Months | Days: 12 | If less than one day: hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER
12. Name WILBERT WILLIAMS
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name LOUISE BRUDER
15. Birthplace BALTO. MD.

16 (a) Informant WILBERT WILLIAMS (FATHER)
(b) Address 2703 KILDIAR DRIVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 13/42 (month) (day) (year)
(c) Cemetery or crematory HOLY REDEEMER
Location BELAIR ROAD

18 (a) Funeral director Lilly & Gailer Inc
(b) Address 403 S. WOLFE ST.

19 OCT 13 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 12 1942, at 7/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT 30 1942 to OCT 12 1942 and that I last saw him alive on OCT 12 1942.

Immediate cause of death: Premature ~ 3lbs
Due to: unknown.
Due to:
Other Conditions: Fermentative diarrhea
(Include pregnancy within 3 months of death)

Duration: 1 wk.

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Francis L. Bagli M. D.
Address 6077 Harford Rd. Date signed 10/13/42

VS 3

Blum 1206 E Preston St

96569

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96569

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 E 30th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 731 E 30th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Florence Carlton Kelly

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Separated

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/24/1882

8. AGE: Years 60 | Months 6 | Days 16 | If less than one day hr. min

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Valentine Stadelman
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Deems
15. Birthplace Baltimore

16 (a) Informant Bessie Stadelman
(b) Address 731 E 30th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Parkville Md

18 (a) Funeral director William Ott Sons
(b) Address 2517 St. Paul St

19 (a) [illegible] (Signature of local registrar) Hunting for Williams, M.D. Registrar

OCT 13 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 10 1942, at 9:30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept. 23 1942, to Oct. 10, 1942, and that I last saw h[illegible] alive on Oct. 10 1942.

Immediate cause of death [illegible] Carcinoma Uterus & Bladder — Duration 7

Due to [illegible]

Due to

Other Conditions Arteriosclerotic C.V. Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph S. Blum M. D.

Address 206 E. Preston St Date signed 10/15/42

E 96570

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96570

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital, Baltimore Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. Ridge Road Maryland (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William Hess

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-8101

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Catherine Hess
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 21 1894

8. AGE: Years	Months	Days	If less than one day
47	10	20	hr. min.

9. Birthplace Balto. Co. Md. (Town, county, and state)
10. Usual Occupation Crane Operator
11. Industry or business Bethlehem Steel

FATHER
12. Name Charles Hess
13. Birthplace Germany

MOTHER
14. Maiden Name Annie Boyahn
15. Birthplace Balto. Co. Maryland

16 (a) Informant Catherine Hess
(b) Address Ridge Road Rockdale Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14th 1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore Maryland

18 (a) Funeral director Cassasyn Funeral Home
(b) Address 7401 Belair Road

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

OCT 13 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 11 – 1942 at 5:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-24 1942 to 10-11 1942; and that I last saw h[illegible] alive on 10-11 – 1942

Immediate cause of death Wound infection extending thru lower abdominal wall c/b Peritonitis & Pneumonia, Left Lung — Duration

Due to Perforating G.I. Ulcer — 17 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9-26-42

Major findings of operation: Intestinal obstruction & Lower Ileum

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Fuesting M.D.
Address St. Joseph's Hosp. Baltimore, Md. Date signed 10-11- M.D.

96571

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96571

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as fully as the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2203 GUILFORD AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2203 GUILFORD AVE. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME THOMAS F. OURSLER

3 (b) If veteran, name war: NONE

3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife: MARY E. UNLER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): AUG. 26. 1860

8. AGE: Years	Months	Days	If less than one day
82	1	15	hr. min.

9. Birthplace: CARROLL COUNTY, MD. (Town, county, and state)
10. Usual Occupation: POLICEMAN (RETIRED)
11. Industry or business

FATHER
12. Name: CURTIS G. OURSLER
13. Birthplace: MD.

MOTHER
14. Maiden Name: ELIZABETH BROWN
15. Birthplace: MD.

16 (a) Informant: STEPHEN OURSLER
(b) Address: BALTIMORE, MD.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)
(c) Cemetery or crematory: SANDY MOUNT
Location: SANDYVILLE, MD.

18 (a) Funeral director: J. FRANCIS REESE
(b) Address: WESTMINSTER, MD.

19 (Date received by Registrar) OCT 13 1942 (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11. 1942 at 6.30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1. 1942 to Oct 11. 1942. and that I last saw h live on Oct. 10. 1942.

Immediate cause of death	Duration
Due to Chronic Interstitial nephritis	2 yrs.
Due to arterio sclerosis	several years.
Other Conditions Old age.	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature 1st Lieut. C. Blake M. D.
Address Date signed

96572

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 96572

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be GIVEN. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5107 Craig Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALFRED B. UTTER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years 64 | Months | Days | If less than one day hr. min.

9. Birthplace New York State (Town, county, and state)

10. Usual Occupation Telegraph Operator

11. Industry or business B. & O. R.R.

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Mary E. Utter
(b) Address 5107 Craig Ave Govans

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/42 (month) (day) (year)
(c) Cemetery or crematory Mount Moriah Cem
Location Govans, Md.

18 (a) Funeral director John A. McClay
(b) Address 3600 E. Balto. St.

OCT 13 1942

19 (a) Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1942 at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Hypertensive cardiovascular	
Due to: disease	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)

Date of operation: No
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. T. Wollenweber M.D.
Medical Examiner.
Date signed 10-12-42

VS 6

96573

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

F 96573 Registered No.

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 118 S. Potomac St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 118 S. Potomac St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William E. Sipe.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	214-01-4555

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White b	Married

6 (b) Name of husband or wife ***** Katie G. Sipe
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1877

8. AGE: Years	Months	Days	If less than one day
65	8	14	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Stationery Engineer
11. Industry or business Standard Oil Co,

FATHER
12. Name George Sipe
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth Walker
15. Birthplace Maryland

16 (a) Informant Mrs Katie G. Sipe
(b) Address 118 S. Potomac St,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cemetery
Location Freeland, Maryland.

18 (a) Funeral director John A. Phelan
(b) Address 3000 E. Baltimore St,

OCT 13 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from April 12 1942 to Oct 11 1942 and that I last saw him alive on Oct 10 1942.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular Disease	1 yr.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Seagretta M. D.
Address 172 S. W. Loveland St Date signed 10/13/42

VS 3

96574

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1 70 C

Registered No. E 96574

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2529 Barclay Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John Francis Pearson

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 7, 1928

8. AGE: Years	Months	Days	If less than one day
14	7	5	hr. — min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation School
11. Industry or business —

FATHER
12. Name John N. Pearson
13. Birthplace Baltimore Co., Md.

MOTHER
14. Maiden Name Mabel M. (Beadel)
15. Birthplace Baltimore, Md.

16 (a) Informant Mother Mabel M. Pearson
(b) Address 2529 - Barclay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-15-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore Md

18 (a) Funeral director George J. Roth Inc
(b) Address 2501 West North Ave Baltimore Md

19 (a) OCT 13 1942 Washington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12, 1942, at 1:45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition & Investigation thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence October 12, at 1.35 P.M
(c) Where did injury occur? Sinclair Lane & Collington (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? —
(Specify type of place)
(e) Means of injury fell off truck

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct 13 1942

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please correct age in especially important. Physicians: please write the causes of death clearly and legibly.

F 96575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1174

F 96575 Registered No.

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days) 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 823 Linden Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH HOWARD SAMPSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Gertrude Lewis
6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1875

8. AGE: Years	Months	Days	If less than one day
66	9	15	hr. min.

9. Birthplace Charlottesville, Virginia (Town, county, and state)
10. Usual Occupation Mechanic-
11. Industry or business Retired-Treasury Department

FATHER
12. Name Joseph S. Sampson
13. Birthplace Charlottesville, Virginia

MOTHER
14. Maiden Name ~~Xxxxxxxxxx~~ Rhoda Baylor
15. Birthplace Stanton, Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16th (month) (day) (year)
(c) Cemetery or crematory Arlington Cemetery
Location Arlington Va

18 (a) Funeral director Mrs Mahan
(b) Address 424 - R St N W

19 (a) Date received OCT 13 1942 (Month) (Day) (Year) (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1942 at 4:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24, 1942, to Oct. 13, 1942, and that I last saw him alive on Oct. 13, 1942

	Duration
Immediate cause of death: Peritonitis, generalized	6 days
Due to: Ulcer, benign, gastric, perforated	Unknown
Due to:	
Other Conditions: Pneumonia, lobular	2 days

(Include pregnancy within 3 months of death)
Date of operation 10-8-42
Major findings of operation: Exp. laparotomy; Suturing, ruptured gastric ulcer; Drainage of abdomen
Findings of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M.D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 10/13/42

F 96576

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 ✓ Registered No. F 96576

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution:
Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 DAYS
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTIMORE
(c) City or town PIKESVILLE, MD
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME IDA GRACE PARRISH

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
72	?	?	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name JOHN WATERS
13. Birthplace MARYLAND

MOTHER
14. Maiden Name MARY RAWLINES
15. Birthplace MARYLAND

16 (a) Informant MR. JOHN W. PARRISH
(b) Address PIKESVILLE, MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd. Balto

18 (a) Funeral director Frank A. Purvell
(b) Address Pikesville, Md

OCT 13 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1942, at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1942, to Oct 12 1942, and that I last saw h ee alive on Oct 12 1942.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Intestinal obstruction	2 wks.
Due to Carcinoma of colon	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Oct 11, 1942
Major findings of operation: Carcinoma of colon; metastases to liver.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp Date signed 11/12/42

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

F 96577

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131W

Registered No. F 96577

PLEASE—WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use additional sheet if necessary. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 309 S. Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 309 S. Payson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eddie L. Haire

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence G Haire
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1st 1877

8. AGE: Years	Months	Days	If less than one day
65	5	11	hr. min.

9. Birthplace Woodstock, Virginia
(Town, county, and state)

10. Usual Occupation Painter, Retired

11. Industry or business Washington Navy Yard

FATHER
12. Name Unknown
13. Birthplace Va

MOTHER
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant Mrs Florence G. Haire
(b) Address 309 S Payson St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 10/ /42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Natl. Cem.
Location Frederick Ave.

18 (a) Funeral director John J. Keenan & Son
(b) Address 946 Hollins St.

OCT 13 1942 (Date rec'd by registrar) (b) H. Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1942, at 2:39 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 15 1942 to Oct 12 1942, and that I last saw h[illegible]live on Oct 12 1942.

Immediate cause of death	Duration
Cardio-Vascular Renal disease	6 Months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Albert Kornmesser M. D.
Address 1934 W Mosher Ave Date signed Oct 13 1942

VS 3

96578

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. E 96578

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1814 N.Castle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1814 N.Castle St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth G.Ferguson (Birth F 41228)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec.29,1941

8. AGE: Years	Months	Days	If less than one day
	9	11	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Louis E.Ferguson
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Ardel Miller
15. Birthplace Baltimore Md.

16 (a) Informant Louis E.Ferguson
(b) Address 1814 N.Castle St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.

18 (a) Funeral director Clarence F.Hoffmann
(b) Address 1639 N.Broadway

19 (a) OCT 13 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Oct 11 1942
and that I last saw her alive on Oct 11 42.

Immediate cause of death

Due to Spina Bifida — Duration 9 mo

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 200 N Bellows Park Rd. Date signed Oct 13 1942

96579

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 180

F 96579 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 S. Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sandra Sue Richards

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1940

8. AGE: Years	Months	Days	If less than one day
2	-	26	hr. min.

9. Birthplace Elkton, West Va. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Ronal Richard
13. Birthplace West Va.

MOTHER
14. Maiden Name Gertrude Evans
15. Birthplace West Va.

16 (a) Informant Ronal Richards
(b) Address 920 Hanover St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/13/42 (month) (day) (year)

(c) Cemetery or crematory
Location Buckeyetown W. Va

18 (a) Funeral director Thos J Kenny
(b) Address Hollins & Calvert

19 OCT 13 1942 (Date rec'd by registrar) (b) Carrington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1942, at 3 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy find that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death Ulcerated 2nd degree burns — Duration

Due to accident.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 12, 1942 at 9 30 P.M.
(c) Where did injury occur? 920 Hanover St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place) caught on fire
(e) Means of injury

23. Signature Robert Lee Grafton M.D. Medical Examiner.
Date signed Oct. 13 1942

F 96580

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 96580 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution: Monument & Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Springdale Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LENA HOFFBERGER
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Abraham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Harry Silverman
13. Birthplace Russia

MOTHER
14. Maiden Name Fannie Altschul
15. Birthplace Russia

16 (a) Informant Charles C Hoffberger
(b) Address 3303 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cem
Location Sol Levinson & Bros

18 (a) Funeral director 1124 1126 W North Ave
(b) Address

OCT 13 1942 (Date rec'd by registrar) Washington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/12 1942 at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/10 1942 to 10/12 1942 and that I last saw h ALIVE on 10/12 1942

Immediate cause of death	Duration
RESP. FAILURE	
Due to CEREBRAL HEMORRHAGE	2 DAYS
Due to ARTERIOSCLEROSIS & ESSENTIAL HYPERTION	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Saul J. Fader
Address Sinai Hosp. Date signed 10/12

F 96581

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√33a

Registered No. F 96581

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered; if unknown, supply the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — Sinai Hospital
(b) Street address — Monument & Rutland Aves
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 970 N. Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME Margaret E. Doller (Birth F-55431)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1942

8. AGE: Years	Months	Days	If less than one day
	2	24	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Richard L. Doller
13. Birthplace Cecil Co., Md.

MOTHER
14. Maiden Name Anna E. Getchell
15. Birthplace Cecil Co., Md.

16 (a) Informant Anna E. Getchell
(b) Address 970 N. Chester St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md.

18 (a) Funeral director Frederick A. Cole
(b) Address 1200 W. Lombard St.

19 OCT 13 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/11 1942, at 5:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/8 1942, to 1942, and that I last saw her alive on 10/11 1942.

Immediate cause of death Respiratory Failure — Duration

Due to Pneumonia & Questionable Emphysema

Due to (a)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. C. Goldstein M. D.
Address Sinai Hospital Date signed 10/11/42

VS 8

F 96582

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 96582 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Agnes Hospt
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Ilchester
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lena A Powell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 23 1942

8. AGE: Years | Months: 1 1/2 | Days: 20 | If less than one day: hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Wm
13. Birthplace Md

MOTHER
14. Maiden Name Mary Shipley
15. Birthplace Md

16 (a) Informant St Agnes Hospt
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 1942 (month) (day) (year)
(c) Cemetery or crematory Good Shepard
Location Howard Co

18 (a) Funeral director Easton Sons
(b) Address Ellicott City

OCT 13 1942 Huntington Williams
(Date received by Registrar) (Registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1942, at 7 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9 1942 to Oct 13 1942, and that I last saw him alive on Oct. 13 1942.

Immediate cause of death Diarrhea & Enteritis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Catherine Rooney

Address St. Agnes Hosp. Date signed 10/13/42

F 96583

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 95c

F 96583 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2531 Edmondson Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2531 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry G. Kipp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife ~~Rebecca Kipp~~
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18, 187[illegible]

8. AGE: Years	Months	Days	If less than one day
70	4	25	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name John G. Kipp
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca Lefore
15. Birthplace Md.

16 (a) Informant Mabel A. Kipp
(b) Address 2531 Edmondson Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 16 42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St.

19 (a) OCT 13 1942 (Date rec'd by registrar) (b) Registrar Huddington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13th 1942 at 3 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938 to Oct 13 1942 and that I last saw him alive on Oct 10 1942.

Immediate cause of death Acute Cardiac failure
Due to arteriosclerosis
Due to
Other Conditions Benign prostatic hypertrophy
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
Immediate
several years
several years

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jack J. Singer M. D.
Address 506 E. Northern Date signed 10/13/42

F 96584

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93E

Registered No. F 96584

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5102 Beaufort Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5102 Beaufort Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Lillian May Stewart

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Abraham Lincoln Stewart 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1879

8. AGE: Years	Months	Days	If less than one day
63	7	29	hr. min.

9. Birthplace Quarryville Pa. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name Christian B. Hebble
13. Birthplace Lancaster, Pa.

MOTHER
14. Maiden Name Anna M. Enos
15. Birthplace Gloucester Co. Va.

16 (a) Informant Lt. Paul A. Stewart
(b) Address Sawmill Road. Boonton N. J.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Restlawn Memorial
Location Hanover Md.

18 (a) Funeral director Loring Byers
(b) Address 5000 Park Heights Ave

19 (a) (Date rec'd by registrar) (b) Huntingtown Williamsport Md.

VS 8

1942
63

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1942 at 12:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 23 1942 to Oct 13 1942, and that I last saw her alive on Sept 23 1942.

Immediate cause of death	Duration
(a) Coronary Thrombosis	Immediate
Due to (b) Fatal Salmonis Poisoning	
Due to (c) Myocardial degeneration	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard [illegible] M. D.
Address 3604 Garrison Blvd. Date signed 10-19-42

F 96585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

Registered No. F 96585

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully reported. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 610 S. Hanover St
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 m
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 610 Hanover St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BESSIE BRENHAM

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife A.J. Branham
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Lewis Co Ky (Town, county, and state)
10. Usual Occupation Home work home
11. Industry or business

FATHER
12. Name James Stevens
13. Birthplace Ky

MOTHER
14. Maiden Name S. Wagner
15. Birthplace Ky

16 (a) Informant Mr A. J. Branham
(b) Address 610 Hanover st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director Williams & Marsch
(b) Address 416 Light St

19 (a) OCT 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1942 at 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ Inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 10-11-42

VS 6

96586

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 1248 E 96586 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be entered, or correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Sparrows Point (If outside city or town limits, write RURAL and give town)
(d) Street No. 1218 Beachwood Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JULIA A CALLANDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife Wid

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 10 1871

8. AGE: Years	Months	Days	If less than one day
70	10	1	hrs. min.

9. Birthplace Balto (Town, county, and [redacted])

10. Usual Occupation H W

11. Industry or business

FATHER 12. Name Franklin S Moore

13. Birthplace Ind

MOTHER 14. Maiden Name Mary Bowman

15. Birthplace Md

16 (a) Informant Mrs Kate Routh

(b) Address Tollimine Ave (Edgemere)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)

(c) Cemetery or crematory Mt Carmel

Location O'Donnell St

18 (a) Funeral director William H Marsch

(b) Address 713 E 25th St

19 (a) OCT 14 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1942 at 3:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Mesenteric Thrombosis	
Due to Cirrhosis of liver, atrophic	
Due to	
Other Conditions Arteriosclerotic cardiovascular disease (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.
Date signed 10-11-42

VS 6

F 96587

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 96587

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Use no abbreviations. Fill in spaces correctly and accurately. Physicians: please write the causes of death clearly and legibly. Be sure to answer every question. Underline the cause to which death should be charged statistically.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1001 N. Dukeland St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1001 N. Dukeland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rosanna Schmitz
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife William F. Schmitz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 18 1871

8. AGE: Years	Months	Days	If less than one day
71	4	23	hr. min.

9. Birthplace Martinsburg W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Bartley Thomas
13. Birthplace Germany

MOTHER
14. Maiden Name Theresa Englerth
15. Birthplace Germany

16 (a) Informant Wm. F. Schmitz
(b) Address 1001 N Dukeland Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross A.M.E.
Location Anne Arundel Co.

18 (a) Funeral director John H. Weber
(b) Address 1116 E. Chester St.

OCT 14 1942 (Date rec'd by registrar) (c) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION 645

20. DATE OF DEATH Oct 11 1942 at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 4 1942 to Oct. 11 1942.
and that I last saw h-- alive on Oct. 10 1942.

Immediate cause of death	Duration
Acute bronchitis	6 Days
Due to	
Due to	
Other Conditions Hypostatic congestion Cardiovascular disease.	13 Years

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm F Schmitz
Address 701 N. Hanover Ave. Date signed 10/13/42 M. D.

F 96588

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 96588

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1013 N. Fremont Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Baker

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1920

8. AGE: Years 22 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace S.C.
(Town, county and state)

10. Usual Occupation unknown
11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant unknown
(b) Address "

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director A. Hatchett
(b) Address 918 Druid Hill Ave

19 (a) (b) Registrar

OCT 14 1942

VS

Registered by Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-7- 1942, at 10 50 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Stab wounds of chest & abdomen

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10-7-42 at 10 30 P M
(c) Where did injury occur? Carlton, Fremont St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no
(Specify type of place)
(e) Means of injury Stab wound

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 10-8-42

96589

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1950 E 96589

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT AND THIRTY THIRD STREETS
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 DA.
(e) Length of stay in Baltimore (yrs., mos., or days) 19 DA.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 3812 ELM AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HAROLD LEE REDMON (Birth F. 58 618)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 23, 1942

8. AGE: Years | Months | Days: 19 | If less than one day: hr. min.

9. Birthplace UNION MEMORIAL – BALTIMORE (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name WILLIAM THOMAS REDMON
13. Birthplace BALTIMORE, MD.

MOTHER
14. Maiden Name ETHEL ROBINSON
15. Birthplace BALTIMORE, MD.

16 (a) Informant WILLIAM T. REDMON
(b) Address 3812 ELM AVE. BALTIMORE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 14/42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Woodlawn
Location

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) OCT 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH OCTOBER 12 1942 at 8:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from OCT. 9 1942 to OCT. 12 1942 and that I last saw him alive on OCT. 12 1942

Immediate cause of death RESPIRATORY FAILURE — Duration 5 MIN.?

Due to ASPIRATION OF VOMITUS

Due to REGURITATION (CAUSE UNKNOWN)

Other Conditions ACUTE DERMATITIS (TYPE UNDETERMINED)
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. McCook Jr. M. D.
Address Union Memorial Hosp. Date signed 10-12-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96590

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1 N

Registered No. F 96590

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Your correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1009 W. Cross St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 W. Cross St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROBERT B. REANEY

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Annie T. Reaney
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10, 1869

8. AGE: Years	Months	Days	If less than one day
73	3	1	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation painter
11. Industry or business B. & O. retired 7 yrs.

FATHER
12. Name Alexander Reaney
13. Birthplace Md.

MOTHER
14. Maiden Name Jennie Forsythe
15. Birthplace Md.

16 (a) Informant Mrs. Annie T. Reaney
(b) Address 1009 W. Cross St.

17 (a) Burial (b) Date thereof 10/14/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address 1[illegible] & Pa., Balto., Md.

19 (a) OCT 14 1942 (b) Transcription for Williams M.D. Registrar
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1942, at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8 1942 to Oct 11 1942
and that I last saw him alive on Oct 11 1942.

Immediate cause of death Coronary Occlusion — Duration 10 days

Due to Cardio Vascular Renal Disease — 1940

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: NO
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward F. Millan M. D.
Address 68 W. [illegible] Date signed 10/12/42

F 96591

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. F 96591

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given correct ago is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5513 Bosworth Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5513 Bosworth Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carroll Haines

3 (b) If veteran, name war None

3 (c) Social Security Account No. 212-05-0942

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Cecil L. Haines
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/14/1877

8. AGE: Years	Months	Days	If less than one day
65	7	28	hr. min.

9. Birthplace Westminster Md.
(Town, county, and state)
10. Usual Occupation Cable Splicer
11. Industry or business C. & P. Tel. Co.

FATHER
12. Name Joshua Haines
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs. Cecil L. Haines
(b) Address 5513 Boswood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore Md.

18 (a) Funeral director Wm. J. Tucker & Sons
(b) Address 1701 Penna. Ave.

19 (a) OCT 14 1942 (Date rec'd by registrar) per Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1942, at 3 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death • cerebral hemorrhage, spontaneous

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 13 1942

VS 6

96592

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96592 Registered No. 1190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 706 Hanover St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town write RURAL and give town)
(d) Street No. 706 Hanover St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOAN LENA WRIGHT

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 27, 1941

8. AGE: Years	Months	Days	If less than one day
	10	15	hr. min.

9. Birthplace Washington D.C. (Town, county, and state)
10. Usual Occupation —
11. Industry or business

FATHER
12. Name Sylvester Rite
13. Birthplace Washington, D.C.

MOTHER
14. Maiden Name Mary Wood
15. Birthplace Maryland

16 (a) Informant Mary Rite
(b) Address 706 Hanover Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director George T. Nelson
(b) Address 1303 Pennsylvania Ave
19 Huntington Williams Mt. (Address)

OCT 14 1942 (Date rec'd by Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1942, at 10 a.m. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death Diarrhea / enteritis — Duration

Due to

Due to

Other Conditions Ns

(Include pregnancy within 3 months of death)

Date of operation Ns

Major findings of operation:

of autopsy: Ns

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. L. Wallenmeier M.D. Medical Examiner.
Date signed 10-14-42

F 96593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96593

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1716 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Plumhoff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 31, 1861

8. AGE: Years 81 | Months 2 | Days 13 12 | If less than one day ... hr. ... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Charles Bode
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Katherine Kramer
15. Birthplace Balto. Md.

16 (a) Informant Mrs. George Stricker
(b) Address 7703 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto. Md.

18 (a) Funeral director Lassahn Funeral Home
(b) Address 7401 Belair Rd.

OCT 14 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/13/42 19 ... at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/4 1942 to 10/13 1942 and that I last saw h[illegible] alive on 10/9/42 19 ...

Immediate cause of death: Chronic Myocarditis — Duration: 5 y

Due to:

Due to:

Other Conditions: Osteitis deformans
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. W. Johnston M. D.

Address 4305 Ft Rd Date signed 10/13/42

96594

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 N Registered No. E 96594

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address REDWOOD & GREENE
(c) Hospital or institution:
UNIVERSITY HOSPITAL
(d) Length of stay in hospital or inst. (~~year, month, or~~ days) 12 d
(e) Length of stay in Baltimore (~~year, month, or~~ days) 12 d.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~University Hosp~~ 3020 E. Baltimore St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME FRANCIS JOSEPH ZUNT (Birth F 60341)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	INFANT

6 (b) Name of husband or wife —

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 9/30/42

8. AGE: Years	Months	Days	If less than one day
0	0	12	/ hr. / min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name JOSEPH ZUNT
13. Birthplace BALTO., MD.

MOTHER
14. Maiden Name JOSEPHINE SCHULTZ
15. Birthplace BALTO., MD

16 (a) Informant JOSEPHINE ZUNT
(b) Address 3020 E. BALTIMORE ST.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 10/14/42 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet
Location Randall Ave.

18 (a) Funeral director Charles B. Schmidt
(b) Address 2601 E. Madison St. Baltimore, Md.

OCT 14 1942 (Local file duly registered) (b) ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1942 at 11:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1942 to Oct 12 1942 and that I last saw h. alive on Oct 12 1942.

Immediate cause of death	Duration
RESPIRATORY FAILURE	4 HRS.
Due to	
Due to	
Other Conditions HYDROCEPHALUS, RACHISCHISIS (Include pregnancy within 3 months of death)	LIFE

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John T. Cole
Address University Hosp. Date signed 10/13/42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

96595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96595

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Use additional sheet if necessary. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 812 Whatcoat (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosie Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age 1896 Yrs

7. Birth date of deceased (mo., day, yr.) 7-4-92

8. AGE: Years	Months	Days	If less than one day
56 Yrs	3	8	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name James Fleet
13. Birthplace Va

MOTHER
14. Maiden Name Katherine Reed
15. Birthplace [redacted]

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Moriah Cemetery
Location Langdon Brooks

18 (a) Funeral director
(b) Address 1463 N. Carey St. Huntington Williamsport, Md.

19 OCT 14 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1942, at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1942 to Oct 12 1942 and that I last saw h[illegible] alive on Oct 12 1942.

Immediate cause of death Meningitis — Duration

Due to meningococcus

Due to

Other Conditions History of Ca of cervix [illegible] opportunity cured by X-Ray and radium

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy meningococcus meningitis

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold E. C. Zbeutlin
Address Johns Hopkins Hosp Date signed 10/13/42

(over)

F 96596

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96596 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 14
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2112 Division St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julia Johnson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Thomas Johnson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 30 - 1908

8. AGE: Years 34 | Months 11 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charley Woods
13. Birthplace Gloster Co Va

MOTHER
14. Maiden Name Flora Jones
15. Birthplace Gloster Co Va

16 (a) Informant Thomas Johnson (husband)
(b) Address 2112 Division St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Baltimore

18 (a) Funeral director Wm Brooks.
(b) Address 1463 N. Carey St

19 (Registered) OCT 14 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1942 at 11:20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1942 to Oct. 12 1942 and that I last saw h[illegible] alive on Oct 12 1942

Immediate cause of death: Congestive Heart Failure — Duration: 5 days
Due to: Myocarditis
Due to: Hypertension
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph W. Rackley M.D.
Address Provident Hosp. Date signed 10/13/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

VS 3

F 96597

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 96597 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6606 Harford Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RUR&L and give town)
(d) Street No. 6606 Harford Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Minnie Glindemann

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Robt. D. Glindemann

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 18, 1879

8. AGE: Years 63 | Months 2 | Days 23 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wm. Klingelhoefer
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Schneider
15. Birthplace Germany

16 (a) Informant Mr. Robert C. Glindemann
(b) Address 6606 Harford Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 14, 42 (month) (day) (year)
(c) Cemetery or crematory Immanuel
Location Grindon Lane

18 (a) Funeral director L. Heemann and Son
(b) Address 32 S. Broadway

19 (a) OCT 14 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 11 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4 1942, to Oct. 11 1942, and that I last saw her alive on Oct. 11 1942.

Immediate cause of death Carcinomatosis, abdominal chiefly — **Duration** 2+ mos.

Due to Metastatic from Carcinoma of rt. breast.

Due to

Other Conditions Terminal broncho-pneumonia.

(Include pregnancy within 3 months of death)

Date of operation Sept. 5, 1942

Major findings of operation: Carcinoma of breast; metastases in axillary glands

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. S. Price M. D.
Address 18 E. Eager St. Date signed 10/13/42

F 96598

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 96598 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 123 Augusta st
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 Augusta st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hattie Kellebrew ✓

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W.

6 (b) Name of husband or wife James

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years 42 | Months | Days | If less than one day hr. min.

9. Birthplace N C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER 12. Name

13. Birthplace Not Know

MOTHER 14. Maiden Name Not Know

15. Birthplace

16 (a) Informant Willie Lee Kennard

(b) Address 240 Dallas st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Druid Lane

OCT 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Oct 10 1942 and that I last saw h[illegible] alive on Oct 10 1942

Immediate cause of death: Coronary Thrombosis Duration yrs

Due to Old d

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leo S Cohen

Address 121 Augusta st Date signed Oct 13 42

96599

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94N

F 96599 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Where correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1115 N. Monroe St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1115 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Winaker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Ida

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Shoemaker

11. Industry or business Self

FATHER 12. Name Unknown

13. Birthplace

MOTHER 14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Manuel Miller

(b) Address 2313 Windsor Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-42 (month) (day) (year)

(c) Cemetery or crematory Pikesville

Location Pikesville Md

18 (a) Funeral director Jack Lewis Inc

(b) Address 1439 E. Baltimore St.

19 OCT 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1942 at 8.25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said Inquest find that said deceased came to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.

Date signed 10/13/42.

96600

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96600 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mich (b) County
(c) City or town Pittsville Sturgis
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Private Paul W. Sprague

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25 1919

8. AGE: Years	Months	Days	If less than one day
23 21	6	18	hr. min.

9. Birthplace Sturgis, Mich.
(Town, county, and state)

10. Usual Occupation U. S. A.

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Ethel Lillian
(b) Address Sturgis, Mich.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Sturgis Mich.

18 (a) Funeral director Walter Brooks Bradley
(b) Address 194 W. Main St.

19 (a) OCT 14 1942 (b) Huntington, West Virginia
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1942 at 7 40 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy & an inquest find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Fracture of skull Compound fracture left leg Communicated ? right leg — Duration

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 12 1942 at 4:20 P.M.
(c) Where did injury occur? Wilson Point Rd - Pittsville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury Struck by automobile

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 13 1942

VS 6

Please write clearly with pen and ink. Do not use pencil. Do not fold. Do not write above or below lines. Be sure to answer all questions. If any question does not apply, write "none" or "not applicable." Where exact information is not known, approximate answers should be given. Physicians: please write the causes of death clearly and legibly. Be sure to fill in the time interval between onset and death. Be sure to fill in the contributory causes of death. Be sure to fill in the duration of each cause. Be sure to fill in the autopsy findings. Be sure to fill in the operation findings. Be sure to fill in the date of operation. Be sure to fill in the cause of death to which death should be charged statistically.

F 96601

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96601 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3047 Pinewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3047 Pinewood Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry H. Goetzinger

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife: Christina

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 15 1883

8. AGE: Years	Months	Days	If less than one day
59		28	hr. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER
12. Name Unk
13. Birthplace

MOTHER
14. Maiden Name Unk
15. Birthplace

16 (a) Informant Christina Goetzinger
(b) Address 3047 Pinewood Ave.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 16 '42 (month) (day) (year)

(c) Cemetery or crematory H. Redeemer
Location Belair Rd.

18 (a) Funeral director M. W. E. Zipper's Sons
(b) Address Lombard & Ann Sts.

19 (a) OCT 14 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1942 to Oct 13 1942 and that I last saw h[illegible] alive on Oct 13 1942.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Acute Congestive lungs	few hrs
Dilated Heart	3 yrs
Due to Arterial Hypertension	3 yrs
& previous phlebitis leg	3 yrs
Other Conditions treated by Doct	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John V Clift
Address 5010 Greenleaf Rd Date signed 10-14-42 (M. D.)

Howard J. Madden, M. D.

F 96602

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96602 Registered No. 1176

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 North Caroline Street
(c) Hospital or institution: St. Josephs
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Colgate (If outside city or town limits, write RURAL and give town)
(d) Street No. 8110 Gough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Genevie Matthew

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John A. Matthew
6 (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, yr.) Apr. 9 - 1916

8. AGE: Years	Months	Days	If less than one day
26	6	4	hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Lupaitas
13. Birthplace Russia

MOTHER
14. Maiden Name Eliz. Kestowitch
15. Birthplace Russia

16 (a) Informant John A. Matthew
(b) Address 8110 Gough St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16 - 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director John F. Connolly
(b) Address 4 & E Eastern Ave. Emory

19 (a) Oct 16 1942 (Date received by registrar) (b) Arthur Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1942 at 1:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29 1942, to Oct. 13 1942, and that I last saw her alive on Oct. 12th 1942.

Immediate cause of death	Duration
Thrombocytopenic Purpura Idiopathic	5 weeks
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy: Same

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fusting M.D.
Address St Joseph's Hosp. Date signed 10-13-42

96603

HEALTH DEPARTMENT—CITY OF BALTIMORE

96603

CERTIFICATE OF DEATH

1309

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 771 Dover St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. 8 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jerry Johnson

If U.S. Veteran specify WAR .....

(a) Residence: No. 771 Dover St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 10 1924

7. AGE: Years 18 | Months 8 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General Contractor

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Arthur Johnson

14. BIRTHPLACE (city or town) (State or country): Severn Maryland

MOTHER

15. MAIDEN NAME: Hazel Gamble

16. BIRTHPLACE (city or town) (State or country): Glenburnie Maryland

17. INFORMANT: Hazel Johnson

(Address) 771 Dover

18. (BURIAL), CREMATION, OR REMOVAL

Place Furnace Branch Md. Date 10-17 1942

19. UNDERTAKER: Josiah L. Brown & Son

(Address) 1010 W Montgomery St

20. FILED OCT 14 1942 Huntington Williams M.R.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Oct 13, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 5 1942 to Oct 13 1942

I last saw him alive on Oct 12 1942 Death is said to have occurred on the date stated above, at 2:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute nephritis	
Suppression	Oct 1
following arsenical antiluetic treatment	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

What test confirmed diagnosis? Urine Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) David Frankel M. D.

(Address) 1111 Lee St

Information should be carefully supplied. Age should be given exactly. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 96604

F 96604

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Lombard
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2703 Fredrick Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

BIRTH

3 (a) FULL NAME Edward Townsend (F5 7263)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 29-1942

8. AGE: Years	Months	Days	If less than one day
	1	16	— hr. — min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Edward Townsend
13. Birthplace New York

MOTHER
14. Maiden Name Edna Fuller
15. Birthplace Maryland

16 (a) Informant
(b) Address 2703 Fredrick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)

(c) Cemetery or crematory St. Peters Cem.
Location Baltimore, Md

18 (a) Funeral director F. B. WIPPERT, SON
(b) Address 320 Eastern Ave
Washington, D.C.

OCT 14 1942 (b)
(Date rec'd by Registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1942, at 4:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12 1942 to 10-13 1942, and that I last saw him alive on 10-12 1942.

Immediate cause of death Infectious Diarrhea (Undetermined etiology) — Duration 6-7 days

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation none

of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Bird M. D.

Address University Hosp. Date signed 10-13-42

VS 180

F 96605

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96605 Registered No. 432

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2224 N. Fayette St.
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2224 N. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Stumpf

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Julia Stumpf (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17-1875

8. AGE: Years	Months	Days	If less than one day
67	3	25	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Farm Keeper
11. Industry or business

FATHER
12. Name Frederick Stumpf
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Orth
15. Birthplace Germany

16 (a) Informant Mrs Julia Stumpf
(b) Address 2224 N. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director E. B. WIPPERT SON
(b) Address 1300 Eutaw Place
(c) Huntington Williams M.D. Registrar
OCT 14 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1942 at 1.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 28 1942 to Oct 13 1942, and that I last saw h[illegible] alive on Oct 12 1942.

Immediate cause of death Pulmonary Oedema — Duration 2 days
Due to Carcinoma of Lung
Due to
Other Conditions Carcinoma of Left Eye
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James H. Letzenberg M.D.
Address 724 Medical Arts Date signed 10/13/1942

VS 3

E 96606

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. E 96606

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution:
Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3304 Hamilton Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ellen M. Atwell

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: George Atwell
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-6-1868

8. AGE: Years 74 | Months 4 | Days 7 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wesley White
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Eggleston
15. Birthplace Md.

16 (a) Informant Mrs. Reuter
(b) Address Rutledge Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16 1942 (Month) (Day) (Year)
(c) Cemetery or crematory Woodlawn
Location Balto. Co.

18 (a) Funeral director A. Howard Evans
(b) Address 160 S. Charles

19 OCT 14 1942 (Date rec'd by registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1942, at 8 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/8 1942, to 10/13 1942, and that I last saw her alive on 10/12 1942.

Immediate cause of death: Coronary Thrombosis — Duration:
Due to: Arteriosclerosis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. M. Traynor M. D.
Address Md. Gen. Hosp. Date signed 10/13/42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that the information given in items 20 to 22 is correct and complete. Accuracy is especially important.

F 96607

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96607 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2421 McElderry St.
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2421 McElderry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs Louise Hanson.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Mr. Wm Hanson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/15/95

8. AGE: Years	Months	Days	If less than one day
47	1 0	28	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mr. Wm Hanson
(b) Address 2421 McElderry

17 (a) X (Burial, cremation, or removal) (b) Date thereof 10-17-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern ave

18 (a) Funeral director John J Reed
(b) Address 2829 Hudson St

OCT 14 1942 (Date received by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1942, at 9.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-15 1942 to 10-13 1942 and that I last saw h[illegible] alive on 10-13 1942

Immediate cause of death: Generalized abdominal carcinomatosis — Duration: ?
Due to: Carcinoma Uteres — Duration: ?
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation 9-25-42
Major findings of operation: See above
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L Kreig M.D.
Address Bon Secours Hosp Date signed 10-13-42

VS 3

F 96608 F 96608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 938 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. If any item is unknown, state so. The accuracy of the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 24 N. PATERSON P
(c) Hospital or institution: Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24-N. Patterson Park
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Joseph Biedronski
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Widower

6 (b) Name of husband or wife Rose D.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1854

8. AGE: Years	Months	Days	If less than one day
88.			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Labor.
11. Industry or business

FATHER
12. Name Frank Biedronski
13. Birthplace Poland

MOTHER
14. Maiden Name ? ?
15. Birthplace

16 (a) Informant Catherine Wisniewski
(b) Address 24 N. Patterson Park Ave.

17 (a) X (Burial, cremation, or removal) (b) Date thereof OCT-15-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location German Hill Rd

18 (a) Funeral director John Pruda
(b) Address 2209 Hudson St

OCT 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT 13 1942 at 3.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1941 to Oct 13 1942
and that I last saw h alive on Oct 13 1942

Immediate cause of death
(a) Myocarditis — Duration Sept 1941
Due to
(b) Arterio-Sclerosis — 1942
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of in

23. Signature Huntington Williams M.D.
Address 801 N. Kenwood Ave Date signed Oct 14 1942

F 96609

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

Registered No. F 96609

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard St. & Linden
(c) Hospital or institution: Maryland Homeopathic Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 E. Federal St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Bertha Louise Laux

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widow

6 (b) Name of husband or wife: George H. Laux
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1871

8. AGE: Years	Months	Days	If less than one day
71	7	18 21	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name August Joesting
13. Birthplace Germany.

MOTHER
14. Maiden Name Louise Reuwer
15. Birthplace Germany.

16 (a) Informant Marie L. Laux
(b) Address 1624 E. Federal St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick ave

18 (a) Funeral director Mrs. Mrs. John H. Deufel & Son
(b) Address 801 W. Fayette St.

OCT 14 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. **DATE OF DEATH** Oct. 13 1942, at 2:25 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 5 1942, to Oct. 13 1942 and that I last saw her alive on Oct. 12 1942.

Immediate cause of death	Duration
Cerebral Thrombosis	2 wks.
Due to Arteriosclerosis	
Due to Diabetes mellitus	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M.T. McGorgan
Address Maryland Gen. Hosp. Date signed Oct. 13, 1942

PLEASE WRITE PLAINLY. Fill in all blanks. Physicians: please write the causes of death clearly and correct age is especially important.

F 96610

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5 1 C

Registered No. F 96610

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully obtained and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3012 Clifton Ave.
(c) Hospital or institution:

5 19

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3012 Clifton Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Savage Cochran Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 161-01-4173

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: THELMA B. COCHRAN

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Feb. 8, 1915

8. AGE: Years 27 | Months 8 | Days 5 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation COMPOSITOR

11. Industry or business Maryland Casualty

FATHER
12. Name Charles S. Cochran
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Anna R. Loyd
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Charles Cochran Sr.
(b) Address 3012 Clifton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1942 (month) (day) (year)

(c) Cemetery or crematory Presbyterian Cem.
Location Govans, Md.

18 (a) Funeral director John O. Mitchell Funeral Home
(b) Address 1923 Eutaw Place

OCT 14 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1942 at 9:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1942 to Oct 13 1942 and that I last saw him alive on Oct 13 1942

Immediate cause of death: Acute Cardiac dilitation — Duration: Terminal

Due to: Metastatic Carcinomatosis Liver, Diaphragm, Peritoneum, Pleura — 12 mo.

Due to: Teratoma of Left Testicle, 2

Other Conditions

(Include pertinent conditions contributing to death but not related to principal cause)

Date of operation 6/2/42, 7/4/42.

Major findings of operation: Teratoma of both testicles, Metastasis Diaphragm, Liver, Peritoneum, Pleura

Results of autopsy (if any):

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. B. Stevens M.D.
Address 3400 Eastern Ave. Date signed 10/13/42

VS 3

F 96611

PATTEN

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96611 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Catons + Wilkens
(c) Hospital or institution: St. Agnes Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2130 Wilkens Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary L. Patten

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~ Married

6 (b) Name of husband or wife James D. Patten (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feby 8, 1865

8. AGE: Years 77 | Months 8 | Days 6 | If less than one day hr. min.

9. Birthplace Pa (Town, county, and state)

10. Usual Occupation retired

11. Industry or business house duties

FATHER 12. Name [illegible] Lehman

13. Birthplace Germany

MOTHER 14. Maiden Name Augusta Gardner

15. Birthplace [illegible] Baltimore

16 (a) Informant Gladstone F. Patten

(b) Address 13 Windcrest Ave, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/42 (month) (day) (year)

(c) Cemetery ~~cremetory~~ Loudon Park

Location 3801 Frederick Ave.

18 (a) Funeral director John A. Mitchell & Son, Inc.

(b) Address 1900 Eutaw Place

19. (a) Date received Oct 14 1942 (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1942, at 9 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1942 to Oct. 14 1942, and that I last saw her alive on Oct. 14 1942

Immediate cause of death Diabetes mellitus

Due to

Due to

Other Conditions Gangrene left foot

Procedentia uteri

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Gustav Rosberg M.D.

Address St Agnes Hosp Date signed 10/14/42

PLEASE WRITE PLAINLY. Use ink. Do not use pencil. Be sure to fill in all items. Be sure to give correct age. Be sure to fill in all items. Be sure to give correct age is especially important. Physicians: please write the causes of death clearly and fully.

96612

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. E 96612

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3219 Walbrook Ave.
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 43 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3219 Walbrook Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Henrietta R. Craddock

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Craddock
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 14, 1862(?)

8. AGE: Years	Months	Days	If less than one day
80	6	28	hr. min.

9. Birthplace St. Louis, Mo. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John Biddlecomb
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace Va.

16 (a) Informant John DeGroot
(b) Address Edmondson Ave. & Rosewood, Catons

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10/15/42 (month) (day) (year)
(c) Cemetery or crematory Crematory Greenmount Cem'ty
Location North & Greenmount Aves.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 OCT 14 1942 (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942, to Oct 12 1942, and that I last saw h[illegible] alive on Oct 12 1942.

Immediate cause of death Myocardial Insuff
Due to Hypertension
Due to Nephritis
Other Conditions

Duration 3 mos.

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard F. Warren M. D.
Address 2604 Garrison Blvd. Date signed 10-14-42

F 96313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96613 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6420 Reisterstown Road

(c) Hospital or institution: Mount Hope Retreat

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos 21 days

(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos 21 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Hagerstown (If outside city or town limits, write RURAL and give town)

(d) Street No. 35 North Ave. (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME William Marshall Cearfoss

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 12/21/1869

8. AGE: Years	Months	Days	If less than one day
72	9	22	..... hr. ..... min.

9. Birthplace Cearfoss, Md. (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Simon Cearfoss

13. Birthplace Cearfoss, Maryland

MOTHER

14. Maiden Name Margaret McGuire

15. Birthplace Cearfoss, Maryland

16 (a) Informant Mount Hope Retreat

(b) Address Baltimore, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/42 (month) (day) (year)

(c) Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md

18 (a) Funeral director H. K. Coffman

(b) Address Hagerstown Md

19 (a) OCT 14 1942 (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1942, at 7:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1942, to Oct. 13 1942, and that I last saw h~~im~~ alive on October 13 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 days
Due to Arteriosclerosis (general marked)	2 "
Due to	.....
Other Conditions Senile dementia	?

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation .....

of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M.

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature Damian P. Klapka M. D.

Address 3376 Frederick Road Hagerstown Md. (Physician signature)

VS 3

JL - 76646

F 96614

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 130a

Registered No. F 96614

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

4940 Eastern Ave.

(b) Street address

(c) Hospital or institution:

Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 Da

(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 647 S. Lehigh St.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Alex Cyrull

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Catherine Cyrull

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1878

8. AGE: Years	Months	Days	If less than one day
63 53	11 10	24	hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER

12. Name Adam Cyrull

13. Birthplace Poland

MOTHER

14. Maiden Name ?

15. Birthplace Poland

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Balto. City

18 (a) Funeral director John M. Weber

(b) Address 401 S. Chester St

OCT 14 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12 1942 at 8:55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10 1942 to 10-12 1942 and that I last saw him alive on 10-12 1942.

Immediate cause of death Rupture of aortic aneurysm — Duration (mos.)

Due to

Due to

Other Conditions Taken Insulin — 7

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. K. Rathburn M. D.

Address Balt. City Hosp. Date signed 10-12-42

VS 3

PLEASE WRITE PLAINLY, with ink. Do not use pencil. Do not fold. Do not correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96615

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96615

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 126 N. Calhoun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard T. Sumwalt

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Mary A. Cunningham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1866

8. AGE: Years	Months	Days	If less than one day: hr.	min.
76	1	25		

9. Birthplace Baltimore, Md.
(Town, county and state)
10. Usual Occupation Retired from B.&O. R.R.
11. Industry or business

FATHER
12. Name ? Sumwalt
13. Birthplace Baltimore Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace Baltimore Maryland

16 (a) Informant Mrs. Elmer Sumwalt
(b) Address 126 N. Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk. Cem.
Location 3807 Frederick Ave.

18 (a) Funeral director John J. Cowan & Son
(b) Address 940 Hollins St

19 (a) OCT 14 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1942 at 7 20 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Feather M.D.
Medical Examiner
Date signed Oct. 13 1942.

VS 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to answer all questions correctly and completely. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 96616

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1220

Registered No.

F 96616

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City Balto
(c) City or town Baltimore Maryland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 210 S. Furrow St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME August Winters Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 105-05-2133

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie C. Winters
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6 - 1879

8. AGE: Years	Months	Days	If less than one day hr.	min.
62 yrs.	10	7		

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Boiler maker for B.&O.R.R.
11. Industry or business

FATHER
12. Name August Winters
13. Birthplace Maryland

MOTHER
14. Maiden Name Hannah Pennington
15. Birthplace Maryland

16 (a) Informant Mrs. Carrie M. Winters
(b) Address 210 S. Furrow St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md.

18 (a) Funeral director George L. Lehnert
(b) Address 2196 Frederick Ave.

19 (a) Oct 14 1942 Huntington Williams M.D.
(Date rec'd by registrar) (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1942, at 4 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 22 1942, to Oct 18 1942, and that I last saw h[illegible] alive on Oct. 18 1942.

Immediate cause of death Pulmonary edema

Due to Coronary thrombosis

Due to

Other Conditions Left inguinal hernia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

Left inguinal hernia

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John B. Ross M. D.
Address Univ. Hospital Date signed 10/18/42

F 96617

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 96617 Registered No.

Physicians: please write the causes of death clearly and legibly. Be sure that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2201 Presbury St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Presbury St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Berger

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1878

8. AGE: Years	Months	Days	If less than one day
64	0	0	hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER
12. Name Laib Marden
13. Birthplace Russia

MOTHER
14. Maiden Name Bessie ?
15. Birthplace Russia

16 (a) Informant Joseph Berger
(b) Address 2201 Presbury St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct, 15, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location 3600 Block E. Balto st

18 (a) Funeral director S. L. Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) (b)
(Signature of local registrar)

OCT 14 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1942 at 7.45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11, 1942 to Oct. 14, 1942 and that I last saw h alive on Oct. 14, 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 3 Days.

Due to Hypertension — many years.

Due to

Other Conditions Myocardial failure.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Nathan H. Stupp M.D.

Address 2351 Eutaw Pl. Date signed 10/14/42 M. D.

F 96618

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46E

F 96618

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Greenspring - Belvedere Ave

(c) Hospital or institution: Rennedale

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Balto Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Greenspring + Belvedere Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Joseph W Feinstein

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	w	W

6 (b) Name of husband or wife Late Sarah

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Merch

11. Industry or business

FATHER 12. Name .....

13. Birthplace Russia

MOTHER 14. Maiden Name .....

15. Birthplace Russia

16 (a) Informant Sig Feinblatt

(b) Address Greenspring - Belvedere

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Oct 15/42 (month) (day) (year)

(c) Cemetery or crematory Bnai Israel Cmetry

Location Southern ave

18 (a) Funeral director Sol Levinson + Bros

(b) Address 1124-26 W. North ave

19 (a) OCT 14 1942 (Date rec'd by registrar) (b) Huntington Hill (Signature of registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14 1942, at 5 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-16 1942, to 10-14 1942 and that I last saw h~~er~~ alive on 10-13 1942.

Immediate cause of death Carcinoma of the mouth

Due to incurable Metastasis

Due to .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury .....

23. Signature H. Armand Levine M. D.

Address Lennox Date signed 10/14/42

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

F 96619

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96619 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 N. Linwood Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 800 N. Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kite

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widow

6 (b) Name of husband or wife Unknown (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7, 1857

8. AGE: Years	Months	Days	If less than one day
84	11	6	hr. min.

9. Birthplace Philadelphia, Pa. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Unknown "
13. Birthplace "

MOTHER
14. Maiden Name
15. Birthplace "

16 (a) Informant Sallie Smith (daughter)
(b) Address 800 N. Linwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15/42 (month) (day) (year)
(c) Cemetery or crematory Fernwood Cemetery
Location Philadelphia, Pa.

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601 E. Madison Street

19 (a) OCT 14 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct — 1939. to Oct 13 1942, and that I last saw her alive on Oct. 12 1942.

Immediate cause of death: Chr. Myocarditis Arteriosclerosis — Duration: 10-yr? 20.?
Due to: Senility
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Fred. E. Kidner
Address 4200 Sheldon Ave Date signed 10/14/42 M. D.

F 96620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

170C ✓ F 96620 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 0-6-A
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 933 Valley Street (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) **FULL NAME** James T. Middleton

3 (b) If veteran, name war none

3 (c) Social Security Account No. —

4. Sex: male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1938

8. AGE: Years 4 | Months 9 | Days 27 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Arthur L. Middleton
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Loretta L. Magaw
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Harry Falkner
(b) Address 335 E. 26th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick Road

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St. Balto. Md.

19 (a) (Date rec'd by registrar) Notified by Williams M.D. Member

OCT 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13- 1942, at 2.45 P. M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy - Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushed right side of head	
Due to	
Due to	
Other Conditions Depressed, comminuted fracture of frontal temporal parietal bone (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: two

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-13- at 2.30 P. M.
(c) Where did injury occur? Ashland Court on Valley St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Run over by auto - Truck

23. Signature Thomas J. Waesche M.D. Medical Examiner.
Date signed 10-14-42

VS 6

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. Be sure that age is especially important.

F 96621

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

Registered No. F 96621

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2211 Rogers Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2211 Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Diven

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8 1857

8. AGE: Years 85 | Months 7 | Days 5 | If less than one day hr. min.

9. Birthplace Baltimore Co Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William A Diven
13. Birthplace Baltimore Co Md

MOTHER 14. Maiden Name Martha Garrett
15. Birthplace Baltimore Co Md

16 (a) Informant Mrs W A Fleckea
(b) Address 2211 Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Mt Carmel Rd Balto Co Md

18 (a) Funeral director Wilhoyte Funeral Home
(b) Address 1210 S Pond St

19 (a) OCT 15 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1942, at 4 19 M

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT-1- 1942, to Oct 12 1942 and that I last saw h F alive on Oct 12 1942.

Immediate cause of death CORONARY THROMBOSIS — Duration 2 hours

Due to

Due to Chronic Myocarditis — 3 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur J Dawes M. D.
Address 900 N Eutaw St Date signed 10-14-42

VS 3

Physicians: please write the cause of death clearly and legibly. Be sure to correct age is especially important.

F 96622

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1248 Registered No. F 96622

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2919 Borman Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 13
(e) Length of stay in Baltimore (yrs., mos., or days) 20 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City or County Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 Borman Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Earl F. Garrison

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-0203

4 Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 30-1882

8. AGE: Years 59 | Months 10 | Days 13 | If less than one day hr. min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual Occupation Tool Maker

11. Industry or business Crown Cork Seal Co

FATHER
12. Name Andrew M. Garrison
13. Birthplace Ind

MOTHER
14. Maiden Name Laura Johnson
15. Birthplace Ohio

16 (a) Informant Emma Garrison
(b) Address 2919 Borman Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16-42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetary
Location Edmondson Ave

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul Street

19 (a) OCT 15 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13- 1942, at 6.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 1940 to Oct 13th 1942 and that I last saw him alive on Oct 13th 1942.

Immediate cause of death Chronic Valvular Heart disease — Duration 2 yrs
Due to Arterio-Sclerosis
Due to Cirrhosis of Liver
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Steinberg M. D.
Address 3735 Pk Hghts Ave Date signed 10-14-42

Please write the causes of death clearly and correct age is especially important. Physicians:

F 96623

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1192 Registered No. F 96623

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. If any item is unknown, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Rayner
(c) Hospital or institution: West Balto. Gen. Hosp. 7-17
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2920 Oakley Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael Patrick Reilly (Birth F58974)

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/26/42

8. AGE: Years | Months | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Edgar Austin Reilly, Jr.
13. Birthplace Baltimore, Md.

MOTHER 14. Maiden Name Virginia Kennedy
15. Birthplace Baltimore, Md.

16 (a) Informant Edgar A. Reilly Jr.
(b) Address 2820 Oakley Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director William Cook Sons
(b) Address 1 W. Saratoga St.

19 (a) (b) Huntington Williams, M.D.

OCT 15 1942 (Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/14 1942, at 6:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/26 1942 to 10/14 1942, and that I last saw h[illegible] alive on 10/14 1942.

Immediate cause of death Non-specific Diarrhea — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Truman M. Checkett, M.D.
Address WBGH Date signed 10/14/42.

96624
4179 19

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96624
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 N. Milton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Hall

3 (b) If veteran, name war: W
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/1/24

8. AGE: Years	Months	Days	If less than one day
17	11	11	hr. min.

9. Birthplace Pittsburgh Pa. (Town, county, and state)
10. Usual Occupation Student
11. Industry or business

FATHER
12. Name Edmund Hall
13. Birthplace Somerset Md. Pa

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Pittsburgh Pa.

16 (a) Informant Parents
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/42 (Month) (day) (year)
(c) Cemetery or crematory New Cemetery
Location New Cemetery Co

18 (a) Funeral director Wilhelm Co Inc
(b) Address 1217 Huntington Ave
Huntington Wilhelm, M.D.

OCT 15 1942 (b) Registrar
(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 22 1942, to Oct 12 1942, and that I last saw him alive on Oct. 12 1942.

Immediate cause of death	Duration
Aleukemia myeloid leukemia	4 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian
Address The Johns Hopkins Hosp. Date signed 10/13/42

PLEASE WRITE PLAINLY with pen and ink. Physicians: please write the causes of death clearly and legibly. Underlying cause is especially important.

E 96625

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 ✓ Registered No. E 96625

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp 2 4 39
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 2637 Liberty Pkwy (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Saudra Marie STOCKMAN (Birth F 60136)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11-1942

8. AGE: Years | Months | Days: 3 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Joseph H. Stockman
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Antoinette Lepera
15. Birthplace Penna

16 (a) Informant Joseph Stockman
(b) Address 2637 Liberty Pkwy - Dundalk

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 15 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Philip Herring Sons
(b) Address 25 [illegible] St. M.D.

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14. 1942 at 8:57 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1942. to Oct 14 1942. and that I last saw her alive on Oct. 14, 1942.

Immediate cause of death	Duration
Asphyxiation	
Due to Prematurity	
Due to Decubitus Gangrene of mother	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed 10/14/42

VS 8

PLEASE WRITE PLAINLY. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96626
42446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

53 l ✓ F 96626 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1529 Barclay ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Noble Key

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	Black	Married

6 (b) Name of husband or wife Emma
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Ky. (Town, county, and state)
10. Usual Occupation Linotype Oper.
11. Industry or business

FATHER
12. Name James Key.
13. Birthplace Ky.

MOTHER
14. Maiden Name Nancy Brown
15. Birthplace Ky.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-15-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. Cor. Gist

18 (a) Funeral director A. Halstead
(b) Address 908 Druid Hill Ave.

19 OCT 15 1942 Huntington Williams M.D. Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 11 1942 at 5 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18 1942 to OCT. 11 1942 and that I last saw him alive on OCT. 11 1942

Immediate cause of death Widespread lymphosarcoma — primary site undetermined.

Duration 6 mos. 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Lymphosarcoma

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold E.C. Thomlinson
Address Johns Hopkins Hosp. Date signed 10/13/42 M D

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

96627 Downes

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938 ✓ F 96627 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 866 W Fairmount Ave
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 866 W. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ethel Downes

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	widow

6 (b) Name of husband or wife Harry Downs.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years	Months	Days	If less than one day
49			hr. min.

9. Birthplace Balto. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Richard Chaney
13. Birthplace Wash. D.C.

MOTHER
14. Maiden Name Mary Beale
15. Birthplace Va.

16 (a) Informant Jamie Johnson
(b) Address 939 Pierce St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10 16 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemtery
Location Balto. Md.

18 (a) Funeral director Walter B. Briggs
(b) Address 139 W. Hamley St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1942, at 3 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry & inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic cardio vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Preston M.D. Medical Examiner.
Date signed Oct 13th 1942

OCT 15 1942

VS 6

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Statements of age is especially important.

96628

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 59 V E 96628

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Rutherland & Rayner
(c) Hospital or institution: West Balto. Gen. Hosp. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore (If not in city or town limits, write RURAL and give town)
(d) Street No. 219 Poplar Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Moffett (Birth F-60189)

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-6-42

8. AGE: Years	Months	Days	If less than one day
			12 hr. 25 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Richard Moffett
13. Birthplace West Virginia

MOTHER
14. Maiden Name Pauline Pettingate
15. Birthplace Westernport, Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL OCT 14 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 OCT 14 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/7 1942 at 3:10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/6 1942 to 10/7 1942 and that I last saw h.c.y. alive on 10/7 1942.

Immediate cause of death	Duration
Fetal Atelectasis	
Due to Premature Birth	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emerson M. Checket M.D.
Address WBGH Date signed 10/7/42

VS 2

9494

96629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

551 ✓ Registered No. E 96629

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 3108 Walbrook Ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore, Md.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Agnes M. Adair (Agnes McLyman Adair)

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	Single

6 (b) Name of husband or wife: --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17, 1884

8. AGE: Years	Months	Days	If less than one day
58	3	27	hr. min.

9. Birthplace Providence, Rhode Island
(Town, county, and state)
10. Usual Occupation Social Worker
11. Industry or business Public Welfare

FATHER
12. Name John Adair
13. Birthplace Scotland (Port Patrick)

MOTHER
14. Maiden Name Mary Brown
15. Birthplace Scotland (Glascow)

16 (a) Informant Mrs. Agnes Adair
(b) Address Scotland

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/15/42 (month) (day) (year)
(c) Cemetery or crematory Providence, R. I.
Location "

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore

OCT 15 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1942, at 9:45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16 1942 to October 14 1942, and that I last saw her alive on October 14 1942.

Immediate cause of death	Duration
Lymphosarcoma	
Due to	
Due to	
Other Conditions Thrombophlebitis, L. leg Varicose Veins, Generalized (Include pregnancy within 3 months of death)	

Date of operation Sept 1942
Major findings of operation: Biopsy Lymph Node - Malignant Lymphosarcoma
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. R. Shipley M. D.
Address University Hosp. Date signed 10-14-42

VS 150

E 96630

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96630

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore Elmwood
(If outside city or town limits, write RURAL and give town)
(d) Street No. 310 Dale Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Politz (Birth F. 59891)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S.

6 (b) Name of husband or wife (10-11-42)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1942

8. AGE: Years	Months	Days	If less than one day
		3	3 hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George F. Politz.
13. Birthplace

MOTHER
14. Maiden Name Katherine Fredrick.
15. Birthplace Maryland.

16 (a) Informant George F. Politz.
(b) Address 310 Dale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 15 42 (month) (day) (year)
(c) Cemetery or crematory Aberdeen
Location Aberdeen, Md.

18 (a) Funeral director Howard K. McComas
(b) Address Aberdeen, Md.

19 OCT 15 1942 (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1942 at 1 50 M

21. I certify that death occurred on the date above-stated; that I attended deceased from Oct. 11 1942 to Oct. 14 1942 and that I last saw ~~him~~ alive on Oct. 14 1942.

Immediate cause of death Probable Cardiac Comply.

Duration First

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hellen C. Doyle M. D.
Address Mercy Hospital Date signed Oct. 15 1942

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96631

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a ✓ Registered No. F 96631

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

96632

E.S (76676)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

Registered No. E 96632

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) 32 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Harmony St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susana Cola

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Frank
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 17, 1882

8. AGE: Years	Months	Days	If less than one day
60	6	26	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John ~~XXXXXXXXXXXX~~ Cansone
13. Birthplace Italy

MOTHER
14. Maiden Name Mary Antonucci
15. Birthplace Italy

16 (a) Informant B.C.H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart
Location German Hill Rd. Dundalk Md.

18 (a) Funeral director Frank Della Rocca
(b) Address 52 N. Morley St.

19 (Date received by registrar) OCT 15 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1942, at 5-19 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-11 1942, to 10-13 1942, and that I last saw her alive on 10-13 1942.

Immediate cause of death	Duration
Bronchopneumonia	1 day
Due to Cerebral thrombosis	1 day
Due to Hypertensive C.V. disease	?
Other Conditions Diabetes mellitus	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. K. Rabkin M. D.
Address Balto. City Hosp. Date signed 10-13-42

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96633

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N ✓

Registered No. F 96633

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland St. & Raynor Ave.
(c) Hospital or institution:
West Balto. Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3354 Wilkens Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sallie Beall

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Eugene E.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1875

8. AGE: Years	Months	Days	If less than one day
66	9	23	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William C. Bailey
13. Birthplace Dorchester Co., Md.

MOTHER
14. Maiden Name Sarah Webster
15. Birthplace Md.

16 (a) Informant Miss Jean Beall
(b) Address 3354 Wilkens Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. & Huntingdon Aves., Md.

19 OCT 15 1942 (Date received by registrar) (c) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/13 1942, at 11:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/11 1942, to 10/13 1942
and that I last saw h alive on 19

Immediate cause of death	Duration
Acute Myocardial Infarction	
Due to Arteriosclerotic Coronary Thrombosis	48 hrs
Due to	
Other Conditions Hypertensive C. V. D. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. V. Tompkins M. D.
Address W. B. Gen (Hospital) Date signed 10/13/42

VS 3

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 96634

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 60a F 96634

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital. 20
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11days.
(e) Length of stay in Baltimore (yrs., mos., or days) 11days.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 7111 Plymouth Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Douglas M. Batchelor. Jr (Birth F 59109)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 2-1942

8. AGE: Years	Months	Days	If less than one day
		11	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Douglas Myers Batchelor.
13. Birthplace Baltimore, Maryland.

MOTHER 14. Maiden Name Mary Alice Myers.
15. Birthplace Baltimore, Maryland.

16 (a) Informant Mrs Mary Alice Myers.
(b) Address 7111 Plymouth Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-13-42. (month) (day) (year)
(c) Cemetery or Crematory Loraine.
Location Balto Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto. Md.

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Huntingtown Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1942 at 11 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2- 1942 to 10-13 1942 and that I last saw him alive on 10-13-42 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	11 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward H. Knight M. D.
Address Bon Secours Hosp. Date signed 10-13-42

F96635 Rit MILLER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F96635

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Mo
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 706 Gorsuch Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard J Ritmiller.

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-4968

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife Freda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 8, 1904

8. AGE: Years	Months	Days	If less than one day
37	10	5	hr. ~~min.~~

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Asbestos Worker
11. Industry or business C. M. McCormick

FATHER
12. Name Joseph M. Ritmiller
13. Birthplace Baltimore

MOTHER
14. Maiden Name Delia Bowen
15. Birthplace Baltimore

16 (a) Informant Baltimore City Hosp.
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd

18 (a) Funeral director D. Howard Strong
(b) Address 3207 W. North Ave

19 (a) (b) Huntington Williams M.D. Registrar
(Date rec'd by registrar)

OCT 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/13 1942, at 11:50 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 10/14/42.

VS 6

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96636

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. B 96636

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William McGuire

3 (b) If veteran, name war | **3 (c) Social Security Account No.**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1872

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Hugh
13. Birthplace Baltimore

MOTHER
14. Maiden Name Elizabeth Bettinger
15. Birthplace Baltimore

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Oct. 16. 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 9[illegible] Cammount Ave

19 (a) OCT 15 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 5

MEDICAL CERTIFICATION

8.30 a.m.

20. DATE OF DEATH Oct. 14 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1942 to Oct 14 1942, and that I last saw him alive on Oct 13 1942.

	Duration
Immediate cause of death Edema Lungs	2 days
Due to Chronic Myocarditis	4 yrs
Due to Hypertension	6 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. Gell Hall M. D.
Address 16319 North Ave **Date signed** Oct 14 42

96637

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 160C

F 96637 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d. 19 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) "

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 106 E. 20th St.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Klitsch (Birth F 59882)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1942

8. AGE: Years | Months | Days 2 | If less than one day 19 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Carl Klitsch
13. Birthplace Penna

MOTHER
14. Maiden Name Beatrice Leetstent
15. Birthplace Pottsville Pa.

16 (a) Informant Carl Klitsch
(b) Address 106 E 20th. St

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 15-42 (month) (day) (year)
(c) Cemetery or crematory Pottsville Pa
Location Pennsylvania

18 (a) Funeral director Wellington Cook Inc
(b) Address Oct 15 1942 St Paul St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1942 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11 1942 to Oct 14 1942, and that I last saw alive on Oct 4 1942

Immediate cause of death: Cerebral injury
Due to: Prolonged Ulcer
Due to:
Other Conditions: Peritonitis generalized

Duration: 2 d. 19 hr.

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William C. Duff M. D.
Address Mercy Hospital Date signed 10/14/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. E 96638

96638

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1015 N. Caroline St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1015 N. Caroline St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie B. Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Widow

6 (b) Name of husband or wife Kennedy Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1867

8. AGE: Years	Months	Days	If less than one day
75	6	29	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Robert Robbins
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Bernice Gertrude Price
(b) Address 237 Schroeder St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 '42 (month) (day) (year)
(c) Cemetery or crematory Bethany Cemetery
Location Md. Catonsville

18 (a) Funeral director Mrs Robert G. Ellis & Daughter
(b) Address 1129 N. Caroline St. Huntington Station, Md.

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1942 at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1942 to Oct 14 1942 and that I last saw h e alive on Oct 14 1942.

Immediate cause of death Cerebral Apoplexy — Duration 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide No
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Bernard Hoover M. D.
Address 1207 N Caroline St Date signed Oct 15 '42

VS 3

Please write the cause of death clearly and correct age is especially important. Physicians: please write the cause of death clearly and

96639

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 b ✓ F 96639 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 E. Chase St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 E. Chase St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sister Adrian Leno O.S.P.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 9, 1896

8. AGE: Years	Months	Days	If less than one day
46	5	4	hr. min.

9. Birthplace Puerto Rico (Town, county, and state)

10. Usual Occupation Religious

11. Industry or business

FATHER
12. Name Alejandro Brano
13. Birthplace Puerto Rico

MOTHER
14. Maiden Name Carlina Castro
15. Birthplace Puerto Rico

16 (a) Informant Mother M. Teresa O.S.P.
(b) Address 501 E Chase St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem
Location

18 (a) Funeral director Mrs F. G. Elliott's Dept
(b) Address 1129 N. Caroline St

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13th 1942, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1st 1942, to Oct 13th 1942, and that I last saw h[illegible] alive on Oct 13th 1942.

Immediate cause of death	Duration
Chronic Nephritis	6 mos.
Hypertensive Heart Disease	6 mos.
Due to Senile Dementia	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation:

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. A. Chestad M. D.
Address 320 N. Calvert St Date signed Oct 15 1942

VS 3

Physicians: please write the causes of death clearly and legibly. Be sure the correct age is especially important.

F 96640

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a F 96640 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Str.
(c) Hospital or institution:
South Balto. Genl Hosp. 2nd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Bo
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 38-E West St
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Carrol JACOBS (South F 60714)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife .....

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 11-42

8. AGE: Years — | Months — | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER
12. Name Leroy E Jacobs
13. Birthplace Baltimore

MOTHER
14. Maiden Name Grace E Foster
15. Birthplace Baltimore

16 (a) Informant Leroy E Jacobs
(b) Address 38 E West St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Blvd

18 (a) Funeral director Bernard A Funk
(b) Address 1800 N Broadway

19 (a) ..... (b) Huntington Williams
(Signature of Registrar)

OCT 15 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14, 1942, at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 13 1942, to Oct 14 1942, and that I last saw her alive on Oct 14 1942.

Immediate cause of death Cerebral hemorrhage — Duration .....
Due to Fractured skull .....
Due to Forceps delivery. .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed .....

IMPORTANT: Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

96641

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 ✓ Registered No. F 96641

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give county)
(d) Street No. 2241 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel L. Boyd.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Mary Ellen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1868

8. AGE: Years	Months	Days	If less than one day
74	5	6	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Samuel Boyd.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Eliza Hacket.
15. Birthplace Baltimore. Md.

16 (a) Informant Mrs Mary M. Landon
(b) Address 2241 W. Lexington St.

17 (a) Burial (b) Date thereof 10/16/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St Peters Cem.
Location Moreland Ave.

18 (a) Funeral director John J. Conners Son
(b) Address 901 Hastings Pl.

19 (a) OCT 15 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 12 1942 at 11:37 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 27 1942 to Oct 12 1942, and that I last saw h[illegible] alive on Oct 9 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. N. Patterson M.D.
Address 7324 Reisterstown Rd Date signed 10/14/42

VS 3

Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I 96642

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46a

Registered No. E 96642

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 113 S. Poppleton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 113 S. Poppleton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James J. Flynn

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Mary A. Donohue

6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1867

8. AGE: Years 75 | Months 1 | Days 29 | If less than one day: hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name Morris Flynn
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Dillon
15. Birthplace Ireland

16 (a) Informant Mrs Mary A. Flynn
(b) Address 113 S. Poppleton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/14/42 (month) (day) (year)
(c) Cemetery or crematory St Peters Cem.
Location Maryland Ave

18 (a) Funeral director John J. Leonard & Son
(b) Address 901 Hollins St.

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13th 1942, at 3 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1942 to 10/13 1942 and that I last saw h[illegible] alive on 10/13 1942.

Immediate cause of death Stricture of Oesophagus — Duration 2 months

Due to Possible Malignancy

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Daniel L. Marshall M.D.
Address 1945 N. Bolton Date signed 10/13/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E 96643

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 V

Registered No. E 96643

Physicians: please write the causes of death clearly and legibly. A penalty is provided for failure to correct age is especially important.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Howard St. & Linden

(c) Hospital or institution: Maryland Hunrd Hosp. 2

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 Day

(e) Length of stay in Baltimore (yrs., mos., or days) 20 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimo 2 (If outside city or town limits, write RURAL and give town)

(d) Street No. 1100 Washington Blvd. (If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)

If yes, name country Lithuania

3 (a) FULL NAME Mr. Joseph Skrickus

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	M and

6 (b) Name of husband or wife Veronica

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12, 1888

8. AGE: Years	Months	Days	If less than one day
54	7	3	hr. min.

9. Birthplace Lithuania (Town, county, and state)

10. Usual Occupation Tavern keeper

11. Industry or business Tavern

FATHER 12. Name Unknown

13. Birthplace Lithuania

MOTHER 14. Maiden Name Unknown

15. Birthplace Lithuania

16 (a) Informant Joseph Skrickus

(b) Address 1100 Washington Blvd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location

18 (a) Funeral director Joseph Kasinskas

(b) Address 602 Washington Blvd

19 (a) OCT 15 1942 (Date rec'd by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 19 42, at 6:26 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8 19 42 to Oct. 15 19 42, and that I last saw him alive on Oct. 15 19 42

Immediate cause of death	Duration
Bronchopneumonia	
Cardiac decompensation	
Due to Hypertensive Cardiovascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. T. McGrogan M. D.

Address Maryland Hun. Hosp. Date signed 10/15/42

VS 8

F 96644

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

938

F 96644

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2241 McElderry St

(c) Hospital or institution: home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D

(e) Length of stay in Baltimore (yrs., mos., or days) 55 Y

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2241 McElderry St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Stanislaus Bitenas

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-15-0939

4. Sex Male | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Elizabeth D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years 78 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Presser

11. Industry or business

FATHER 12. Name John Bitenas

13. Birthplace Poland

MOTHER 14. Maiden Name ?

15. Birthplace ?

16 (a) Informant Walter Jerom

(b) Address 2241 McElderry St

17 (a) X (Burial, cremation, or removal) (b) Date thereof Oct-17-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location

18 (a) Funeral director John J. Puda

(b) Address 2829 Hudson St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1942 at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1942 to Oct 14 1942

and that I last saw him alive on Oct 14 1942.

Immediate cause of death Hypostatic Pneumonia — Duration Oct 14

Due to Chr. Myocarditis — Duration July 1934

Due to Arteriosclerosis — Duration

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William J. Roemer M. D.

Address 801 Kennedy Dr Date signed Oct 14 '42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96645 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 731 Dolphin St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 731 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME EDWARD C. SIMMS

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Rena Simms
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1879

8. AGE: Years	Months	Days	If less than one day
63		19	hr. min.

9. Birthplace Wilson, N. C. (Town, county, and state)
10. Usual Occupation Steward
11. Industry or business

FATHER
12. Name Edward C. Simms.
13. Birthplace N. C.

MOTHER
14. Maiden Name Nicey Bess
15. Birthplace N. C.

16 (a) Informant Mrs Rena Simms
(b) Address 731 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-18-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Jesse W. Redden
(b) Address 436 W. Biddle St.

19 (a) OCT 15 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15, 1942, at 5A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 2 1942 to Oct 15 1942; and that I last saw h... alive on Oct 15 19 42.

Immediate cause of death	Duration
Acute Glomerulo-Nephritis	1 Week
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address [illegible] Date signed 10/15/42

Please write plainly with pen or pencil. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

F 96646

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

Registered No. F 96646

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2007 Hargrove Alley
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2007 Hargrove Alley (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME BEATRICE SMITH

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Robert Smith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 8, 1890

8. AGE: Years	Months	Days	If less than one day
51	11	5	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name ? Taylor
13. Birthplace Md.

MOTHER
14. Maiden Name Not Known
15. Birthplace " "

16 (a) Informant Robert Smith
(b) Address 2007 Hargrove Alley

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) OCT 15 1942 (Date rec'd by Registrar) (b) Huntington Williams Undertaker

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13 1942 at 1P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Oct 13 1942 and that I last saw h[illegible] alive on Oct 13 1942

Immediate cause of death — Duration

(a) Cause Ulcerated Kaplat

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis A. Jackson M.D.
Address 2329 Eutaw St. Date signed Oct 17 1942

VS 3

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96647

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96647 Registered No.

Please write plainly in ink. Physicians: please write the causes of death clearly and legibly. Answer all questions as correctly as possible. Omissions will delay burial. Any false statement is punishable by fine or imprisonment. Information required by law and is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 110 N Carrollton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 110 N. Carrollton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME STANLEY STRATTON

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-18-5804

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1893

8. AGE: Years	Months	Days	If less than one day
48	9	19	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Thomas Stratton
13. Birthplace Virginia

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs Luey Holmes
(b) Address 110 N. Carrollton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) OCT 15 1942 (b) Huntington Williams, M.D. Registrar
(Registered by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1942, to Oct 14 1942, and that I last saw him alive on Oct 14 1942.

Immediate cause of death	Duration
Acute Pulmonary edema	
Due to Nephritis	3
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. N. Hafeter M.D.
Address 1122 E Date signed 10/17/42

VS 8

F 96648

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96648 Registered No. 1192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood
(c) Hospital or institution: University Hosp. 25
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2614 Pierpont st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva Green (BirthF52822)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife ~~Mary Green~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1942

8. AGE: Years | Months 3 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Roland Page

13. Birthplace Va

MOTHER 14. Maiden Name Mary Green

15. Birthplace Va

16 (a) Informant Mary Green

(b) Address 2614 Pierpont st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/15/42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Franklin

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1942, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1942 to 10-13 1942, and that I last saw her alive on 10-13 1942

Immediate cause of death acidosis — Duration 2 days

Due to Infectious Diarrhea — 19

Due to (Etiology undetermined)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J G Bird M. D.
Address University Hosp Date signed 10-13-42

VS 150

423322

F 96649

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96649

Registered No. 30D

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 - 4

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 117 N. Chapel St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Malinka Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-29-02

8. AGE: Years	Months	Days	If less than one day
39	9	13	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Stanley Barclay

13. Birthplace Va

MOTHER

14. Maiden Name Susie Peters

15. Birthplace Va.

16 (a) Informant Records JOHNS HOPKINS HOSPITAL

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Brantley Ave

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1942 at 4:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Oct 12 1942 and that I last saw her alive on Oct 12 1942

Immediate cause of death Cardiac failure — Duration: Minutes

Due to Hypertension — 20 years

Coronary Thrombosis — Minutes

Due to — Weeks

Other Conditions Renal lithiasis

Cholelithiasis, Salpingitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert C. Austrian M.D.

Address The Johns Hopkins Hosp. Date signed 10/12/42

VS 3

Physicians: please write the causes of death clearly and legibly. Please write plainly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

96650 - Y

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47D

Registered No. B 96650

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1423 N. Bond St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 1
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1423 N. Bond St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME FIELDER MARTINDALE Sr.

3 (b) If veteran, name war: Spanish-American
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Margaret L. McFee
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 12. 1876

8. AGE: Years 66 | Months 1 | Days 1 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Ice Driver
11. Industry or business: Ice business

FATHER
12. Name: Abraham Martindale
13. Birthplace: Grand Rapids, Michigan

MOTHER
14. Maiden Name: Cora Poston
15. Birthplace: Baltimore Md.

16 (a) Informant: Mrs. Margaret L. Martindale
(b) Address: 1423 N. Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 16. 1942 (month) (day) (year)
(c) Cemetery or crematory: Baltimore National
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) OCT 15 1942 (b) Hamilton Williams M.D.
(Date rec'd by registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 13. 1942 at 7.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from day 4, 1942 to Oct 13 1942, and that I last saw h[illegible] alive on Oct 13 1942.

Immediate cause of death: Carcinoma of Lung. — Duration: 4 days

Due to:

Due to:

Other Conditions: Broncho pneumonia. — Duration: 5 days
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Jacob L. Silberstein M.D.
Address: 1929 Eutaw Place Date signed: 10/14/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96651

F 96651

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 W. CAWERT SIS
(c) Hospital or institution:
UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County BALTO.
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. EARL COURT APTS. CITY
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country .....

3 (a) FULL NAME MRS. THOMAS CHALMERS PEEBLES

3 (b) If veteran, name war .....

3 (c) Social Security Account No. .....

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: W

6 (b) Name of husband or wife THOMAS CHALMERS

6 (c) If alive, give age Peebles years

7. Birth date of deceased (mo., day, yr.) AUG 22, 1870

8. AGE: Years 71 or 72 | Months 2, | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace PENNSYLVANIA (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name HENRY VAN TINE
13. Birthplace CHICAGO ILL.

MOTHER
14. Maiden Name CEGELIA JORDON
15. Birthplace PENNSYLVANIA

16 (a) Informant RUTH PEEBLES
(b) Address 3023 CLIFTON AVE, BALTO MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT 17-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Wm. Ignatius Cook Inc
(b) Address 1217 N. Paca Street

19 OCT 15 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1942, at 2.15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942, to Oct 15 1942, and that I last saw h.c.r. alive on Oct 10 1942.

Immediate cause of death CARDIO-RESPIRATORY DEATH (vascular)

Due to CEREBRAL ACCIDENT

Due to .....

Other Conditions .....
(include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

Duration
5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 10/15/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96652

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (931)

F 96652

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1823 Augusta St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 9

(e) Length of stay in Baltimore (yrs., mos., or days) 50yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1823 Augusta St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard C Bull

3 (b) If veteran, name war Spanish

3 (c) Social Security Account No. 213-80-78

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Emma R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 11 1875

8. AGE: Years 67 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Trainman Retired

11. Industry or business R.R.

FATHER
12. Name Nicholas Bull
13. Birthplace Germany

MOTHER
14. Maiden Name Ellen Marsh
15. Birthplace Hanover Pa

16 (a) Informant Mrs Emma Bull
(b) Address 6222 Ellen Ave Parkville

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/19/42 (Month) (Day) (Year)

(c) Cemetery or crematory Woodlawn
Location Woodlawn

18 (a) Funeral director Wilson & Son
(b) Address 2170 St Paul St

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1942, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1942 to Oct 15 1942 and that I last saw h[illegible] M alive on Oct 15 1942.

Immediate cause of death: to dilatation of heart due to Strangulation Int — Duration 1 day
Due to following a mucous coming from stomach
Due to pylo of the Stom

Other Conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation: none

of autopsy: none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide none
(b) Date of occurrence none at M
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none While at work? none (Specify type of place)
(e) Means of injury none

23. Signature Otto J Duker M.D.
Address 9286 North Ave Date signed Oct 16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 96653 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4002 Gough St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4002 Gough St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Evans Weidner

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1876

8. AGE: Years	Months	Days	If less than one day
65	10	15	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John McCann
13. Birthplace ?

MOTHER
14. Maiden Name Annie Sommers
15. Birthplace Baltimore, Md.

16 (a) Informant George Evans
(b) Address 4002 Gough St.

17 (a) Burial (b) Date thereof 10/16/37
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Baltimore, Md.

18 (a) Funeral director Wm. Sign Son & Sons
(b) Address 1217 St Paul

19 (a) OCT 15 1937 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1937, at 9 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Arteriosclerosis	
Cardio-vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 13 1937

V8 6

F 96654

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

133a

F 96654

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2637 Cecil Av

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-7

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County City Balto

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 2637 Cecil Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME George William Brock Norris

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-7374

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Elizabeth M Norris

6 (c) If alive, give age years

7. Birth date of deceased (month, day, year) DEC 5-1910

8. AGE: Years 31 | Months 10 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Pipe Fitter

11. Industry or business Bethlehem Fairfield

FATHER

12. Name James Fernandis Norris

13. Birthplace Belair Maryland

MOTHER

14. Maiden Name Iris Garner Brock

15. Birthplace Annapolis Md

16 (a) Informant Garner Norris

(b) Address 1705 East 25th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17/42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion Cemetery

Location Belair Maryland

18 (a) Funeral director Wm. A. Cook Inc

(b) Address 1217 St Paul St

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Huntington Willi[illegible]

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1942, at 5:30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8th. 1942, to Oct. 14th. 1942, and that I last saw h[im] alive on Oct. 13th. 1942.

Immediate cause of death Lobar Pneumonia — Duration 4 days

Due to

Due to

Other Conditions LAGrippe — 3 days

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Jas W Montgomery MD

Address 401 E. 25th. St. Date signed 10/15/42

F 96655

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

F 96655

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 105 Willow Spring Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3 (a) FULL NAME JOSEPH GEORGE BASAR

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	213-07-9196

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Amelia Matesa
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Oct. 6, 1888

8. AGE: Years	Months	Days	If less than one day
54	0	8	____ hr. ____ min.

9. Birthplace Yugoslavia
(Town, county, and state)
10. Usual Occupation DIE MAKER
11. Industry or business Bethlehem Steel

FATHER
12. Name John Basar
13. Birthplace Yugoslavia

MOTHER
14. Maiden Name Anna Jacsik
15. Birthplace Yugoslavia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 16-42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Frederick Road

18 (a) Funeral director Frank V. Pipitone
(b) Address 818 E. Baltimore St

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Huntington Williams

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 13, 1942, at 5:45a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1, 1942 to Oct. 13, 1942, and that I last saw him alive on Oct. 13, 1942.

Immediate cause of death Miliary tuberculosis of lungs, spleen, liver, kidneys and ~~bone~~ adrenals — Duration 6 weeks

Due to _____

Other Conditions _____
(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)
(e) Means of injury _____

23. Signature W. S. Bean /R. Dunbar M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 10/15/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96656

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. E 96656

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Hanover Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Hunt

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-02-4304

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Jennie Hunt (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/12

8. AGE: Years	Months	Days	If less than one day
30			hr. min.

9. Birthplace S. C.
(Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name I. Hunt
13. Birthplace S C

MOTHER
14. Maiden Name Ellen McDonough
15. Birthplace S.C.

16 (a) Informant Jamie Hunt
(b) Address 608 Hanover St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A A Co Md

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McCulloh St

19 (a) OCT 15 1942 (Date rec'd by registrar) Huntington for Millicent Hunter Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-12-1942, at 7 20 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture skull	
Due to	
Due to	
Other Conditions Broncho-pneumonia abscess of brain	

(Include pregnancy within 3 months of death)

Date of operation 9-17-1942

Major findings of operation: Depressed fracture and brain infection

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 9-13-42 at ? P.M
(c) Where did injury occur? Mine St. - Fairfield
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Industrial While at work? ?
(Specify type of place)
(e) Means of injury Struck on head with an axe

23. Signature Howard J. Mealey M.D.
Medical Examiner.
Date signed 10-14-42

96657

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. 96657

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bethlehem-Fairfield Hosp. 26
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 527 Leigh St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Crawley Oliver

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-16-8920

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10-1891

8. AGE: Years	Months	Days	If less than one day: hr.	min.
51	3	5		

9. Birthplace Nansemond Co Va. (Town, county, and state)

10. Usual Occupation Ship Builder.

11. Industry or business

FATHER
12. Name John R. Oliver
13. Birthplace Nansemond Co Va

MOTHER
14. Maiden Name Martha A. Powell.
15. Birthplace Nansemond Co Va.

16 (a) Informant Hurley Oliver
(b) Address Suffolk. Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/42 (month) (day) (year)
(c) Cemetery or crematory Family Cemt
Location Nansemond Co. Va.

18 (a) Funeral director Clarence E. Hoffman
(b) Address 1639 N. Broadway

19 (a) Filed (Date received by registrar) Registrar

OCT 16 1942

MEDICAL CERTIFICATION 30

20. DATE OF DEATH Oct. 15 1942 at 8 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above. (Autopsy or Inquiry)

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 15 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I 96658

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 96658 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1717 Madison Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1717 Madison Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE: Years	Months	Days	If less than one day
42			hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name E. C. Cheatham
13. Birthplace Weldon, N.C.

MOTHER
14. Maiden Name Gracie Cheatam
15. Birthplace Weldon, N.C.

16 (a) Informant Major E. Hannon
(b) Address 1717 Madison Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-42 (month) (day) (year)
(c) Cemetery or crematory
Location Weldon, N.C.

18 (a) Funeral director A. Halstead
(b) Address 9 E. Lanvale St

OCT 16 1942 (Date rec'd by Registrar)

(b) Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/14 1942 at 6.30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death: Chronic Myocarditis
Bronchial Asthma — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 10/15/42.

VS 6

F 96659

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96659
Registered No.

E.S. (73081)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 8 17
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 540 Mulberry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
Christopher Dabney

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1882

8. AGE: Years	Months	Days	If less than one day
60	0	2 0	hr. min.

9. Birthplace Virginia
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Joe Dabney (d)
13. Birthplace Virginia

MOTHER
14. Maiden Name Fannie Alice ?
15. Birthplace Virginia

16 (a) Informant B.C.H. Records
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. County
18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave.
19 (a) Filed [illegible] 16 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1942, at 7 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 4-6 1942 to 10-13 1942.
and that I last saw him alive on 10-13 1942.

Immediate cause of death	Duration
Cardiac failure	?
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature N. K. Rabkin M. D.
Address Balto. City Hosp. Date signed 10-15-42

VS 250

96660 1942 6 2 8 2

BALTIMORE CITY HEALTH DEPARTMENT X 937

CERTIFICATE OF DEATH

F 96660 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21da
(e) Length of stay in Baltimore (yrs., mos., or days) 20yrs?

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town MONKTON 12-2 (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES CRAWFORD NEILSON

3 (b) If veteran, name war: World War I
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife: MRS. JAMES C. NEILSON
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1 1882

8. AGE: Years	Months	Days	If less than one day
60	2	13	hr. min.

9. Birthplace: MISSISSIPPI (Town, county, and state)
10. Usual Occupation: FARMER
11. Industry or business

FATHER
12. Name: JAMES CRAWFORD NEILSON (34)
13. Birthplace: MISSISSIPPI

MOTHER
14. Maiden Name: KATHERINE BARRIE
15. Birthplace: MISSISSIPPI

16 (a) Informant: Mrs. Jas Crawford Neilson
(b) Address: monkton md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 42 (month) (day) (year)
(c) Cemetery or crematory: Darlington
Location: Darlington Md

18 (a) Funeral director: Henry H. Jenkins Son Co
(b) Address: McCulloh & Orchard Sts.

19 (a) OCT 16 1942 (Date rec'd by registrar) (b) Huntingtown Millersville Md

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH: OCTOBER 14 1942 at 2 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from SEPT. 23, 1942 to Oct 14 1942 and that I last saw him alive on Oct 14 1942.

Immediate cause of death	Duration
CARDIO-RESPIRATORY FAILURE	
Due to CEREBRAL HEMORRHAGE	2 days
Due to HYPERTENSIVE CARDIO-VASCULAR DISEASE	years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: John A. Nash M. D.
Address: Union Memorial Hosp. Date signed 10-17-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

96661

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 96661

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 2251 N. Fulton Ave Balto. City Md
(b) Street address
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/4 hr.
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2251 N. Fulton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Vier (Birth F 59472)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Wht.	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14 42

8. AGE: Years	Months	Days	If less than one day
			1 hr. 15 min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Hamilton E. Vier
13. Birthplace Va.

MOTHER
14. Maiden Name Dora M. Crawford
15. Birthplace Buffalo N.Y.

16 (a) Informant Hamilton E. Vier
(b) Address 2251 N. Fulton Ave

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL OCT 15 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) OCT 15 1942 (b) Thomas Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1942 at 6:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1942 to Oct. 14 1942 and that I last saw him alive on Oct. 14 1942.

Immediate cause of death Traumatic asphyxia — Duration 1/4 hr.
Due to Fall of mother accidentally overlaid by Mother — 10/14/42
Due to Chest or facial injuries.
Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accd. fr. Mother
(b) Date of occurrence Oct. 10/42
(c) Where did injury occur? at Home (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? —
(e) Means of injury

23. Signature [illegible] M. D.
Address 1605 N. Broadway Date signed 10/14/42

VS 3

9495

F 96662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96662
Registered No. 1362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2422 Liberty Heights Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 5 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2422 Liberty Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH ANDREW BEATON

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1900

8. AGE: Years	Months	Days	If less than one day
42	9	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Architect (retired)
11. Industry or business

FATHER
12. Name Angus S. Beaton
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Elizabeth Leigh
15. Birthplace Balto., Md.

16 (a) Informant Miss Marie B. Beaton
(b) Address 2422 Liberty Heights Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) OCT 16 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941, to Oct 1942, and that I last saw h[illegible] alive on Oct 12 1942.

Immediate cause of death: Pulmonary Tuberculosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. D. Planck M. D.
Address 4710 Liberty Hts Date signed 10/15/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96663

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

F 96663 Registered No.

PLEASE WRITE PLAINLY, with ink. Use no abbreviations. Be sure that every question is answered. Please see that the information you give for the items on cause of death is full and correct. Age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 E. 38th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie B. O'Donovan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 5. 1871

8. AGE: Years 71 | Months 9 | Days 8 | If less than one day: hr. min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Peter O'Donovan
FATHER 13. Birthplace Ireland

MOTHER 14. Maiden Name Ellen Fahey
MOTHER 15. Birthplace Ireland

16 (a) Informant Miss Catharine O'Donovan
(b) Address 624 E. 38th

17. (a) Burial, cremation or removal (b) Date thereof Oct. 17/42 (month) (day) (year)
(c) Cemetery or crematory St. Mary's Govans Md
Location Govans Md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St

19 (a) OCT 16 1942 Registrar (b) Registrar Washington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 13 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Septem 1 1942, to October 13 1942, and that I last saw h e alive on Oct. 13 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to	
Generalized Heterosclerosis	5 yrs (?)
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Philip D. Flynn M. D.
Address 423 E North Ave Date signed 10-15-42

VS 3

F 96664

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

183

F 96664

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Finland (b) County
(c) City or town Helsinki (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Switzerland

3 (a) FULL NAME KNUTE O CARLANDER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced Unknown

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1919

8. AGE: Years 33 | Months | Days | If less than one day hr. min.

9. Birthplace Sweden (Town, county, and state)

10. Usual Occupation Mariner

11. Industry or business

FATHER 12. Name Unknown
13. Birthplace

MOTHER 14. Maiden Name Unknown
15. Birthplace

16. (a) Informant Nordberg
(b) Address 5th Bldg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore MD

18 (a) Funeral director Wilson Col Inc
(b) Address 1217 E Lord Baltimore Huntington Williams MD

19 (a) OCT 16 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 12 1942 at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to Acute alcoholism	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 12 1942 at 12 M
(c) Where did injury occur? Harbor Pier 5 (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work?
Means of injury fell overboard

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner
Date signed 10-12-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 96665
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mt. Sinai Hosp
(c) Hospital or institution 4613 Park Heights Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-3
(e) Length of stay in Baltimore (yrs., mos., or days) 31 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balti (If outside city or town limits, write RURAL and give town)
(d) Street No. 2338 E. Monument St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Seltzer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Harry Seltzer
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1870

8. AGE: Years 72 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel —
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Samuel Seltzer
(b) Address 2938 O'Donnel St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Mt. Carmel
Location Herman Hill Rd
18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto. St
19 (a) (b) Huntington Milwaukee, Wis

OCT 16 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-15-42 19 at 4 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1942 to Oct. 15 1942 and that I last saw him alive on Oct. 15 1942

Immediate cause of death: Congestion Heart Failure — Duration 24 hours

Due to Cerebral Hemorrhage - Left — 10 days.

Due to Arteriosclerotic Heart Disease — 10 yrs

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Israel Rosen M. D. M. D.
Address 2413 E. Monument St Date signed

VS/156

Wolf. 1687

F 96666

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 96666

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Franklin Square Hosp
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 d 12
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3736 Park Heights Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sarah Block

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F Male	white	Married

6 (b) Name of husband or wife Harry Block
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1896

8. AGE: Years	Months	Days	If less than one day: hr.	min.
46				

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Abraham Rivetgal
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant Harry Block
(b) Address 3736 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location

18 (a) Funeral director Jack Davis Inc
(b) Address 1439 E. Baltimore St Huntington Williamsport Md

19 (a) (Date received) OCT 16 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/15/42 19 at 6:15 P.M

21. I certify that death occurred on the date above stated, that I attended deceased from 10/14/42 19 to 10/15/42 19 and that I last saw h alive on 10/15/42 19

Immediate cause of death Coronary Thrombosis — Duration 24 hours
Due to Hypertensive C.V. Disease — 10 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature F E Boardman Jr M. D.
Address Franklin Sq Hosp Date signed

VS 3

correct age is especially important. Physicians, please write the cause of death plainly.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 96667 F 96667

CERTIFICATE OF DEATH 94a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4035 Lewiston Ave. St. ..... Ward)

Length of residence in city or town where death occurred 50 yrs. — mos. — da. How long in U. S. if of foreign birth? — yrs. — mos. — da.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence B. H. O'Neal

(a) Residence: No. 4035 Lewiston Ave. St., 27-18 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William I. O'Neal

6. DATE OF BIRTH (month, day, year) — — — — — — — — 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About 68	— — —	— — — —	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore County Maryland

FATHER

13. NAME: Sands Pleasants

14. BIRTHPLACE (city or town) (State or country): Rockville Maryland

MOTHER

15. MAIDEN NAME: Fannie Hungerford

16. BIRTHPLACE (city or town) (State or country): Reisterstown Maryland

17. INFORMANT: Mrs. Frances B. H. Kirk

(Address) 4035 Lewiston Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 10/17 42

19. UNDERTAKER: Henry H. Myers & Son

(Address) 805 N. Calvert St.

20. FILED OCT 16 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-15 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 8 1942 to Oct 15 1942

I last saw her alive on Oct 14 1942 Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis — Date of onset 10-15-42

Other contributory causes of importance:

Generalized arteriosclerosis ?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morris B. Schreiber M. D.

(Address) 54 S. Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V8 8

423790

F 96668

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89a

F 96668 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State W Va (b) County Marion
(c) City or town Fairview (If outside city or town limits, write RURAL and give town)
(d) Street No. R D # 3 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Earle Davis

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-17-16

8. AGE: Years	Months	Days	If less than one day
26	—	28	hr. min.

9. Birthplace W. Va. (Town, county, and state)

10. Usual Occupation Welder

11. Industry or business

FATHER 12. Name Evard E. Davis

13. Birthplace W. Va.

MOTHER 14. Maiden Name Lelia Swiger

15. Birthplace W. Va.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18/42 (month) (day) (year)

(c) Cemetery or crematory Davis Cemetery

Location Fairview W. Va.

18 (a) Funeral director John L. Mitchell Amp

(b) Address 1900 Eutaw Place

19 (a) OCT 16 1942 (Date received by Registrar) Huntington W. Va.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1942 at 3.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1942 to Oct 15 1942 and that I last saw him alive on Oct 15 1942.

Immediate cause of death	Duration
meningitis - pneumococcus type 3	3 days
Due to mastoiditis	?
Due to otitis media	1 month
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 10-14-42

Major findings of operation: mastoiditis

of autopsy: Meningitis, mastoiditis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L Duncan Jr. M. D.

Address Johns Hopkins Hosp. Date signed 10-15-42

Please write correct age is especially important. Physicians: please write the causes of death clearly and supply

F 96669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 96669 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 32nd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County Allegany
(c) City or town FROSTBURG
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12-2
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME MRS SARAH KAY STEVENS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1864

8. AGE: Years	Months	Days	If less than one day
78	2	8	hr. min.

9. Birthplace ~~England~~ MARYLAND
(Town, county, and state)

10. Usual Occupation NONE

11. Industry or business "

FATHER
12. Name MR DAVID DAVIS
13. Birthplace ENGLAND

MOTHER
14. Maiden Name HANNAH PHILLIPS
15. Birthplace ENGLAND

16 (a) Informant Hospital Records
(b) Address Union Mem. Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18/42 (month) (day) (year)
(c) Cemetery or crematory Frostburg Md
Location "

18 (a) Funeral director John A. Mitchell Sons
(b) Address 1926 Eutaw Place Huntington Wilkesville, W.Va.

19 (a) OCT 16 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1942 at 2:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-12 1942 to 10-15 1942 and that I last saw h alive on 10-15 1942.

Immediate cause of death	Duration
Cardio. respiratory failure	3 days
Due to Carcinomatosis Peritonei ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Leslie M. D.
Address Union Memorial Hospital Date signed 10/19/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96670 F 96670

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given and the appropriate space filled. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 42

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Florence Lee Comyk

3 (b) If veteran, name war	3 (c) Social Security Account No.
V	V

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 5, 1871

8. AGE: Years	Months	Days	If less than one day
70	10	10	hr. min.

9. Birthplace Philadelphia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name David Hanes
13. Birthplace Elkton, Md.

MOTHER
14. Maiden Name Emma Silver
15. Birthplace Md.

16 (a) Informant Hospital Records
(b) Address Church Home N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 17/42 (month) (day) (year)
(c) Cemetery or crematory Old St Paul's
Location Chesterlown, Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1906 Eutaw Place

19 (a) OCT 16 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1942, at 6:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/11 1942 to 10/15 1942, and that I last saw her alive on 10/15 1942.

Immediate cause of death: Cerebral Thrombosis — Duration: 3 weeks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address Church Home & Infirm. Date signed 10/15 '42

42 F 96671

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96671
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Del (b) County
(c) City or town Milford
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D.1
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nehemiah Dickerson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Lydia
6 (c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.) 11-22-80

8. AGE: Years 61 | Months 10 | Days 27 23 | If less than one day ____ hr. ____ min.

9. Birthplace Del.
(Town, county, and state)

10. Usual Occupation FARMER

11. Industry or business

FATHER
12. Name James Dickerson
13. Birthplace Del.

MOTHER
14. Maiden Name Georgia Dickerson
15. Birthplace Del

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Milford, Del.

18 (a) Funeral director John L. Mitchell & Sons
(b) Address 128 Eastern Ave.

19 (a) OCT 16 1942 (Date rec'd by registrar) (b) Washington, Williamsport

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1942 at 7.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sep 15 1942 to Oct 15 1942 and that I last saw him alive on Oct 15 1942.

	Duration
Immediate cause of death Cachexia	
Due to Left Kidney Tumor	
Due to Carcinoma of prostate	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Walter E. Clemens
Address Johns Hopkins Hosp Date signed 10/16/42

VS 3

Please write clearly and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96672

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 46E

F 96672 Registered No.

Please write plainly. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1712 E. Monument St.
(c) Hospital or institution: Sinai Hospital, Inc
(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 422 N. Arlington Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ROSARIO GEPPI JEPPI

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	

6 (b) Name of husband or wife Rosalie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 20-1881

8. AGE: Years	Months	Days	If less than one day
61	8	25	hr. min.

9. Birthplace Italy (Town, county and state)
10. Usual Occupation Fruit Dealer
11. Industry or business

FATHER 12. Name	Domenico Jeppi
FATHER 13. Birthplace	Italy
MOTHER 14. Maiden Name	?
MOTHER 15. Birthplace	Italy

16 (a) Informant Rosalie Jeppi (Geppi)
(b) Address 422 N. Arlington Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cem.
Location Old Frederick Road

18 (a) Funeral director Joseph Farace Inc.
(b) Address 1300 Fremont Ave

19 (a) OCT 16 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1942 at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/8/1942 to 10/15 1942, and that I last saw him alive on 10/15/1942.

Immediate cause of death Peripheral vascular collapse

Due to Carcinoma

Due to Carcinoma of splenic flexure of colon

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10/12/42

Major findings of operation: Ca of splenic flexure & pleural adhesions

Pathology: intra duodenal

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Isadore Sborofsky M. D.
Address Sinai Hospital Date signed 10/15/42

VS 8

F 96673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

Registered No. F 96673

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light St.

(c) Hospital or institution: South Balto Gen'l Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d.

(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto

(If outside city or town limits, write RURAL and give town)

(d) Street No. 210 W Henrietta

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Robert JONES.

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 68 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Va

(Town, county, and state)

10. Usual Occupation Labor

11. Industry or business

FATHER

12. Name Unknown

13. Birthplace

MOTHER

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Henry Lee

(b) Address 559 N Bond St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location Balto Md

18 (a) Funeral director Isaiah L. Brown & Son

(b) Address 108 W Montgomery St

19 (a) [illegible] (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/13 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/12 1942 to 10/13 1942, and that I last saw h alive on 10/13 1942.

Immediate cause of death: Generalized peritonitis — Duration

Due to: Ruptured appendix

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature C. Andrew Zeltz M. D.

Address 213 Light St Date signed 10/14/42

VS 150

F 96

F 96674

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45 F

Registered No. F 96674

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4110 Ridgewood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4110 Ridgewood ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry Fortuna

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8954

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Minnie May Fortuna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29 1877

8. AGE: Years	Months	Days	If less than one day
65	9	16	hr. min.

9. Birthplace Lebanon Pa.
(Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name George Fortuna
13. Birthplace Lebanon Pa.

MOTHER
14. Maiden Name Jane Myers
15. Birthplace Lebanon Pa.

16 (a) Informant Vernon S. Fortuna
(b) Address Campfield Rd. Pikesville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/16/42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Cem
Location

18 (a) Funeral director H. J. Armacost
(b) Address 4708 Ridgewood Ave

19 (a) OCT 15 1942 (Date rec'd by registrar) (b) Harrington Williams M.D. Registrar

MEDICAL CERTIFICATION 45

20. DATE OF DEATH Oct. 14 1942, at 11 7 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an In Quest (Autopsy or Inquiry) thereon and from the evidence obtained by said In Quest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Carcinoma Stomach	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Faehner M.D.
Medical Examiner.
Date signed Oct. 15 1942

VS 6

PLEASE WRITE PLAINLY with pen or indelible pencil. Do not use pencil. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96675

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96675 Registered No. 1800

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 5

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 SANFORD Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARJORIE McCLAIN Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-18-2137

4. Sex Female | **5. Color or race** Black | **6 (a) Single, married, widowed, or divorced.** MARRIED

6 (b) Name of husband or wife Reuben

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 18 1918

8. AGE: Years 24 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation U.S. Govt Employee

11. Industry or business

FATHER
12. Name Alfred Johnson
13. Birthplace VA

MOTHER
14. Maiden Name Ada Lewis
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 10/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Mt Auburn

18 (a) Funeral director Chas. S. Nelson
(b) Address 1524 Pennsylvania Ave

19 (a) OCT 16 1942 (Date rec'd by registrar) **(b)** Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1942, at 10.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19.

Immediate cause of death Acute respiratory failure

Due to Increased intracranial pressure

Due to Brain abscess

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Zeuthen
Address Johns Hopkins Hosp. **Date signed** 10/17/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 96676

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96676 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1000 Springfield Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Springfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edna Virginia Tolliver

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Female | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 17, 1923

8. AGE: Years 19 | Months — | Days 21/26 (If less than one day) hr. min.

9. Birthplace Altoona, Pa. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name David Tolliver
13. Birthplace Altoona, Pa.

MOTHER
14. Maiden Name Lillie Davis
15. Birthplace Balto., Md.

16 (a) Informant Lillie Tolliver
(b) Address 1000 Springfield Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. George A. Galland
(b) Address 1631 Druid Hill Ave.

19 (a) OCT 16 1942 (Date received by registrar)

Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1942, at 5.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to Oct 13 1942, and that I last saw her alive on Oct 3 1942.

Immediate cause of death — Pulmonary Tuberculosis — Duration 2 yr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Martin B Tolliver M. D.

Address Medical Art. Bldg. Date signed 10/13/42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Statement of cause of death, and correct age is especially important.

F 96677

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 96677

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2520 Madison Ave.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 63

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2520 Madison Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Elizabeth Blake

3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Peter E.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 20, 1888

8. AGE: Years	Months	Days	If less than one day
53 04	10	22	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Greenberry Perkins

13. Birthplace Maryland

MOTHER 14. Maiden Name Lucy Slaughter

15. Birthplace Jamestown, Va.

16 (a) Informant Peter E. Blake

(b) Address 2520 Madison Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1942 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk. Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. H. Stallard

(b) Address 1691 Druid Hill Ave

19 (a) OCT 16 1942 (Date received by registrar) (b)

Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12 1942 at 11 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 11 1942 to Oct 12 1942 and that I last saw h[illegible] alive on Oct 12 1942.

Immediate cause of death	Duration
Hypertensive Cardio Vascular Disease	One month
Due to Hypertension	3 months
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nathan Higgins M. D.

Address 724 Rodman Ave Date signed 10/14/42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

F 96678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 96678
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1822 Division St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14-3
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1822 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Alice Addison

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Sylvester W.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4, 1884

8. AGE: Years 58 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Florence, S.C. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Sharper Wyles
13. Birthplace Virginia

MOTHER
14. Maiden Name Liviana ? ? ?
15. Birthplace Darlington, Va.

16 (a) Informant James B. Williams
(b) Address 1823 Druid Hill Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1942 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Florence, S. C.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) OCT 16 1942 (Date rec'd by registrar) Huntington Williams M.R. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 13 1942 at 7.00 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from June 1942 to Oct 13 1942, and that I last saw [illegible] alive on Oct 13 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 2 days
Due to: Hypertension
Due to: Uremia
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 805 N. Front [illegible] who signed this

Please write clearly. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

96679

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No. F 96679

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5506 Fern Parkway
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5506 Fern Park
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Lee Nicholson (Birth F 60008)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	S.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-14-42

8. AGE: Years	Months	Days	If less than one day
		1	4 hr. 5 min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation none
11. Industry or business

FATHER
12. Name Finley Clayton Nicholson
13. Birthplace Elkhart Ind.

MOTHER
14. Maiden Name Hilda Brown
15. Birthplace Rochester Ind.

16 (a) Informant Finley Clayton Nicholson
(b) Address 5506 Fern Park Ave.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-16-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md.

18 (a) Funeral director Forman Bros
(b) Address 2002 Eutaw Place

19 OCT 16 1942 (b) Huntington Williams M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1942 at 12:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1942 to Oct 16 1942 and that I last saw her alive on Oct 15 1942.

Immediate cause of death	Duration
(a) Hemorrhage Lung	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams M.D.
Address 1 W Mulberry Date signed 10/16/42

VS 3

Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

96680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 48a

Registered No. F 96680

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.

(c) Hospital or institution: US Marine Hospital, Baltimore, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 5mo11da

(e) Length of stay in Baltimore (yrs., mos., or days): 5mo.11da.

2. USUAL RESIDENCE OF DECEASED:

(a) State: New York (b) County:

(c) City or town: Brooklyn (If outside city or town limits, write RURAL and give town)

(d) Street No.: 444 Grant Ave., (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3 (a) FULL NAME: CHERI LEE CYWINSKI

3 (b) If veteran, name war: NO

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louis Cywinski

6 (c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): April 18,1913

8. AGE: Years: 29 Months: 5½ Days: 27 If less than one day: hr. min.

9. Birthplace: Florence, Alabama (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER

12. Name: Robert Moreau

13. Birthplace: -------

MOTHER

14. Maiden Name: Rachelle Lofquest

15. Birthplace: --------

16 (a) Informant: Records-US Marine Hospital

(b) Address: Baltimore, Maryland.

17 (a) ~~Cert~~ Burial (Burial, cremation, or removal) (b) Date thereof Oct 16-42 (month) (day) (year)

(c) Cemetery or crematory: National Park

Location:

18 (a) Funeral director: Reiley Slade

(b) Address: 490 ~~[illegible]~~ Park Road

19 (a) (Date rec'd by Registrar) (b) Registrar's signature: [illegible]

OCT 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 15, 1942, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 4, 1942, to Oct. 15 1942, and that I last saw her alive on Oct. 15, 1942.

Immediate cause of death: Cachexia and inanition — Duration: 4 mo.

Due to: Bilateral hydronephrosis — 5 mo.

Due to: Recurrent carcinoma of cervix with metastases to liver — 1yr.8mo.

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation: May 19, 1942

Major findings of operation: Cystoscopy

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: Lt. S. Bacon M. D.

Address: US Marine Hospital, Baltimore, Maryland. Date signed: 10/16/42

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96681 423139

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124B

F 96681 Registered No.

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and legibly. Give correct age if especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1034 Central Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edgar Graham

3 (b) If veteran, name war | 3 (c) Social Security Account No. XX

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-6-79 1869

8. AGE: Years	Months	Days	If less than one day
72	11	25	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name W L. Graham
13. Birthplace ?

MOTHER
14. Maiden Name Taney
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL OCT 16 1942
Location
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) OCT 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1 1942 at 6.45 A M
21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1942 to 10-1 1942 and that I last saw h. alive on 10-1 1942

Immediate cause of death	Duration
cirrhosis of liver	
Due to	
Due to	
Other Conditions pernicious anemia	unknown

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy cirrhosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature S C Duncan Jr
Address Johns Hopkins Hosp. Date signed M. D. 10-6-42

VS 3

9500

96682 26133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52B

Registered No. F 96682

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals

12-5

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo-17da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 590 Preston St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Brown

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1873

8. AGE: Years	Months	Days	If less than one day
69	0	22	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Pipe Fitter
11. Industry or business Beth. Steel Co.,

FATHER
12. Name John Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Alice Mae
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 16 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) OCT 16 1942 Washington Williams, M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4 1942 at 10:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-17-42 19 to 10-4 1942 and that I last saw h/h alive on on 10-4/1942.

Immediate cause of death: Respiratory Failure — Duration: 2 days
Due to: General Carcinomatosis
Due to: Adenocarcinoma Bladder
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 8/27/42 & 9-27-42
Major findings of operation: Ca. Bladder.
of autopsy: —

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr., M. D.
Address Balto. City Hosp. Date signed 10-5-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

9501

96683
JL - 75572

F 96683

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 938

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo-10 da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Catonsville (If outside city or town limits, write RURAL and give town)
(d) Street No. Spring Grove State Hosp. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Norris

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1866

8. AGE: Years	Months	Days	If less than one day
76	4	1 0	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Richard Norris
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Heaps
15. Birthplace Md.

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 16 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) OCT 16 1942 (Signature of Registrar) Livingston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-2 1942, at 10 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-24 1942, to 10-2 1942, and that I last saw h alive on 10-2 1942.

Immediate cause of death Bronchopneumonia — Duration 2 Days

Due to Hypertension C.V. disease — ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balts. City Hosp. Date signed 10-13-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure to correct age is especially important.

VS 3

9502

96684

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 96684
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 22-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 21 Hughes St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lewis Johnson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: Black

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 53 | Months | Days | If less than one day: hr. min.

9. Birthplace New Jersey
(Town, county, and state)

10. Usual Occupation Dishwasher

11. Industry or business

FATHER 12. Name William

13. Birthplace New Jersey

MOTHER 14. Maiden Name Georgeanna Beverly

15. Birthplace New Jersey

16 (a) Informant Louis Johnson

(b) Address 21 Hughes St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 16 1942
Commissioner of Health

18 (a) Funeral director

(b) Address

19 (a) OCT 16 1942 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-9-42 19 , at 7A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7-42 19 , to 10-9-42 19 , and that I last saw h alive on 10-9-42 19 .

Immediate cause of death Respiratory failure — Duration

Due to Lobar pneumonia & Septicemia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. L. Beverly jr. M. D.
Address W. L. Beverly Jr. Date signed 10-12-42

VS 150

9503

F 96685

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

89W

F 96685 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address HARFord Rd. & Herring Run
(c) Hospital or institution: Sydenham Hosp. 21
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1008 Scott St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Marion Gilbert (Birth # 53354)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 7/15/42

8. AGE: Years | Months 3 | Days - | If less than one day ..... hr. ..... min.

9. Birthplace Balto, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Marion M. Gilbert
13. Birthplace Penna

MOTHER
14. Maiden Name Edna E. O'Malley
15. Birthplace Baltimore Md

16 (a) Informant Edna E. O'Malley
(b) Address 1008 Scott St

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Oct 17-1942 (month) (day) (year)
(c) Cemetery or crematory Woodland Mem Park
Location Baltimore Co

18 (a) Funeral director Katz & B M Walters
(b) Address Gratz Bldg Huntington Williams M.D.

OCT 16 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1942, at 6 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1942, to Oct 15 1942 and that I last saw him alive on Oct 15 1942.

Immediate cause of death Septicemia — **Duration**

Due to Type IV Pneumococcus

Due to Bilateral Bronchopneumonia & Meningitis

Other Conditions Otitis Media, Bilat.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Bronchopn. & Meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Kenneth Bruland M.D.
Address Sydenham Hosp **Date signed** 10/14/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96686

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96686
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital 12
(d) Length of stay in hospital or inst. (yrs., mos., days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County BALTIMORE
(c) City or town TOWSON
(If outside city or town limits, write RURAL and give town)
(d) Street No. 30 W PENNSYLVANIA AVE
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME CHARLES THOMAS HAILE

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: MALE

5. Color or race: WHITE

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: MRS CHARLES T. HAILE (Grace B. Haile)

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 1892 (July 24)

8. AGE: Years 50 | Months 11 | Days 27 | If less than one day: hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation DENTIST

11. Industry or business

FATHER
12. Name George M. Haile
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Foard
15. Birthplace Maryland

16 (a) Informant wife
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location Parkville, Md.

18 (a) Funeral director E. E. Arthur
(b) Address Park, Maryland

19 OCT 16 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1942 at 6.40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1942 to Oct 15 1942 and that I last saw h[illegible] alive on Oct 15 1942

Immediate cause of death: Cardiorespiratory failure — Duration: ?

Due to: Carcinoma of rectum & metastases in liver

Due to:

Other Conditions: Renal calculi — Duration: ?

Pulmonary TB
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Ca of rectum & metastases

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John A Crabtree Jr. M. D.
Address Union Memorial Hosp. Date signed 10-15-42

correct age is especially important. Physicians: please write the causes of death clearly and

VS 3

F 96687

F 96687

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 S. Mallow Hill Ave.
(c) Hospital or institution: **********

28-4

(d) Length of stay in hospital or inst. (yrs., mos., or days) **
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 225 S. Mallow Hill Ave. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME: Mary E. Moxley

3 (b) If veteran, name war: None

3 (c) Social Security Account No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single
****

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): August 8-1889

8. AGE: Years 53 | Months 2 | Days 6 | If less than one day: hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Retired Police Matron

11. Industry or business

FATHER
12. Name: Jonathan E. Moxley
13. Birthplace: Howard Co., Md.

MOTHER
14. Maiden Name: Mary T. O'Sullivan
15. Birthplace: Ireland

16 (a) Informant: Jonathan E. Moxley
(b) Address: 1722 Ellamont Ave.

17 (a) Burial (Burial, [redacted]) (b) Date thereof 10/17/42 (month) (day) (year)
(c) Cemetery or crematory: Cathedral
Location: Old Frederick Road

18 (a) Funeral director: Chas. F. Ennis & Son
(b) Address: 118 W. Mt Royal Ave.

19 (a) [redacted] (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 14 1942, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942, to Oct 14 1942, and that I last saw h[redacted] alive on Oct 14 1942.

Immediate cause of death: Chronic Myocarditis

Due to: C.V.D. disease

Due to:

Other Conditions: Bronchial Asthma
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Alois H. Brantten M.D.
Address 4209 Fred Ave Date signed 10/16/42

correct age is especially important. Physicians: please write the causes of death clearly and

VS 8

F 96688 M

B.S. (76552)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96688 Registered No. 952

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Avenue

(c) Hospital or institution: Baltimore City Hospital 241

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 9 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1446 Towson St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edmund Burke

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1905

8. AGE: Years	Months	Days	If less than one day
37	0	11	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Edward Burke

13. Birthplace Ireland

MOTHER

14. Maiden Name Elizabeth Redchurch

15. Birthplace England

16 (a) Informant B.C.H. Records

(b) Address

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct. 19th 1942 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Charles F. Dell

(b) Address 1504 Lexington Ave

19 (a) OCT 16 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-15- 1942, at 2 45- A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1942 to 10-15- 1942, and that I last saw him alive on 10-15- 1942

Immediate cause of death: Cardiac failure — Duration 1½ hours

Due to Rheumatic heart disease — Duration ?

Due to — Duration

Other Conditions Kyphoscoliosis — Duration ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. K. Rathbun M. D.

Address Balt. City Hosp. Date signed 10-15-42

VS 150

F 96689

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 96689 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison & Eutaw

(c) Hospital or institution Md. Gen. Hospital

(d) Length of stay in hospital or inst. ~~(yrs., mos.,~~ or days) 8 11-3

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Howard

(c) City or town Ellicott City (If outside city or town limits, write RURAL and give town)

(d) Street No. Rogers Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Cora W. C. Moxley

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married.

6 (b) Name of husband or wife Ezekiel R Moxley 6 (c) If alive, give age 85 years

7. Birth date of deceased (mo., day, yr.) Sept. 11, 1869

8. AGE: Years	Months	Days	If less than one day
73		4	hr. min.

9. Birthplace Howard Co Maryland (Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name George W. Snyder

13. Birthplace Md.

MOTHER 14. Maiden Name Mary C. Snyder

15. Birthplace Md.

16 (a) Informant Miss Mildred Moxley

(b) Address Ellicott City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1942 (month) (day) (year)

(c) Cemetery or crematory St. Johns Cem.

Location Ellicott City Howard Co

18 (a) Funeral director Eaton Sons

(b) Address Ellicott City

(c) Huntington Williams, M.D. (Signature of local registrar)

OCT 16 1942 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/15 1942 at 9 50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7 1942 to 10/15 1942, and that I last saw her alive on 10/15 1942.

Immediate cause of death Congestive Heart failure

Due to external obstruction coronary disease

Due to

Other Conditions Fracture right femur

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 10-15-42 at M

(c) Where did injury occur? home (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)

(e) Means of injury fell down steps

23. Signature C. J. McKenzie

Address Md. Gen. Hosp. Date signed 10/15/42 M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

H.H.W allen number not authorized

F 96690

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 96

F 96690

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.,

(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland. 9-4

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo14da

(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2930 Independence Street
(If rural give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH LESTER NINGARD

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 219-05-8099

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Freda Hubner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 5, 1892

8. AGE: Years	Months	Days	If less than one day: hr.	min.
50	8	9		

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation Machine helper

11. Industry or business Aberdeen Proving Ground

FATHER
12. Name William F. Ningard
13. Birthplace Baltimore, Maryland.

MOTHER
14. Maiden Name Sarah Dampman
15. Birthplace Fort, Maryland

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/42 (month) (day) (year)

(c) Cemetery or crematory Govans Presbyterian
Location Balto. Md.

18 (a) Funeral director C. D. Fanning & Son
(b) Address 1938 E. Lafayette Ave

19 (a) Date rec'd by registrar OCT 20 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14, 1942, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15, 1942, to Oct. 14, 1942, and that I last saw him alive on Oct. 14, 1942.

Immediate cause of death Arteriosclerotic aneurysm of abdominal aorta with rupture into duodenum and ~~XXXX~~ exsanguination — Duration: Unknown

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 10-15-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

96691

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96691
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital 19-2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 Day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Harford
(c) City or town Aberdeen R F D 1
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Fauker (FULKER)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	

6 (b) Name of husband or wife Sophia Preston
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jany 28 - 1877

8. AGE: Years	Months	Days	If less than one day
65	8	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Thomas Fulker
13. Birthplace Md

MOTHER
14. Maiden Name Sophia - Unknown
15. Birthplace Md

16 (a) Informant Raymond Fulker
(b) Address Bel Air Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 42 (month) (day) (year)
(c) Cemetery or crematory Calvary
Location Near Bel Air Md

18 (a) Funeral director Darcy Foster
(b) Address Bel Air Md

19 (a) Date received by Registrar OCT 17 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16-42 19 , at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15 1942, to 10-16 19 , and that I last saw him alive on 10-16 1942.

Immediate cause of death: Arteriosclerosis Heart disease & acute Cardiac failure — Duration

Due to: Ruptured appendix & peritonitis

Due to:

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. E. Groseclose Jr. M. D.
Address Franklin Sq Hosp Date signed 10-16-42

correct age is especially important - physicians please write plainly

96692

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 96692

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address West Balto Gen. Hosp.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 Weeks
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3324 Auchentoroly Terrace (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard B Hoffman

3 (b) If veteran, name war None

3 (c) Social Security Account No. 168-03-7312

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Evelyn Sneed

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28-1873

8. AGE: Years 69 | Months 4 | Days 18 | If less than one day hr. min.

9. Birthplace Pa (Town or County and state)

10. Usual Occupation Bale & Waste Paper Co of

11. Industry or business Pittsburgh Pa

FATHER
12. Name Henry Hoffman
13. Birthplace Pa

MOTHER
14. Maiden Name Lavenia House
15. Birthplace Maryland

16 (a) Informant Evelyn S. Hoffman
(b) Address 3334 Auchentoroly

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct 19-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Cemetery
Location Woodlawn Md

18 (a) Funeral director Dorsey Bros Inc
(b) Address 1217 St Paul Street

19 (a) Date received OCT 17 1942 Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/16 1942 at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/7 1942 to 10/16 1942 and that I last saw h[illegible] alive on 10/16 1942

Immediate cause of death Pulmonary Embolism ? → Duration 15 minutes

Due to Diabetes Mellitus ?

Due to

Other Conditions Cerebral Thrombosis 3 days ? Left Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M.D.
Address W. Balto Md Date signed 10/16/42

PLEASE WRITE PLAINLY, with unfading ink. Entries must be complete and correct as age is especially important. Physicians: please write the causes of death clearly and legibly.

96693

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

√83D

F 96693
Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3413 West Rogers Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9-17
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3413 West Rogers Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Johanna Va Geis

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband ~~or wife~~ Irene

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 16-1853

8. AGE: Years 88 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business Retired

FATHER
12. Name Peter Geis
13. Birthplace Germany

MOTHER
14. Maiden Name unknown
15. Birthplace Germany

16 (a) Informant William E. Geis
(b) Address 3413 West Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director William Cook Inc
(b) Address 1217 E Pleasant Street

19 OCT 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 14 1942, at 3:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1942 to Oct 14 1942 and that I last saw h~~im~~ alive on Oct 14 1942

Immediate cause of death
I Cerebral Hemorrhage
Due to Arteriosclerosis

Due to Advanced age

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operations —

of autopsy: no

Duration
2 Day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature Charles J Weeks M. D.
Address Date signed

VS 3

F 96694

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 96694

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital 9-13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 959 N. Collington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH SCOTT

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm H Scott

6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) Sept 4-1880

8. AGE: Years 62 | Months 1 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name Wm Lindsay
13. Birthplace Balto

MOTHER
14. Maiden Name —
15. Birthplace Baltimore

16 (a) Informant Wm H Scott
(b) Address 959 N Collington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E. Orleans St

19 (a) OCT 17 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1942 at 10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fracture of skull — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-15-42 at 7 P M
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? —
(Specify type of place)
(e) Means of injury Cleaning window

23. Signature T. J. Wallenmeyer M.D.
Medical Examiner.

Date signed 10-16-42

and fell from window

VS 6

F 96695

BALTIMORE CITY HEALTH DEPARTMENT

T.N 77340

CERTIFICATE OF DEATH

Registered No. F 96695

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 N. Port St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ellen Trabert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept, 25th, 1892

8. AGE: Years	Months	Days	If less than one day
50	0	20	hr. min.

9. Birthplace Maryland (Town, county and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name George Hahn
13. Birthplace Maryland

MOTHER
14. Maiden Name Caroline Aull
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18th (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem
Location City

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Orleans St

19 OCT 17 1942 (Registered by Registrar) Washington Mitchell

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-15 1942 at 10 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-11 1942 to 10-15 1942, and that I last saw h alive on 10-15 1942.

Immediate cause of death	Duration
Pyelonephritis, acute	7
Diabetic coma	1 week
Due to Diabetes mellitus	?
Due to	
Other Conditions Arterio Sclerosis	?

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J. H. Rathbun M. D.
Address Balt. City Hosp Date signed 10-16-42

96696

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. F 96696

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 952 N. Eden St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 952 N. Eden St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Emanuel Smith

13. Birthplace md.

MOTHER 14. Maiden Name Delia Cooper

15. Birthplace md

16 (a) Informant Irene Nutter

(b) Address 952 N Eden St.

17 (a) (Burial, cremation, or removal) (b) Date thereof Oct 17 42
(month) (day) (year)

(c) Cemetery or crematory Mt Calvery Cemetery

Location AA County

18 (a) Funeral director Lottie Gross

(b) Address 1402 Ashland Ave

19 (a) OCT 17 1942 (b) Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/13 1942, at 9:00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came
(Autopsy or Inquiry)
to Natural death on the day stated above.

Immediate cause of death Arteriosclerotic Cardio-vascular-renal disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.

Date signed 10/13/42

VS 6

96697

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. F 96692

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1049 Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Janet West

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years	Months	Days	If less than one day
26			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 16 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) OCT 16 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION SO

20. DATE OF DEATH Oct. 3rd 1942, at 4 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) did that said deceased came to her death on the day stated above.

Immediate cause of death Subdural hematoma

Duration

minor laceration & bruises.

Due to

Other Conditions Microcephalia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: N/A
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Sept. 26 1942 at M
(c) Where did injury occur? 904 Penny St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fall

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 4 1942

9508

VS 6

96698

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

Registered No. F 96698

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital 22
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 134 N. Hill Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Dortch

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1867

8. AGE: Years	Months	Days	If less than one day
75			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 16 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) OCT 16 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-4- 1942, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Stab wound of heart	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10-4-42 at 1 P. M
(c) Where did injury occur? 134 W. Hill Street
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No
(Specify type of place)
(e) Means of injury Knife instrument

23. Signature: Howard J. Maddera M.D.
Medical Examiner.
Date signed 10-5-42

VS 6

F 96699

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 96699

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Southern Hotel
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Fla. (b) County
(c) City or town Miami (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 - 5th Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HECTOR RUSSELL

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 16 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 OCT 16 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 2 1942 at 12 45 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions NO	

(Include pregnancy within 3 months of death)
Date of operation NO
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenmeber M.D. (Medical Examiner.)
Date signed 10-3-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96700

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 96700 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1939 Herbert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-4
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1939 Herbert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Levy

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-2440

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Rebecca Levy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years	Months	Days	If less than one day
61	—	—	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

FATHER
12. Name Lezarus Levy
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Yatlin
15. Birthplace Russia

16 (a) Informant Mrs Rebecca Levy
(b) Address 1939 Herbert St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location 3600 block E. Baltimore st

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124-26 W. North ave

19 (a) OCT 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 19 42, at 8A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 19 42 to Oct 16 19 42 and that I last saw him alive on Oct 16 19 42.

Immediate cause of death: Chronic Myocarditis — Duration 1 yr
Due to: Cardiac failure
Due to: pulmonary edema.
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Cohnan
Address 1921 W Lafayette Date signed 10/22/42 M. D.

VS 3

96701

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

Registered No. E 96701

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Baltimore (Brooklyn Park)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 8th Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie F. Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Estate Thomas J Walker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 5th 1874

8. AGE: Years	Months	Days	If less than one day
68	-	9	hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Home Wife

11. Industry or business

FATHER
12. Name Hugh Pritchard
13. Birthplace N C.

MOTHER
14. Maiden Name Susan Williams
15. Birthplace N. C.

16 (a) Informant Ruth J. Lynton
(b) Address 101 8th St Brooklyn P K

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/42 (month) (day) (year)
(c) Cemetery or crematory Glen Haven
Location Glen Burnie

18 (a) Funeral director William M Mareck
(b) Address 715 Light St.

19 (a) OCT 17 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 1942, at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fat Embolism

Due to Fracture of hip, right

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: partial

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident ?
(b) Date of occurrence Oct. 11 1942 at M
(c) Where did injury occur? 101 8th Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Fell down stairs

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 15 1942.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 96702

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50

F 96702
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2001 South Rd.
(c) ~~Hospital or institution:~~

27-15

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2001 South Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ADDIE AUSTIN PUGH

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife John David Pugh
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1871

8. AGE: Years	Months	Days	If less than one day
71	3	6	hr. min.

9. Birthplace Lewisburg, W. Va. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Samuel Hunter Austin
13. Birthplace Va.

MOTHER
14. Maiden Name Mary C. McPherson
15. Birthplace Va.

16 (a) Informant Mrs. O. B. Roberts
(b) Address 3522 Hanover Ave., Richmond, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) OCT 17 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15, 1942, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 15 1942, to Oct. 15 1942, and that I last saw her alive on Oct. 14 1942.

Immediate cause of death: Carcinoma of both breasts with metastases in lungs — Duration: 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas Conrad Wey, M.D.
Address 11 E. Chase St. Date signed 10/16/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96703

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 13B

F 96703 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1351 Andre St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1351 Andre St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Victoria H. Kendrovicz

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-14-2370

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20 1920

8. AGE: Years	Months	Days	If less than one day
22	3	26	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Trained Nurse
11. Industry or business

FATHER
12. Name Walter Kendrovicz
13. Birthplace Poland

MOTHER
14. Maiden Name Helen Dawinski
15. Birthplace Poland

16 (a) Informant Walter Kendrovicz
(b) Address 1351 Andre St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave

19 OCT 17 1942 Huntington Williams M.D. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16 1942 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 16 1942 to Oct 16 1942 and that I last saw her alive on Oct. 14 1942

Immediate cause of death Pulmonary Tuberculosis — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thos. F. A. Stevens
Address 2878 Hanford Rd Date signed 10/16/42

VS 2

F 96704

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 270

F 96704

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 1849 Forman
(b) Street address 1849 Forman
(c) Hospital or institution: _____ 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) _____
(e) Length of stay in Baltimore (yrs., mos., or days) 13 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Balto md (If outside city or town limits, write RURAL and give town)
(d) Street No. 1849 Forman (If rural give location)
(e) Citizen of foreign country? _____ (Yes or No) If yes, name country _____

3 (a) FULL NAME Florence S. Randall

3 (b) If veteran, name war _____ | 3 (c) Social Security Account No. _____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	negro	Child

6 (b) Name of husband or wife _____
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
	13 month		_____ hr. _____ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Randall
13. Birthplace md

MOTHER
14. Maiden Name Maggie Welton
15. Birthplace md

16 (a) Informant Maggie Randall
(b) Address 1849 Forman

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location _____

18 (a) Funeral director George B. Jelson
(b) Address 1303 Pennsylvania Ave

19 (a) OCT 17 1942 (Date received by registrar) Huntington Wilson Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/17/42, at _____ M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1942 to Oct 15 1942 and that I last saw h[illegible] alive on 13 Oct 1942

Immediate cause of death Convulsions

Due to Impression Dust Pneumonia

Due to _____

Other Conditions _____
(Include pregnancy within 3 months of death)

Date of operation _____

Major findings of operation: _____

of autopsy: _____

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____ at _____ M
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Wm R Boyle Jr M. D.
Address 113 S Eutaw St Date signed 10/17/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every question must be answered. Be sure to give correct age in each case, as it is especially important. Physicians: please write the causes of death clearly and legibly.

F 96705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

F 96705 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 701 N. Linwood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 701 N. Linwood Ave. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Wesley David Baldwin

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-18-9959

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Catherine H. Powers
6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1891

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	11	8		

9. Birthplace Edgemoore, Del. (Town, county, and state)
10. Usual Occupation Paperhanger
11. Industry or business

FATHER
12. Name David F. Baldwin
13. Birthplace Mannyunk, Pa.

MOTHER
14. Maiden Name Mary E. Porter
15. Birthplace Germantown, Pa.

16 (a) Informant Catherine H. Baldwin
(b) Address 701 N. Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location O'Donnell St.

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway

19 (a) OCT 17 1942 (Date rec'd by registrar) (b) Hunting for Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

45

20. DATE OF DEATH Oct. 15 1942 at 9 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Featherston M.D. Medical Examiner.
Date signed Oct. 15 1942

F 96706

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96706
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2806 Grindon Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wk
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2806 Grindon Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Kreitler

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Widowed

6 (b) Name of husband or wife Jacob F. Kreitler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-31-1847

8. AGE: Years	Months	Days	If less than one day
94	9	14	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation at Home
11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 10-19-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto Md

18 (a) Funeral director Leonard Funk
(b) Address 5305 Harford Rd

19 (a) OCT 17 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct - 15 - 1942, at 2. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/11 1942 to 10/15 1942, and that I last saw h alive on 10/14 1942.

Immediate cause of death Coronary Arterio Sclerotic Heart Disease. (Coronary Sclerosis).

Due to Generalized Arterio Sclerosis Hypertension - Senility

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 0
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Burke Boyle M. D.
Address 5217 Harford Rd Date signed 10/16/42.

F 96707

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

121

F 96707
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St. Joseph's Hosp.
(c) Hospital or institution: Balto. Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 536 N. Milton Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME PETER J. McEVOY Jr.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-7884

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Katherine M. McEvoy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-9-1905

8. AGE: Years	Months	Days	If less than one day
37	2	6	hr. min.

9. Birthplace Balto (Town, county, and state)
10. Usual Occupation Machinist
11. Industry or business

FATHER
12. Name Peter J. McEvoy Sr.
13. Birthplace Ireland

MOTHER
14. Maiden Name Anna Koslof
15. Birthplace Balto Md

16 (a) Informant Mrs Katherine M. McEvoy
(b) Address 536 N. Milton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Leonard J. Hayes
(b) Address 6305 Belair Rd

19 (a) (Date received by registrar) OCT 17 1942 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1942 at 3:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11 1942 to Oct 15 1942, and that I last saw h[illegible] alive on Oct 15 1942.

Immediate cause of death Generalized Peritonitis — Duration 7 days
Due to
Due to Acute Appendicitis with Perforation
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation Oct 14, 1942
Major findings of operation: Gangrene
of autopsy: Refused

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William Hupfer
Address St Joseph's Hosp Date signed 10/15/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96708

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 96708 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 602 East 27th Street
(c) Hospital or institution:

4-4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 602 East 27th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (GEORGE) WALKER TREXEL

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	218-05-0892	Male	White	Married

6 (b) Name of husband or wife Leonarda
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 30, 1883

8. AGE: Years	Months	Days	If less than one day
59	2	17/16	hr. min.

9. Birthplace Somerset County, Pa.
(Town, county, and state)

10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Fred C. Trexel
13. Birthplace Somerset County, Pa.

MOTHER
14. Maiden Name Diana Walker
15. Birthplace Somerset County, Pa.

16 (a) Informant Edward Trexel
(b) Address 161 Frederick Street, Pa.

17 (a) Burial (b) Date thereof 10-19-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mount Zion
Location Somerset County, Pa.

18 (a) Funeral director Wm. T. Tickner & Sons
(b) Address North & Pennsylvania Avenue

19 (a) OCT 17 1942 (b) Huntington Wilson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Chronic Myocardial Degeneration

Due to

Due to

Other Conditions Chronic Asthma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 10-17-42

VS 6

F 96709

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§ 3a Registered No. F 96709

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 513 E. 38th St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 513 E. 38th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Bernard Griffin

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-2952

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine Agnes

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1886

8. AGE: Years 56 | Months 6 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Fuelly Cont. Co.

11. Industry or business

FATHER 12. Name Martin J. Griffin

13. Birthplace Ireland

MOTHER 14. Maiden Name Elizabeth McRyman

15. Birthplace Scotland

16 (a) Informant Mrs. Catherine Griffin

(b) Address 513 E. 38th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/42 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Old Frederick Rd.

18 (a) Funeral director John J. Fahey Sons

(b) Address 1318 Light St

19 (a) OCT 17 1942 (Date received by registrar) Registrar Huntington Hollins

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Oct 16 1942, and that I last saw h[illegible] alive on Sept 15 1942.

Immediate cause of death Cerebral Hemorrhage — Duration

Due to None other

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature O. L. Long M. D.

Address 118 Southway Date signed

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96710

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96710 Registered No.

170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
Street No. 3217 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH S. BEATIN

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-07-9676

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.
M	W	

6 (b) Name of husband or wife Elizabeth A.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 1895

8. AGE: Years	Months	Days	If less than one day
69	6		hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Malcolm Beatin
13. Birthplace Scotland.

MOTHER 14. Maiden Name Mary Marlin
15. Birthplace

16 (a) Informant Norbert L. Beatin
(b) Address 203 Dunkirk Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/42 (month) (day) (year)
(c) Cemetery or crematory New Cathe
Location Old Frederick Rd.

18 (a) Funeral director Wm. A. McCann
(b) Address 3616 E. Baltimore St.

19 (Date rec'd by registrar) OCT 17 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16, 1942 at 12 13 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Crushing of chest	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 15, 1942 at 7 45 M
(c) Where did injury occur? Liberty Hts Ave & Druid Park Drive (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury pedestrian struck by auto car
23. Signature H. W. Williams M.D. Asst Medical Examiner.
Date signed 10-16-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96711

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 96711 Registered No.

CERTIFICATE OF DEATH 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3217 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH. A. BEATIN

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife *** Joseph Beatin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 13. 1878

8. AGE: Years	Months	Days	If less than one day
64	3	2	hr. min.

9. Birthplace ENGLAND (Town, county, and state)
10. Usual Occupation HOUSEWORK
11. Industry or business HOME

FATHER
12. Name HOLDCROFE
13. Birthplace ENGLAND

MOTHER
14. Maiden Name RYLES.
15. Birthplace ENGLAND.

16 (a) Informant NORBERT. L. BEATIN
(b) Address 103 DUNKIRK RD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19-42 (month) (day) (year)
(c) Cemetery or crematory New Cath.
Location Old Frederick Rd.

18 (a) Funeral director John G. Madan
(b) Address 3224 E. Baltimore St.

19 (a) OCT 17 1942 (Date rec'd by registrar) (b) Huntington Millington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 1942, at 9.45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Fractures, multiple pelvis
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 15/5
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 15, 1942 at 7.45 P M
(c) Where did injury occur? Liberty Hts Ave and Swan Parkway (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? no
(e) Means of injury Pedestrian struck by auto

23. Signature H. L. Wallenweber M.D., Medical Examiner.
Date signed 10-16-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 96712

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 177c

F 96712 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4908 Curtis Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 5
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County Albermarle
(c) City or town Charlottesville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carey L. Adams

3 (b) If veteran, name war —
3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 6 - 1898

8. AGE: Years	Months	Days	If less than one day
44	2	10	hr. min.

9. Birthplace Charlottesville Virginia (Town, county, and state)
10. Usual occupation Iron Worker - Airport Construction
11. Industry or business Cedar Hill Md

FATHER
12. Name James Adams
13. Birthplace Charlottesville Virginia

MOTHER
14. Maiden Name Annie O. Johnson
15. Birthplace Louisa Virginia

16 (a) Informant Aubrey Adams
(b) Address Alexandria Virginia

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 17-42 (month) (day) (year)
(c) Cemetery or crematory
Location Alexandria Virginia

18 (a) Funeral director Robt C. & A. M. Walters
(b) Address Prather & Stricker Sts

OCT 17 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1942 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/14 1942 to 10/16 1942 and that I last saw h[illegible] alive on 10/16 1942

Immediate cause of death	Duration
acute dilatation	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Ruben M. D.
Address 203 Ridgeley Date signed Oct

VS 8

Physicians: please write the causes of death clearly and correct age is especially important.

F 96713

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 96713 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Dys
(e) Length of stay in Baltimore (yrs., mos., or days) 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 S. Bond St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Stewart

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Helen Stewart
6 (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Joseph Stewart
13. Birthplace VA

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brookfield Ave

19 (a) 10/17/42 (Date rec'd by registrar) (b) [illegible] Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 14 1942, at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11 1942, to Oct. 14 1942, and that I last saw h/M alive on Oct. 14 1942

Immediate cause of death CEREBRAL HEMORRHAGE with rupture into ventricles and subarachnoid space — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Hem into vent. + subarachnoid

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard E.C. Zbinden
Address Johns Hopkins Hosp. Date signed 10/18/42

F 96714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13B

F 96714
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Driveway and 31st St.
(c) Hospital or institution: U. S. Marine Hospital, Ba timore, Md.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 E. Pratt Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM MYERS

3 (b) If veteran, name war [illegible]

3 (c) Social Security Account No. 217-14-9376

4. Sex: Male | 5. Color or race: Col. | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1888

8. AGE: Years 53 | Months 11 | Days 13 | If less than one day hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation UTILITYMAN

11. Industry or business

FATHER
12. Name Louis Myers
13. Birthplace W. Moreland County, Va.

MOTHER
14. Maiden Name Lucy
15. Birthplace Virginia

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Baker Ave

19 OCT 17 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 12, 1942, at 7:00PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17, 1942 to Oct. 12, 1942, and that I last saw him alive on Oct. 12, 1942.

Immediate cause of death: Tuberculosis, pulmonary, far advanced — Duration: Unknown

Due to

Due to

Other Conditions Tuberculosis, of kidneys, liver, spleen and intestines (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]
Address US Marine Hospital, Baltimore, Maryland. Date signed 10/13/42 M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and accurately.

F 96715

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1194 ✓

F 96715
Registered No.

Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1709 Jefferson st. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Anderson (Birth F. 47462) ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race C

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4-13-42

8. AGE: Years | Months 6 | Days | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William Anderson

13. Birthplace Md.

MOTHER 14. Maiden Name HATTIE Tweatt

15. Birthplace Md.

16 (a) Informant Hattie Anderson

(b) Address 1709 Jefferson st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/17/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Brantley ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 14 19 42 at 7 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1942 to Oct. 14 1942 and that I last saw h[illegible] alive on Oct 14 19 42

Immediate cause of death	Duration
Acute Gastroenteritis (Amoebic dysentery)	2 wks
Due to	
Due to	
Other Conditions Malnutrition	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph W. Reckling M. D.
Address Provident Hosp Date signed 10/14/42

VS 3

96716

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. F 96716

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2608 Puget St.
(c) Hospital or institution:

25-3

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2608 Puget St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Beatley

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-07-9184

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Ethel Bentley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1876

8. AGE: Years	Months	Days	If less than one day
66	7	12	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name William Beatley
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary ?
15. Birthplace Baltimore, Md.

16 (a) Informant Herbert Hawkins
(b) Address 525 Bakey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 W. Lexington St

19 (a) OCT 17 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/14 1942, at 1.59 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.

Immediate cause of death: Chronic Cardio-vascular renal disease
Due to: Bronchial Asthma
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 10/14/42.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

96717

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

56 B Registered No. E 96717

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Streets
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Edmonson Avenue (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Maddux

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	married

(b) Name of husband or wife William Maddux
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 11-10-03

8. AGE: Years	Months	Days	If less than one day
38	11	4	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laundress
11. Industry or business

FATHER
12. Name Charles Hawkins
13. Birthplace Maryland

MOTHER
14. Maiden Name Betty Yates
15. Birthplace Maryland

16 (a) Informant The deceased
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 332 W. Schroeder St.

19 OCT 17 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14 1942, at 8:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14-1942 to 10-14-1942 and that I last saw her alive on 10-14 1942

Immediate cause of death	Duration
Cardio-Respiratory Failure	
Due to Coronary Thrombosis	
Due to	
Other Conditions Supravaginal Hysterectomy performed 10/9/42 (Include pregnancy within 3 months of death)	

Date of operation 10-9-42
Major findings of operation: Fibromyomata of uterus
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John R. Davis, Jr. M. D.
Address Mercy Hospital Date signed 10-14-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96718

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939

F 96718

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland 124 Mosher at

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 124 Mosher St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elizabeth E. Trout

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife John H Trout

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Dec 20-1869

8. AGE: Years	Months	Days	If less than one day
72	74	9	27 hr. min.

9. Birthplace Howard (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Rowe

13. Birthplace Lancaster Co. Pa

MOTHER

14. Maiden Name Lydia Rowe

15. Birthplace Lancaster Co. Pa

16 (a) Informant J. B. Trout

(b) Address 124 Mosher St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19-42 (month) (day) (year)

(c) Cemetery or crematory Woodlawn Hall Md

Location West Liberty

18 (a) Funeral director P. Engelhardt Son

(b) Address Woodlawn Hall Md

19 (a) OCT 17 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1942 at 7 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Oct 17 1942 and that I last saw h[illegible] alive on Oct 15 1942

Immediate cause of death Pneumonia

Duration Gradual

Due to Arterio-sclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W H Moody M.D.

Address 1403 Park Ave Date signed 10/19/42

96719

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46D

Registered No. E 96719

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp. 9-9
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos 2
(e) Length of stay in Baltimore (yrs., mos., or days) 44 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 Cresswell St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Henry Herkenheim

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	?

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1900

8. AGE: Years	Months	Days	If less than one day
41	11	24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Bank Runner

11. Industry or business

FATHER
12. Name George Henry Herkenheim
13. Birthplace Maryland

MOTHER
14. Maiden Name Lena Young
15. Birthplace Maryland

16 (a) Informant
(b) Address administrator

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-1942 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem.
Location

18 (a) Funeral director Mary M. Weedefeld
(b) Address 501 E. Fayette St.

19 OCT 17 1942 (Date rec'd by registrar) (b) Huntington Nottingham Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1942 at 12:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 28 1942 to Oct. 15 1942 and that I last saw him alive on Oct. 15, 1942

Immediate cause of death	Duration
Cardiac Failure	
Due to Auricular Fibrillation	4+ years
Due to Rheumatic Fever	30+ years
Other Conditions Ca. Rect. - Sigmoid. (Include pregnancy within 3 months of death)	8 year

Date of operation Oct. 15, 1942
Major findings of operation: Ca of Rectum

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank K. Ridgely Jr.
Address Union Memorial Hosp. Date signed 10/15/42 M.

VS 3

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

96720

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 120B

F 96720
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address W. Broadway
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days
(e) Length of stay in Baltimore (yrs., mos., or days) 34 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 180 W. Main St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virginia Twigg

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/29/1916

8. AGE: Years	Months	Days	If less than one day
25	11	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Carl C. Twigg
13. Birthplace Maryland

MOTHER
14. Maiden Name Emma Gehr
15. Birthplace Maryland

16 (a) Informant Mr. Carl Twigg
(b) Address 150 W. Main St - Westminster

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 1942 (month) (day) (year)
(c) Cemetery or crematory Westminster
Location Westminster, Md.

18 (a) Funeral director Wm. Francis Reese
(b) Address Westminster Md.

19 OCT 17 1942 (Registered by Registrar) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1942, at 2 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 13 1942 to Oct 17 1942, and that I last saw her alive on Oct 16 1942

Immediate cause of death: Ulcerative Colitis — Duration: 15 yrs
Due to Obstruction of Duodenum — 3 wks ?
Due to Intestinal adhesions — 3 wks ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation Sept 21 1942
Major findings of operations: Ulcerative colitis
of autopsy: Obstruction of Duodenum - Adhesions

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isabella Harrison M. D.
Address Church Home & Infirmary Date signed 10-17-42

F. 96721

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 96721 Registered No. 1310

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Knights of Columbus Club,
(c) Hospital or institution Madison & Cathedral Streets.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) 1 YR

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore. (If outside city or town limits, write RURAL and give town)
(d) Street No. Cathedral & Madison Sts. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Walter S. Parker

3 (b) If veteran, name war None
3 (c) Social Security Account No. 213-05-0149

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife *******
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10-1874

8. AGE: Years 68 | Months 10 | Days 7 | If less than one day hr. min.

9. Birthplace Virginia (City, county, and state)
10. Usual Occupation Salesman
11. Industry or business Daniel Miller Co.

FATHER
12. Name *******
13. Birthplace *******

MOTHER
14. Maiden Name *******
15. Birthplace *******

16 (a) Informant Earnest M. Duvall
(b) Address 28 Hopkins Place

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Hampton, Virginia

18 (a) Funeral director Chas. F. Evans & Son
(b) Address 118 W. Mt. Royal Ave

19 OCT 18 1942 (Date rec'd by registrar) (By) Huntington Hillis (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 1942 at 7.9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/22 1942 to Oct. 17 1942, and that I last saw him alive on Oct. 15 1942

Immediate cause of death: Chronic Interstitial Nephritis + Myocardial Insuff. — Duration: years

Due to: Senile Arteriosclerosis — Duration: years

Due to: Died Suddenly

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John T. Ullman M. D.
Address 504 Cathedral St Date signed 10/17/42

Please write plainly, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96722 V X 96722

BALTIMORE CITY HEALTH DEPARTMENT

T.N 77438 CERTIFICATE OF DEATH 937 Registered No. F 96722

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 301 Hopkins Drive, Govans (If rural give location)
(e) Citizen of foreign country? o (Yes or No) If yes, name country

3 (a) FULL NAME Nellie N. Ledley

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? May 25, 1888

8. AGE: Years	Months	Days	If less than one day
~~38~~ 54	5 +	21	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation School Teacher

11. Industry or business

FATHER 12. Name Benjamin B. Ledley
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Mary A. Wilson
15. Birthplace Balto. Md

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto Md

18 (a) Funeral director Harry A. Notzke
(b) Address 4401 Edmondson Ave

19 (a) (Date received by registrar) (b) Huntington Williams M.D. Registrar

OCT 20 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16 1942 at 7 50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16 1942 to 10-16 1942, and that I last saw h alive on 10-16 1942.

Immediate cause of death	Duration
Cerebral ~~thrombosis~~ hemorrhage	7 hrs.
Due to Hypertension C.V. disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Rathbun M. D.
Address Balto. City Hosp Date signed 10-17-42

F 96723

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

✓ 96743 96723 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Madison St. & Linden Ave

(c) Hospital or institution: Maryland General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 40 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 523 Normandy Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Minnie M. Ackendon

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Dudley Ackendon

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3, 1882

8. AGE: Years	Months	Days	If less than one day
60	7	12	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation House wife

11. Industry or business

FATHER

12. Name Michael L. Showacre

13. Birthplace Baltimore Md

MOTHER

14. Maiden Name Annie Little

15. Birthplace Baltimore Maryland.

16 (a) Informant Mrs. Dudley Ackendon

(b) Address 523 Normandy Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Greenmount & North

18 (a) Funeral director Harry H. Witzke

(b) Address 4101 Edmondson Ave.

19 OCT 18 1942 (Date rec'd by Registrar) (b) Huntington Millington Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1942, at 10:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from September 5 1942 to Oct. 15 1942, and that I last saw her alive on Oct. 15 1942.

Immediate cause of death	Duration
Carcinoma of breast & metastasis to lungs and bones.	
Due to	
Due to	
Other Conditions Fracture of femur pathological (Include pregnancy within 3 months of death)	

Date of operation 6-23-42

Major findings of operation: Carcinoma of rt. breast

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature John D. Young Jr. M. D.

Address Maryland General Hosp. Date signed 10/15/42

VS 3

H Z Wallenweber M.D. Asst Examiner

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 96724 ✓ F 96724

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87c

Registered No. _____

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere Ave
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 31 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County _____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 213 N Milton Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Sophie Oleker

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widow

6 (b) Name of husband or wife Late Levy
6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years	Months	Days	If less than one day
74			_____ hr. _____ min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation _____
11. Industry or business None

FATHER
12. Name Moses Askin
13. Birthplace Russia

MOTHER
14. Maiden Name Deborah
15. Birthplace Russia

16 (a) Informant Sig Feinblatt
(b) Address Greenspring, Blenders Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rosedale
Location Philadelphia Road

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19. (a) (Date received by registrar) OCT 19 1942 (b) _____ Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16 1942, at 11 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-11 1932, to 10-16 1942, and that I last saw h alive on 10-16 1942.

Immediate cause of death _____ Duration
Arteria sclerosis
Hypertension
Due to _____
Due to _____
Other Conditions Parkinson's Disease
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H. Edmund Levin M.D.
Address Levindale Date signed 10/17/42 M. D.

correct age is especially important. Physicians: please write the cause of death very plainly.

F 96725

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 96725 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1608 Guilford Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town
(If outside city or town, write RURAL and give town)
(d) Street No. 1608 Guilford Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Winfield J. Abrahams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex: Male | 5 Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Roberta

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1864

8. AGE: Years 78 | Months 4 | Days 21 | If less than one day: hr. min.

9. Birthplace Port Deposit Md
(Town, county, and state)

10. Usual Occupation Retired Farmer

11. Industry or business Self

FATHER
12. Name Louis Abrahams
13. Birthplace Maryland

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mrs Roberta Abrahams
(b) Address 1608 Guilford Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18-42 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel Cemetery
Location Port Deposit Md

18 (a) Funeral director William Cook
(b) Address 121 E. Saratoga St

19 (a) (Date received by registrar) (b) Registrar

OCT 18 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1942 at 3:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1942 to Oct 16 1942 and that I last saw h alive on 19

Immediate cause of death	Duration
Coronary thrombosis	2 days
pulmonary oedema	2 days
Due to arteriosclerosis & hypertension	?
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Silverfield M. D.
Address 716 E. Preston Date signed Oct 16 1942

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 96726 ✓ F 96726

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 W

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1810 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1810 N. Fulton Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daisy A Rupp

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Frederick L

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 26 1876

8. AGE: Years 66 | Months 6 | Days 20 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Housework

11. Industry or business Self

FATHER 12. Name Franklin J. Drenner

13. Birthplace Maryland

MOTHER 14. Maiden Name Keenan Kagle

15. Birthplace Maryland

16 (a) Informant Mrs Charlotte Rupp

(b) Address 1810 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Road

18 (a) Funeral director William Cook Inc

(b) Address 1217 E. Pratt St

19 (a) OCT 18 1942 (Date registered) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1942 at 7:4 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to Oct 16 1942 and that I last saw h[illegible] alive on Oct 13 1942

	Duration
Immediate cause of death: Cardiac insufficiency	3 days
Due to: Chronic interstitial nephritis	6 mos.
Due to: Arteriosclerosis	2 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Marion M. Stoub M.D.
Address 1810 N. Fulton Ave Date Oct 16, 42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 2

F 96727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

939 F 96727

1. PLACE OF DEATH Lieling's Nursing Home

Registered No.

CITY OF BALTIMORE: (No. 600 S. Chapelgate Lane Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William McKee

If U. S. Veteran specify WAR

(a) Residence: No. 5601 Carter Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine McKee

6. DATE OF BIRTH (month, day, year) Feb 12th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William McKee

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Mc Kee

(Address) 5601 Carter Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Memorial Park 19

19. UNDERTAKER William Cook Inc

(Address) 1217 St Paul St

OCT 18 1942

FILED Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10-17, 1942

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1941, to October 17, 1942

I last saw him alive on October 16, 1942. Death is said to have occurred on the date stated above, at 6 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	10-17-42
Generalized Cardiosclerosis	1920
Generalized Cardiac enlargement	1941
Other contributory causes of importance: Lipoma Rt chest	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation —

What test confirmed diagnosis? clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Pearl Pass M. D.

(Address) 4001 Wilkens Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 96728

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1330

F 96728 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5620 Pimlico Rd.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mollie B. Chilcoat

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife Acquilla H. Chilcoat
6 (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) Aug. 15 1874

8. AGE: Years	Months	Days	If less than one day
68	2	1	hr. min.

9. Birthplace Baltimore Co.
(Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business -

FATHER
12. Name John Rowe
13. Birthplace Cockeysville, Md

MOTHER
14. Maiden Name Georgianna Wheeler
15. Birthplace Cockeysville, Md.

16 (a) Informant Hilda C. Ruxton.
(b) Address Reisterstown

17 (a) Burial (b) Date thereof October 19 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Dover Cemetery
Location near Butler, Balts. Co

18 (a) Funeral director Wm Berryman & Sons
(b) Address Reisterstown, Md.

19 (a) OCT 18 1942 (b) Huntington Williams, M.D.
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16 1942, at 5 00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1942, to Oct. 16 1942, and that I last saw her alive on Oct. 16 1942.

Immediate cause of death	Duration
Uremia ?	
Due to Pyelonephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Nephritis; Stone in Ureter

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Williams M. D.
Address Md. General Hosp. Date signed 10/16/42

Please write the cause of death clearly and correct age is especially important. Physicians: please write

F 96729 ✓ F 96729

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5017 York Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 5017 YORK ROAD. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME CLARA A SCHNEIDER

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
—	NONE	FEMALE	WHITE	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 1, 1885

8. AGE: Years	Months	Days	If less than one day
57	5	11	hr. min.

9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation NONE.
11. Industry or business

FATHER
12. Name HENRY SCHNEIDER
13. Birthplace GERMANY

MOTHER
14. Maiden Name WILHEMINA SHOEVER
15. Birthplace GERMANY

16 (a) Informant LOTTIE SCHNEIDER
(b) Address 5017 YORK ROAD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 20-42 (month) (day) (year)
(c) Cemetery or crematory MT CARMEL
Location BALTIMORE, MD.

18 (a) Funeral director CHARLES E FRANCK.
(b) Address 808 MADISON AVE.

19 (a) Date received by Local Registrar Huntington Williams, M.D.
OCT 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-16 1942 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1942 to 10-16 1942
and that I last saw h alive on 10-16 1942

Immediate cause of death:
Pancreatic Cyst.
Due to Adenocarcinoma
Due to Acute Cardiac Dilatation — Duration 1 day
Other Conditions — Duration 1 day

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alfred Amrhein M. D.
Address 5017 York Road Date signed OCT 18 1942

correct age is especially important. Physicians: please write the cause of death very plainly.

F 96730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96730
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address CALVERT AND 33RD STREETS
(c) Hospital or institution: UNION MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 MIN.
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County Baltimore
(c) City or town Eccleston (If outside city or town limits, write RURAL and give town)
(d) Street No. Burnside Farm (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME LAWRENCE EDWARD SMITH, JR. (Birth 5-31-42)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: SINGLE
6 (b) Name of husband or wife —
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr) MAY 31, 1942
8. AGE: Years | Months: 4 | Days: 17 | If less than one day: hr. min.
9. Birthplace BALTIMORE, MARYLAND (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name LAWRENCE EDWARD SMITH
13. Birthplace MARYLAND (BALTIMORE)

MOTHER
14. Maiden Name GENEVIVE SIERACKA
15. Birthplace MARYLAND (BALTIMORE)

16 (a) Informant GENEVIVE S. SMITH (MOTHER)
(b) Address BURNSIDE FARM, ECCLESTON, MD.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof OCT 20 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Maryland

18 (a) Funeral director Leasche & Funeral Home
(b) Address 7401 Belair Road

OCT 18 1942 (Date received by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1942 at 4:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 4:45 PM Oct 17 1942 to 4:50 PM Oct 17 1942.
and that I last saw him alive on Oct. 17 1942.

Immediate cause of death: DEHYDRATION — Duration: 1 WK.
Due to DIARRHEA, INFANTILE, NON SPECIFIC
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Mesenteric lymphadenitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James N. McCosh Jr. M.D.
Address Union Memorial Hosp. Date signed 10-17-42

VS 3

Please write the cause of death clearly and correct age is especially important. Physicians: please write the cause of death clearly and correct age is especially important.

F 96731

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96731 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3125 Eastern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3125 Eastern Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ella Mae Porter

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Chas F Porter

6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) May 24 1877

8. AGE: Years 65 | Months 4 | Days 21/5 | If less than one day hr. min.

9. Birthplace Queen Anne Co Md (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER 12. Name James R Morgan

13. Birthplace Md

MOTHER 14. Maiden Name Susan Stark

15. Birthplace Md

16 (a) Informant Charles F Porter

(b) Address 3125 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18 42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cem

Location City

18 (a) Funeral director Ulrich Funeral Home

(b) Address 2204 E Orleans St

OCT 18 1942 (Date received by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 15 42 19 , at 7 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30/ 1938 to 10/13/ 1942 and that I last saw h alive on 10/13/ 19 42

Immediate cause of death: Coronary Thrombosis — Duration: 1 day

Due to

Due to: Chronic nephritis about 5 yrs.

Other Conditions: Arteriosclerosis Hypertensive cardiac Disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(e) Means of injury

23. Signature Theodore N. Morrison M. D.

Address 11 E Chase St Date signed 10/16/

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96732

F 96732

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 27a

Registered No. .....

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 523 Freeman St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Balto. Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 523 Freeman St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Gloria M. Baumann

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1941

8. AGE: Years	Months	Days	If less than one day
1	3	16	hr. min.

9. Birthplace Balto. Md

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER — 12. Name Gerard M. Baumann

13. Birthplace Balto. Md

MOTHER — 14. Maiden Name Madeline Happel

15. Birthplace Balto. Md

16 (a) Informant Mr Gerard M. Baumann

(b) Address 523 Freeman St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20-42 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill Cemetery

Location Balto. Md.

18 (a) Funeral director Milton Schilling

(b) Address 3914 S. Hanover St

19 OCT 18 1942 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16- 1942, at 10:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 13 1942 to Oct 16 1942 and that I last saw h[illegible] alive on Oct 16 1942

Immediate cause of death	Duration
Dysentery (Bacillary)	10 days.
Due to	
Due to	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation:

.....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 4700 Pennsylvania Date signed 10/17/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96733

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 96733 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Fayette & Calhoun Sts.

(c) Hospital or institution Franklin Square Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Balto Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 1022 Pine Heights Ave (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Mary A Frey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of ~~husband or wife~~ Seth N. Frey

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 19-1878

8. AGE: Years	Months	Days	If less than one day
64	7	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Wm H Bashields

13. Birthplace Balto. Md

MOTHER 14. Maiden Name Mary A. Henning

15. Birthplace Germany

16 (a) Informant Mr Wm Frey

(b) Address 4302 Kensington Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20-42 (month) (day) (year)

(c) Cemetery or crematory Mt Olivet Cem

Location Frederick Rd. Balto. Md

18 (a) Funeral director Milton Schilling

(b) Address 3944 S. Hanover St

19 (a) OCT 18 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1942 at 7:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 3 1942 to Oct 16 1942, and that I last saw her alive on Oct 16 1942.

Immediate cause of death Post-operative Cachexia

Due to Carcinoma of Body of Bladder & Metastasis

Due to

Other Conditions Arteriosclerosis & chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings:

Of operations as above

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J E Goodman M.D.

Address Franklin Sq Hosp signed 10/16/42 M. D.

correct age is especially important. Inquiries, please write

VS 3

900 W. 37th St.

F 96734

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 927

F 96734

Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3251 Chestnut Ave

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13

(e) Length of stay in Baltimore (yrs., mos., or days) 59 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3251 Chestnut Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Sarah Catherine Gosnell

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased mo., day, yr. Sept 12-1855

8. AGE: Years	Months	Days	If less than one day
87	1	5	hr. min.

9. Birthplace Middletown - Md.
(Town, county, and state)

10. Usual Occupation at Home

11. Industry or business

FATHER 12. Name Jacob M. Gosnell

13. Birthplace Middletown Md.

MOTHER 14. Maiden Name Mary Davis,

15. Birthplace Middletown Md.

16 (a) Informant Edna Gertrude Conway

(b) Address 3251 Chestnut Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19-42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Baltimore Md.

18 (a) Funeral director C. S. Marshall

(b) Address 3539 Falls Road.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 18 1942

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1942, at 8.50 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942, to August 26 1942, and that I last saw her alive on August 26 1942.

Immediate cause of death	Duration
Coronary Thrombosis	15 minutes
Due to Angina Pectoris	12 years
Due to Chronic Myocarditis	10 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Lemuel D. T. Marshall M. D.

Address 900 W 37th St. Date signed 10/18/42

F 96735 ✓

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

115 B

F 96735

Registered No. .....

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1516 E. Clement St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1516 E. Clement St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) **FULL NAME** Wilma S. Dresler

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5th 1930

8. AGE: Years	Months	Days	If less than one day
12	2	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Ernest Dresler

13. Birthplace Baltimore

MOTHER

14. Maiden Name Amelia Sabyanic

15. Birthplace Lithia

16 (a) Informant Ernest Dresler

(b) Address 1516 E. Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19, 1942 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location B. A. Co.

18 (a) Funeral director Chas. F. Dill

(b) Address 1501 E. Fort Ave.

OCT 18 1942 (Registered number) (year)

(b) Huntington Williams, M.D. Address

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15, 1942 at 2:57 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 4, 1942 to Oct 15, 1942 and that I last saw h alive on Oct 4, 1942

Immediate cause of death

Cancer Duodenum (a) — Duration 1 wk

Due to Bronchopneumonia — 2 wks

Due to Carcinomatosis & Sarcoma — 2 wks

Other Conditions Jaundice & Abdominal Distention — 1 wk 2 wks

(include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Williams

Address

Date signed Oct 18, 1942

F 96736

F 96736

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 7424

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Salon Mt Washington

(c) Hospital or institution: Mt Wash Sanitarium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 2142 Woodbourne Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Josef Lobes

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-12-5976

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26-1923

8. AGE: Years	Months	Days	If less than one day
19	2	21	hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Usher in

11. Industry or business Moving picture Theatre

FATHER 12. Name Charles H Sifley

13. Birthplace Balto Md

MOTHER 14. Maiden Name Adelaide L. Warner

15. Birthplace Balto Md

16 (a) Informant Adelaide L. Sifley

(b) Address 2148 Boyd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 18-1942 (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Balto. County

18 (a) Funeral director George F. Schwartz

(b) Address 201 Frederick Ave

OCT 18 1942 (Date received by Registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1942; at 5-20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1942 to Oct 17 1942 and that I last saw him alive on Oct 17 1942.

Immediate cause of death Agranulocytic Tonsilitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Arthur Rosler M. D.

Address 1 E. Lexington St Date signed 10/17/42

Physicians: please write the causes of death clearly and correct age is especially important.

F 96737

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 96737 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caton and Wilkins Ave

(c) Hospital or institution: St. Agnes Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 D

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 263 S. Harmison St. (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Mary A. Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife August

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16 - 1875

8. AGE: Years	Months	Days	If less than one day
67	5	—	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Louis Richwein

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Katherine Kratz

15. Birthplace Balto. Md.

16 (a) Informant August F. Miller

(b) Address 263 Harmison St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19-1942 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

18 (a) Funeral director George F. Lehnert

(b) Address 2101 Frederick Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

OCT 18 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/16 1942 at 12:20 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/10 1942 to 10/16 1942 and that I last saw her alive on 10/16 1942.

Immediate cause of death	Duration
Spinal anesthetic	10 min.
Due to Fr. left hip	6 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 10-16-42

Major findings of operation: Pt. died shortly after administration of

of autopsy: Yes the tic

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 10/10 at 6 P M

(c) Where did injury occur? Balto Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no

(e) Means of injury Fall

23. Signature J. A. Myers, M. D.

Address St. Agnes Hosp Date signed 10/18/42

Howard J. Maddox, M.D.

42319 96738 F 96738

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 46R

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State PA. (b) County
(c) City or town Williamsburg (If outside city or town limits, write RURAL and give town)
(d) Street No. 620 W. 2nd St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clara R Blackburn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-8-59

8. AGE: Years	Months	Days	If less than one day
83	9	10	hr. min.

9. Birthplace PA (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER 12. Name Joshua Roller
13. Birthplace PA

MOTHER 14. Maiden Name Mary Anne Rhule
15. Birthplace PA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 18 '42 (month) (day) (year)
(c) Cemetery or crematory Wms Cem Co.
Location Williamsburg R.D. 1 Pa.

18 (a) Funeral director P. Martin Leininger
(b) Address Mercersburg, Pa.

OCT 19 1942 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942 at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1942 to Oct 18 1942 and that I last saw her alive on Oct 18 1942.

Immediate cause of death	Duration
Uremia	1 week
Due to Hydronephrosis	6 weeks
Due to Pressure on ureters by Ovarian cyst.	2 years
Other Conditions Carcinoma of stomach, Pleural effusion (Include pregnancy within 3 months of death)	

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Longmire Jr. M.D.
Address Johns Hopkins Hospital Date signed 10/18/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96739

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96739 Registered No. 44 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2723 E. Biddles Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town Hanover, (If outside city or town limits, write RURAL and give town)
(d) Street No. Fort Meade Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Geraldine E. Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-12-7082

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Clarance Davis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1923

8. AGE: Years	Months	Days	If less than one day
19	7	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation housewife at home
11. Industry or business

FATHER
12. Name Andrew Janos
13. Birthplace Czechoslovakia

MOTHER
14. Maiden Name Zelenka
15. Birthplace Baltimore,

16 (a) Informant husband
(b) Address Fort Meade Road, Hanover Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 (a) (Date received by registrar) OCT 20 1942 (b) Registrar Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1942, at 3:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from October 5 1941, to 17 1942, and that I last saw h[illegible] alive on Oct. 16 1942

Immediate cause of death Hodgkins Disease — Duration 1 yr. 2

Due to

Due to

Other Conditions

(include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Karl Grossman M. D.
Address 212 N. Patterson Park Ave Date signed 10/22/42

E 96740

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1170 B E 96740

Temporary address - 3715 High Park Drive

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State N.Y. (b) County
(c) City or town Howard Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. Bord Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rudolph Palkovics

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	125-07-5256

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/31/1919

8. AGE: Years	Months	Days	If less than one day
23	10	14/16	hr. min.

9. Birthplace Brooklyn N.Y. U.S.A. (Town, county and state)
10. Usual Occupation Crector Leader
11. Industry or business Ship Building

FATHER
12. Name Rudolph
13. Birthplace Austria

MOTHER
14. Maiden Name Elizabeth Tolner
15. Birthplace Germany

16 (a) Informant Elizabeth Tolner sr.
(b) Address 159-35 Gold St Howard Beach

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 21 1942 (month) (day) (year)
(c) Cemetery or crematory Removal to Howard Beach Queens County New York
Location

18 (a) Funeral director H. C. Casey #1881
(b) Address 100-18-159th Ave Howard Beach
19 (a) Date received by local registrar OCT 19 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17- 1942 at 1:20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractured Skull	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-17-42 at 1 A M
(c) Where did injury occur? Cor. North Ave & Mount St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Collision between auto & streetcar

23. Signature Howard J. Sheeden M.D.
Medical Examiner.
Date signed 10-17-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

K 96741

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. E 96741

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution:
Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1/2 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 59 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4109 Roland Ave.
(If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

3 (a) FULL NAME Alexander H. Rutherford Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	MARRIED.

6 (b) Name of husband or wife Mrs. A. H. Rutherford Jr.
6 (c) If alive, give age : years

7. Birth date of deceased (mo., day, yr.) MAR 13 1883

8. AGE: Years	Months	Days	If less than one day
59	7	4	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Stock Broker.

11. Industry or business

FATHER
12. Name Alex. H. Rutherford Sr.
13. Birthplace Virginia.

MOTHER
14. Maiden Name Rosa Seddon
15. Birthplace Virginia.

16 (a) Informant Hosp. records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Oct 19 42 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Druid Ridge
Location Pikesville Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address McCulloh - Orchard Sts.

19 (a) OCT 19 1942 (Registered by registrar) **(b)** Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 19 42 at 10:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17 1942. to Oct. 17 1942. and that I last saw him alive on Oct. 17 1942.

	Duration
Immediate cause of death Cardio. respiratory failure	10 mins.
Due to Myocardial disease - chronic nephritis.	2 years.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edna Hedrick M.D.
Address Union Memorial Hosp. Date signed 10-17-42

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Be sure correct age is especially important.

96742

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. F 96742

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1209 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 d
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 21

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Armenia.

3 (a) FULL NAME Takoohi Aivagian

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. widow

6 (b) Name of husband or wife Hovsep Aivagian deceased | 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14-1859

8. AGE: Years 83 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Armenia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Artin Hagopian

13. Birthplace Armenia

MOTHER 14. Maiden Name Unknown

15. Birthplace Armenia

16 (a) Informant James Aivagian

(b) Address 1209 Greenmount

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/42 (month) (day) (year)

(c) Cemetery or crematory Maryland Mem Park

Location Taylor ave

18 (a) Funeral director William Cooke Inc

(b) Address 1217 St Paul St

19 (Date received, 1942) (Registrar) Huntington Williams M.D.

OCT 19 1942

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1942 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1942 to Oct 17 1942 and that I last saw h[illegible] alive on Oct 16 1942

	Duration
Immediate cause of death Cancer of the breast	10 yrs.
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. C. Pelter M. D.
Address 817 Hamilton Ter Date signed

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96743

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 55 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 722 N. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Goebler (Goebler)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3 - 1874

8. AGE: Years 68 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Germany

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Dr. Louis F. Krumrien

(b) Address 722 N. Kenwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location Baltimore

18 (a) Funeral director Philip Henry Long

(b) Address 2024 Orleans St.

19 OCT 19 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1942, at 5 20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1941 to Oct 16 1942, and that I last saw her alive on Oct 16 1942

Immediate cause of death Uremia - chronic Nephritis - Cardio - Vas culer - renal disease

Due to arthritis - Senelis -

Due to

Other Conditions Chronic Cholecystitis + cholelithiasis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: Oct 17/42 4yrs / 4yrs. / 4yrs. / 4yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature Louis F. Krumrien M. D.

Address 722 N. Kenwood ave Date signed Oct 17/42.

VS 8

Physicians: please write the causes of death clearly and legibly. Information is especially important. Be sure to correct age is especially important.

F 96744

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

33B

F 96744 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 809 Gretna Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 d
(e) Length of stay in Baltimore (yrs., mos., or days) life time

2. USUAL RESIDENCE OF DECEASED:
(a) State Ohio (b) County
(c) City or town Portsmouth (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3 (a) FULL NAME John H. Rose

3 (b) If veteran, name war

3 (c) Social Security Account No. 294-12-8124

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Susan J. Rose
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 5th 1878

8. AGE: Years	Months	Days	If less than one day
64	8	13	hr. min.

9. Birthplace Kentucky (Town, county, and state)
10. Usual Occupation Carpenter.
11. Industry or business Bethlehem Ship Yard

FATHER
12. Name Costa Rose
13. Birthplace Kentucky

MOTHER
14. Maiden Name Belle Stickobs
15. Birthplace Kentucky

16 (a) Informant William B. Rose
(b) Address 809 Gretna Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21st 1942 (month) (day) (year)
(c) Cemetery or crematory Portsmouth
Location Ohio

18 (a) Funeral director Robert Brooks & Son
(b) Address Belhaven & Hollins Sts.

19 (a) Date received by local registrar OCT 19 1942 (b) Registrar Huntington Williams M.D.

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942 at 6A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942 to Oct 17 1942 and that I last saw him alive on Oct 17 1942

Immediate cause of death Influenza — Duration 1 Day

Due to — Duration 4 Days

Due to

Other Conditions Myocardial Insufficiency (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Rollins M.D.
Address 710 Plummer Bldg. Date signed Oct 19 1942

96745

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. E 96745

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4403 Valley View
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4/5-yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4403 Valley View Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry A Hershey

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-3648

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Caroline Hershey
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 11 1877

8. AGE: Years	Months	Days	If less than one day
64	10	7	hr. min.

9. Birthplace Hanover Pa (Town, county, and state)

10. Usual Occupation Pharmacist

11. Industry or business

FATHER
12. Name Lewis Hershey
13. Birthplace Pa

MOTHER
14. Maiden Name Louisa Hoffman
15. Birthplace Pa

16 (a) Informant Mrs Viola Ashburn
(b) Address 4403 Valley View Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2208 Allendale

19 (a) OCT 19 1942 (Date received by Registrar) (b) Martin L. Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1937 to Oct 18 1942, and that I last saw he alive on Oct 18 1942.

Immediate cause of death	Duration
Chronic Myocarditis	
Due to Mitral Regurgitation	
Due to Angina Pectoris	
Due to	
Other Conditions Coronary Thrombosis	4 hrs

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vincent D. Foster M.D.
Address 845 N. Patterson Park Ave Date signed 10/18/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly

96746

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 96746
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Dunbeland & Raynes Ave.
(c) Hospital or institution: West Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 104 N. Green St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Lewis (Birth F 60656)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/15/42

8. AGE: Years	Months	Days	If less than one day
			1 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edgar Lewis
13. Birthplace Ohio

MOTHER
14. Maiden Name Evelyn Faye Brown
15. Birthplace Ohio

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory UNIVERSITY MEDICAL SCHOOL OCT 17 1942
Location Commissioner of Health

18 (a) Funeral director

(b) Address

19 OCT 19 1942 (Huntington Williams, M.D.) Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/15 1942, at 5:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15 1942, to 10/15 1942; and that I last saw h.l.m. alive on 10/15 1942.

Immediate cause of death	Duration
Fatal Atelectasis	
Due to Premature Birth	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Vernon M. Checket, M.D.
Address WBGH Date signed 10/15/42.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entries must be complete and correct as to every detail. Any information not known should be so stated. Answer every question. Do not leave any blanks. Be sure that the age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

9508

F 96747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

F 96747

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3115 Dillon St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3115 Dillon St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME LAURA PEARL GREEN

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charles Wesley Green
6 (c) If alive, give age: 59 years

7. Birth date of deceased (mo., day, yr.): Mar. 5. 1889

8. AGE: Years: 53 | Months: 7 | Days: 11 | If less than one day: ..... hr. ..... min.

9. Birthplace: Baltimore (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business

FATHER
12. Name: George Henry Seets
13. Birthplace: Baltimore

MOTHER
14. Maiden Name: Hannah Stevens
15. Birthplace: Baltimore

16 (a) Informant: Mr. Charles W. Green
(b) Address: 3115 Dillon St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 19. 1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park Cemetery
Location: Baltimore Md.

18 (a) Funeral director: HENRY SANDER & SONS. INC.
(b) Address: North Ave. & Broadway.

19 (a) OCT 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 16. 1942 at 1.40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 - 1942 to Oct 16 1942 and that I last saw h Ur alive on Oct 16 1942

Immediate cause of death: My ocardeths Arbriosclerosis
Due to: Diabetes Mellitus
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration: 1942 / 942 / 542

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: Charles W. Green
Address: 3505 Dietz Date signed: 10/19/42 M. D.

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96748

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 96748 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1514 Division St.

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 712 Brady Ave, Fairfield (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Bernadette Williams (Birth F-56788)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	

6 (b) Name of husband or wife (9-5-42)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 12, 1942

8. AGE: Years	Months	Days	If less than one day: hr.	min.
	1	5		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name Andrew Williams

13. Birthplace Jackson N. Carolina

MOTHER

14. Maiden Name Rita Middleton

15. Birthplace Md.

16 (a) Informant Rita Williams

(b) Address 1712 Brady Ave.

17 (a) Burial (burial, cremation, or removal) (b) Date thereof Oct 18, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location A. G. County Md.

18 (a) Funeral director Mrs P. G. Elliott & Daughter

(b) Address 612 N. Carlton St.

19 (a) OCT 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17, 1942 at 1.40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16-1942 to 10-17-1942 and that I last saw her alive on 10-17-1942

Immediate cause of death: Broncho-pneumonia — Duration: 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature C. R. Campbell

Address 718 Dolphin St. Date signed 10-18-42 M. D.

VS 3

Physicians: please write the causes of death clearly and legibly. Information requested is especially important. Please see that it is correct and complete.

96749 #23932

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 12

F 96749

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clarence Hills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Sep.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-15-18

8. AGE: Years	Months	Days	If less than one day
24	9	1	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Truck Driver

11. Industry or business

FATHER 12. Name Robert Hill

13. Birthplace Md.

MOTHER 14. Maiden Name Emma West

15. Birthplace Md

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location Q.G. County, Md.

18 (a) Funeral director Mrs. P.G. Elliott & Dept.

(b) Address 1129 N. Carlton St.

19 (a) OCT 19 1942 (Date rec'd by reg.) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16 1942 at 7 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1942 to Oct. 16 1942 and that I last saw him alive on Oct. 16 1942.

Immediate cause of death: Tetanus — Duration: 36 hours

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Lung abscess, Rt lung

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert C. Austrian

Address The Johns Hopkins Hosp. Date signed 10/19/42

VS 3

Please write clearly. Physicians: please write the causes of death clearly and correct age is especially important.

F 96750

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 96750

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered correctly. Physicians: please write the causes of death clearly and legibly. Age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address: 709 Scott Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days):
(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:
(a) State: Md. (b) County:
(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No.: 709 Scott Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Mary E. Fitzgerald

3 (b) If veteran, name war:

3 (c) Social Security Account No.: 220-07-8685

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: James

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1888 11 11

8. AGE: Years	Months	Days	If less than one day
53	11	5	hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Henry Blank
13. Birthplace: Baltimore, Maryland

MOTHER
14. Maiden Name: Mollie Bell
15. Birthplace: Baltimore, Maryland

16 (a) Informant: James Fitzgerald
(b) Address: 709 Scott Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/19/42 (month) (day) (year)
(c) Cemetery or crematory: Loudon Park
Location: Frederick Avenue

18 (a) Funeral director: Ambrose, Inc.
(b) Address: 414 N. Franklintown Rd.

19 (a) OCT 19 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 16 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 13 1941 to Oct. 16 1942 and that I last saw her alive on Oct. 16 1942

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day.
Due to: Arterial Hypertension	
Due to: Generalized Arteriosclerosis	2 years.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence: at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury:

23. Signature: George A. Fitzgerald M.D.
Address: 3030 Edmondson Avenue Date signed: 10/17/42

VS 8

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 96751 — CERTIFICATE OF DEATH — 131B — F 96751

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 N. Washington St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Teresa Bayer

If U. S. Veteran specify WAR

(a) Residence: No. 108 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Geo Bayer

6. DATE OF BIRTH (month, day, year) Aug 30 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Mathias Schuch

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Elizabeth Wolf

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Mr Coley Bayer

(Address) 108 N. Washington St

18. BURIAL, CREMATION OR REMOVAL

Place Holy Cross Date 10/20/ 1942

19. UNDERTAKER John F Cowie & Son

(Address) 401-3 Holliday St.

20. FILED OCT 19 1942 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 17, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 14 1942 to Oct 17 1942

I last saw h[illegible] alive on Oct 17 1942 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Pulmonary Edema	Oct 17 42

Other contributory causes of importance:

Chr Hypertension	6 41
Chr Nephritis	6 41

Was an operation performed? no Date of

For what disease or injury?

Name of operation —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) William F Krauss M. D.

(Address) 501 A Stemmers Run

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

VS 3

F 96752

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96752

Registered No. 109

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N Caroline St
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto Co
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2904 Emerald Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Diane Katherine Mc Cammon (Birth F-59410)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16, 1942

8. AGE: Years	Months	~~Days~~	If less than one day
		136 hrs.	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles V. Mc. Cammon
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Dorothy E. Klaes
15. Birthplace Baltimore, Md.

16 (a) Informant Dorothy E. Mc. Cammon
(b) Address 2904 Emerald Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20th 42 (month) (day) (year)
(c) Cemetery or crematory St. Johns Cath
Location Balto. Co. Md

18 (a) Funeral director Tarsakhurst Funeral Home
(b) Address 7401 Belair Rd

19 (a) OCT 19 1942 (Date rec'd by reg'r) (b) Huntington Hillcrest, M Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1942 at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1942 to Oct 18 1942 and that I last saw h[illegible] alive on Oct 18 1942

Immediate cause of death	Pneumonia		
Due to			
Due to			
Other Conditions			

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Red Hepatization

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Wm J Kramer M.D.
Address St Joseph's Hosp Date signed 10-18 1942

F 96753

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 96753 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2105 Bolton St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 1 month

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2105 Bolton St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara Cutler Needham

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife William A. Needham
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 28, 1856

8. AGE: Years	Months	Days	If less than one day
86	8	21	hr. min.

9. Birthplace Massachusetts (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Cutler
13. Birthplace Massachusetts

MOTHER
14. Maiden Name ? Cutler
15. Birthplace Massachusetts

16 (a) Informant Mrs. Harry L. Needham
(b) Address 2105 Bolton St.

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Pleasant Cemetery
Location Washington, D.C.

18 (a) Funeral director E. Willis Hammond
(b) Address 1003 W. Baltimore St.

19 (a) OCT 19 1942 (Date rec'd by Registrar) Huntington Wilt Registrar, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1942, at 1.30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/17/42 19 to 10/18 19 42 and that I last saw her alive on 10/18 19 42

Immediate cause of death Bronchio-Pneumonia — Duration 30 hrs

Due to Uremia & Chr. Nephrosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ernest Lewis M. D.
Address 1501 N. Broadway Date signed

F 96754
JL- 9952

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

F 96754
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 27 10
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Brady Ave. 508 Glenwood
(If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Mary Ellen Johnson

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	?

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69	?	?	hr. min.

9. Birthplace ? (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Joe Johnson
13. Birthplace Md.

MOTHER
14. Maiden Name Helen ?
15. Birthplace Md

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvery Cem.
Location Anne Arundel Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) OCT 19 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-11 1942, at 11 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 10-11 1942 and that I last saw her alive on 10-11 1942.

Immediate cause of death	Duration
Cerebral thrombosis	3 Days
Due to Cerebral arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp Date signed 10-16-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

F 93755

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 90755
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2525 N. Calvert St., City.
(c) Hospital or institution:
at home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto. City.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2525 N. Calvert St., City.
(If rural give location)
(e) If foreign born, how long in U. S. A.? NO years

3 (a) FULL NAME MISS MYRTLE CANN HOUSTON

3 (b) If veteran, name war: NONE
3 (c) Social Security Account No.: NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife: NONE
6 (c) If alive, give age XXX years

7. Birth date of deceased (mo., day, yr.) Nov. 21, 1863

8. AGE: Years	Months	Days	If less than one day
78	10	27	..... hr. ..... min.

9. Birthplace Middletown, Delaware
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business NONE

FATHER
12. Name William H. Houston
13. Birthplace Delaware

MOTHER
14. Maiden Name Sarah E. Eliason
15. Birthplace Delaware

16 (a) Informant Mrs. Fannie H. Naudain (sister)
(b) Address 2525 N. Calvert St., City.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 10- -42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Ave., Ckty

18 (a) Funeral director Stewart & Mowen Company
(b) Address 108 W. North Av. (W. F. Wooden-Suc.)

19 (a) OCT 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1942 at 2.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18 1942 to Oct. 18 1942 and that I last saw her alive on Oct 18 1942

Immediate cause of death	Duration
Acute Pulmonary Edema	1½ hrs
Due to Cardiac Failure	2 hrs
Due to Hypertensive Cardiovascular Disease, for which she was treated by Dr. Allen for many years	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence .....
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? .....
(Specify type of place)
(e) Means of injury —

23. Signature William F. Pearce M. D.
Address 2105 N. Charles St Date signed 10/18/42

PLEASE WRITE PLAINLY, with ink. Physicians: please write the causes of death clearly and give correct age is especially important.

VS 8

F 96756

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 96756

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calhoun & Fayette
(c) Hospital or institution:
Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 217 N Mulberry St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 45 years years

3 (a) FULL NAME George Chinn

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Chinese	married

6 (b) Name of husband or wife Lee Chinn
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years	Months	Days	If less than one day
abt 70	—	—	hr. min.

9. Birthplace China (Town, county, and state)
10. Usual Occupation Restaurant
11. Industry or business Food.

FATHER
12. Name not known
13. Birthplace China

MOTHER
14. Maiden Name not known
15. Birthplace china

16 (a) Informant Chin Quong (Bro)
(b) Address 310 Park ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Stewart Mortuary Co.
(b) Address 98 W Pratt St.

19 (a) OCT 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17-42 19 , at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-15 1942, to 10-17 1942, and that I last saw him alive on 10-17 1942.

Immediate cause of death	Duration
Myocarditis	
Due to Broncho Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Lowenthaler Jr M. D.
Address Franklin Sq Hospital Date signed 10-17-42

VS 3

F 96757

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

F 93737 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 837 W.35 th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 837 W.35 th st.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mildred E. Harrison. (Lescalleet)

3 (b) If veteran, name war

3 (c) Social Security Account No. 212 14 2750

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 18, 1913

8. AGE: Years	Months	Days	If less than one day
29	7	29	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housework.
11. Industry or business

FATHER
12. Name Thomas R. Harrison.
13. Birthplace Va.

MOTHER
14. Maiden Name Alice M. Shuler.
15. Birthplace Md.

16 (a) Informant Alice M. Harrison.
(b) Address 837 W.35th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19/42 (month) (day) (year)
(c) Cemetery or crematory Moreland Park
Location Taylor Ave

18 (a) Funeral director Chenault & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) (Signature of local registrar) (b) Huntington Willis REGISTRAR

OCT 19 1942

MEDICAL CERTIFICATION A.

20. DATE OF DEATH October 17, 1942 at 2.10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 31 1942 to Oct 17 1942 and that I last saw her alive on Oct 16 1942

Immediate cause of death	Duration
Cardiac decompensation	6 wks.
Due to Cardiac - Rupture disease.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joan Dunn M.D.
Address 4746 W Belvedere Date signed 10/19/42

Please write clearly with pen and ink. Physicians: please write the causes of death clearly and give correct age is especially important.

F 96758

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. F 96758

PLEASE WRITE PLAINLY, WITH UNFADING INK. Be sure to give correct age in each case. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) 69 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County None
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2223 St. Paul (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Philip Peterson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Gertrude K. McConnor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1872

8. AGE: Years	Months	Days	If less than one day
70	2	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None - Retired
11. Industry or business

FATHER
12. Name George P. Petersen
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Ann Dare
15. Birthplace Md.

16 (a) Informant John Peterson
(b) Address Cecil Apts., Baltimore

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Loudon Park
Location 3801 Frederick Ave., Balto.

18 (a) Funeral director John O. Mitchell & Son, Inc.
(b) Address 1700 Eutaw Place

19 (a) OCT 19 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-18 — 1942, at 9 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-4 1942 to 10-18 1942, and that I last saw him alive on 10-18 1942.

Immediate cause of death	Duration
Cardiac Failure	
Due to Coronary Occlusion	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James McC. Finney M. D.
Address Union Memorial Hosp. Date signed 10-18-42

VS 8

F 96759

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96759 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1562 Carey Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1562 N. Carey St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Leroy White

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-5491

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Ida White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1897

8. AGE: Years	Months	Days	If less than one day
44 5	10	8	hr. min.

9. Birthplace Howard Co Md.
(Town, county, and state)

10. Usual Occupation Waiter

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Ida White (wife)
(b) Address 1562 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20-1942 (month) (day) (year)

(c) Cemetery or crematory St Peters Cemetery
Location North West Baltimore

18 (a) Funeral director Wm Brooks
(b) Address 1463 N. Carey St

19 (a) Filed Oct 19 1942 Huntington Whitelaw, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16 1942 at 11:25 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1942 to Oct 16 1942 and that I last saw h/ alive on Oct. 16 1942

Immediate cause of death

Cerebral Hemorrhage — Duration 2 days

Due to Hypertension Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ralph W. Rackley

Address 426 N. Gilmor St Date signed 10/19/42

F 96760

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 106B

F 96760 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Frenaparty - Belvidere Ave
(c) Hospital or institution: Levindale
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

2-77

3 (a) FULL NAME Lena Baer Kahn

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Benjamin Kahn

6 (c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) 9/15/1866

8. AGE: Years 76 | Months 1 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Louis Baer
13. Birthplace Germany

MOTHER 14. Maiden Name Ida Abrams
15. Birthplace

16 (a) Informant Sig Fendrick
(b) Address Frenaparty Belvidere

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery ~~or crematory~~ Helen Freundlich
Location Baltimore

18 (a) Funeral director Dan Goodheim & Son
(b) Address 1902 Eutaw Pl.

19 (a) (Date rec'd by registrar) (b) Registrar Huntington Pittsburgh

VS 8 OCT 19 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17 1942, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-35 1942, to 10-17 1942, and that I last saw h alive on 10-17 1942.

Immediate cause of death Arteriosclerosis Hypertension

Due to

Due to

Other Conditions Chr Bronchitis

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin M. D.
Address Levindale Date signed 10/17/42

Please write the causes of death clearly and correct age is especially important. Physicians:

F 96761

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 96751

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 days
(e) Length of stay in Baltimore (yrs., mos., or days) 77 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 Mt. Royal Avenue
(If rural give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country -------

3 (a) FULL NAME Mr Frank Knecht

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Louise Hild
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) March 10, 1865

8. AGE: Years	Months	Days	If less than one day
77	7	7	--hr. ---min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business Brick Mfg. Business

FATHER
12. Name John A. Knecht
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Hoover
15. Birthplace Baltimore, Maryland

16 (a) Informant Alphonse Knecht
(b) Address 1400 Mt. Royal Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ New Cathedral
Location Baltimore, Md.

18 (a) Funeral director H. W. Meaks and Son
(b) Address 805 N. Calvert Street

19 (a) OCT 19 1942 (Date received by registrar) Errington for Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1942, at 7:43 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1942, to 10-17 1942, and that I last saw him alive on 10-17 1942.

Immediate cause of death	Duration
Coronary Thrombosis	17 days
Due to	
Due to	
Other Conditions Hypertens C.V disease	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward F. Kane M.D.
Address Bon Secours Hosp Date signed 10-17-42

96762

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1930

F 96762
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-9
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 421 S. Conkling Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edward Mac Kessy (Edward Mackessy)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8/1885

8. AGE: Years	Months	Days	If less than one day
57 57	2	9	hr. min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name John Mackessy
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Rose Oneil
15. Birthplace St. Louis. Missouri

16 (a) Informant John Mackessy
(b) Address 813 S. Dean St.

17 (a) Burial (b) Date thereof Oct 20/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Sacred Heart.
Location German Hill Rd.

18 (a) Funeral director Lilly & Geiler INC.
(b) Address 403 S. Wolfe St.

19 (a) OCT 19 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17- 1942, at 8:15 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by ~~autopsy~~ Autopsy & Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-Vascular	
Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Andrews M.D.
Medical Examiner.
Date signed 10-17-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 96763

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 96763 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4103 Walrad St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Virgil Evans

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 217-14-2812

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Della Evans

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 21, 1884

8. AGE: Years	Months	Days	If less than one day
57	9	26	hr. min.

9. Birthplace: Madison Dorchester Co Md
(Town, county, and state)

10. Usual Occupation: Chief Engineer on Tug
11. Industry or business: Jones & Whitely

FATHER
12. Name: Jones Evans
13. Birthplace: Dorchester

MOTHER
14. Maiden Name: Virginia Brunwell
15. Birthplace: Madison Md

16 (a) Informant: Della Evans
(b) Address: 4103 Walrad Ave

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct 20, 1942 (month) (day) (year)
(c) Cemetery or crematory: Loudon Pk
Location: Balto City

18 (a) Funeral director: A. Leonard Evans
(b) Address: 1400 S. Charles St

19 (a) OCT 19 1942 (Date rec'd by registrar) (b) Huntington Williams

MEDICAL CERTIFICATION 20

20. DATE OF DEATH Oct. 17 1942, at 12 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: coronary occlusion

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Robert Lee Feathers M.D.
Medical Examiner.
Date signed Oct 18 1942

VS 6

PLEASE WRITE PLAINLY. Fill in all blanks by typewriter or ink. Do not use pencil. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 96764

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

F 96754 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 335 N. Paca Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Leroy Wallace

3 (b) If veteran, name war —

3 (c) Social Security Account No. 248-10-4383

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1915

8. AGE: Years	Months	Days	If less than one day
27			hr. min.

9. Birthplace Florence S.C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Sam Wallace
13. Birthplace Florence S.C.

MOTHER
14. Maiden Name Betty Williams
15. Birthplace Effingham, S.C.

16 (a) Informant Adnis Belle Wallace
(b) Address 635 N. Paca St

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-20-42 (month) (day) (year)
(c) Cemetery or crematory Florence
Location South Carolina

18 (a) Funeral director Josephus Halstead
(b) Address 918 Druid Hill Ave.

19 (a) (Date signed by registrar) OCT 19 1942 Hunting for address H.P. Williams

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17- 1942, at 12 45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Gun shot of chest	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10-17-42 at 12 20 A M
(c) Where did injury occur? 501 W. West Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Town) While at work? No (Specify type of place)
(e) Means of injury Bullet wounds

23. Signature Howard J. Waddell Medical Examiner.
Date signed 10-17-42

Please write plainly; please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

F 96765

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

F 96765 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 72 da.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 906 Stodder St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Maxime Harcum 75892

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	black	married

6 (b) Name of husband or wife Robert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 15, 1919

8. AGE: Years	Months	Days	If less than one day
23	7	2	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name Hezeciah Shipley

13. Birthplace Md.

MOTHER

14. Maiden Name Mammie Brooks

15. Birthplace Md.

16 (a) Informant Hospital records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/42 (month) (day) (year)

(c) Cemetery or crematory Mt Zion

Location Md

18 (a) Funeral director Hezekiah Nelson

(b) Address 906 Stodder St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 1942, at 9:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5 1942, to Oct. 17 1942, and that I last saw her alive on Oct. 17 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 6 mos?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A S Hartz M.D.

Address Balto City Hosp Date signed 10/17/42

Please write plainly. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

42948 F 96766

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 B

F 96766 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 wks
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 305 N. Calhoun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Armstrong

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-1-72

8. AGE: Years	Months	Days	If less than one day
69 68	11	17	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation None -

11. Industry or business

FATHER
12. Name Isaac Armstrong
13. Birthplace Virginia

MOTHER
14. Maiden Name Fannie Haney
15. Birthplace Virginia.

16 (a) Informant Records -
(b) Address - JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/42 (month) (day) (year)
(c) Cemetery or crematory Locustburg Va
Location
18 (a) Funeral director Geo. S. Kelson
(b) Address 1303 Preadmans St

19 (a) OCT 19 1942 (Date received by registrar) Registrar

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18th, 1942 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 28 1942 to Oct 18 1942 and that I last saw h[illegible] alive on Oct. 18 1942

Immediate cause of death CORONARY OCCLUSION? PULMONARY EMBOLUS?

Due to

Due to

Other Conditions CA. STOMACH & METASTASES

(Include pregnancy within 3 months of death)

Date of operation 10/14/42

Major findings of operation: CA. STOMACH & METASTASES

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Sloan Jr. M. D.
Address Johns Hopkins Date signed 10/19/42

PLEASE WRITE PLAINLY, with ink or indelible pencil, and correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

Huntington Williams M

MF 96757 F 96767

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

15 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1634 Division St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jesse Parsons

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) [illegible] married, [illegible]
M	C	

6 (b) Name of husband or wife Lena Parsons
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 13, 1900

8. AGE: Years	Months	Days	If less than one day
42	3	4	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Junious Parsons
13. Birthplace Va.

MOTHER
14. Maiden Name Lea Brooks
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/42 (month) (day) (year)
(c) Cemetery or crematory Waverly
Location Va.

18 (a) Funeral director Alex. D. Nelson
(b) Address 302 Pressman

19 (a) OCT 19 1942 (Date rec'd by registrar) Huntington Wilkinson, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17 1942, at 9.25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 4-9 1942, to 10-17 1942, and that I last saw h[illegible] alive on 10-17 1942.

Immediate cause of death	Duration
Tuberculous Peritonitis	1 yr
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D B Hoff M. D.
Address Balto City Hosp Date signed 10-21-42

VS 180

F 96768

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46F

F 96768 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 534 N.Linwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 534 N.Linwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Middleton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles S Middleton
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) July 22 1885

8. AGE: Years	Months	Days	If less than one day
57	2	27	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name John Panuska
13. Birthplace Bohemia

MOTHER
14. Maiden Name Unknown
15. Birthplace Bohemia

16 (a) Informant Charles S.Middleton
(b) Address 534 N.Linwood Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md

18 (a) Funeral director Harry R. Amacost
(b) Address 4204 Ridgewood Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10. 19. 1942 at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1942 to Oct. 19 1942 and that I last saw her alive on Oct. 18 1942

Immediate cause of death Carcinoma of Liver — Duration 1 year

Due to — Duration 6 months

Due to — Duration 6 years

Other Conditions General Arteriosclerosis — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Marr M. D.
Address 516 Cathedral St Date signed 10-19-42

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and correct age is especially important.

VS 3

F 96769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96769 Registered No. 940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1631 N. Calvert St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1631 N. Calvert St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Andrew Baughman

3 (b) If veteran, name war

3 (c) Social Security Account No. 716-09-8279

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband ~~or wife~~ Lula M. Baughman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 24, 1887

8. AGE: Years	Months	Days	If less than one day
55 54	7	24	hr. min.

9. Birthplace Penna (Town, county, and state)
10. Usual Occupation Electrician Signalman
11. Industry or business

FATHER
12. Name John Baughman
13. Birthplace Penna

MOTHER
14. Maiden Name Agnes Mataer
15. Birthplace Penna

16 (a) Informant Lula M. Baughman
(b) Address 1631 N. Calvert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Joy 10-21-42
Location Mt Joy Penna

18 (a) Funeral director Albert N Berger
(b) Address 440 E north Ave

19 (a) (Registrar) (b) Registrar

OCT 19 1942

VB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/18 1942 at 3:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1942 to 10/18 1942 and that I last saw him alive on 10/18 1942

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Coronary artery disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. Hausman M. D.
Address 4037 Falls Rd. Date signed 10/19/42

Huntington Williams, M.D.

F 96770

E.S. (77177)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 96770 937 Registered No.

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Avenue
(c) Hospital or institution:
Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1142 N. Gilmore St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Shep Tolbert

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-5294

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Lucy Tolbert

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
53 ?			hr. min.

9. Birthplace Ohio (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Tolbert
13. Birthplace LA.

MOTHER
14. Maiden Name Elizabeth —
15. Birthplace LA.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N. Schroeder St.

19 (a) Oct 19 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14 1942 at 10 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-3 1942 to 10-14 1942 and that I last saw him alive on 10-14 1942

Immediate cause of death	Duration
Cerebral hemorrhage	2
Due to hypertension C.V. lesions	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N K Rathbun M. D.
Address Balto City Hosp Date signed 10-14-42

F 96771

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96771
Registered No.

PLEASE WRITE PLAINLY. Physicians: please write the causes of death clearly and legibly. Be sure that correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1731 Maryland Ave.,
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susanna Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-29-1880

8. AGE: Years	Months	Days	If less than one day
62	3	17	hr. min.

9. Birthplace S.C.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Nelson Saunders
13. Birthplace S.C.

MOTHER
14. Maiden Name Candice?
15. Birthplace S.C.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1942 (month) (day) (year)
(c) Cemetery or crematory Dorsey Memorial
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 32 29 N. Schroeder St

19 OCT 19 1942 (Date received by registrar) (Signature of registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 16 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1942 to Oct. 16 1942 and that I last saw her alive on Oct. 16 1942

Immediate cause of death	Duration
Meningococcus septicemia and meningitis	3 days
Due to Meningococcus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: meningitis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of injury)
(e) Means of injury

23. Signature Robert C. Austrian

Address Johns Hopkins Hospital Date signed Oct 17 1942

VS 3

F 96772

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 96772

Registered No. 937

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 West 40th St., Baltimore, Md.
(c) Hospital or institution:
Home for Incurables

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yrs 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 47 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Home for Incurables, 700 W. 40th St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Edward Dodson

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Widower

6 (b) Name of husband or wife N. Maude Collins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 5, 1873

8. AGE: Years	Months	Days	If less than one day
69	0	25 ?	hr. min.

9. Birthplace Easton, Talbot County, Maryland
(Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business

FATHER
12. Name Leondis Dodson
13. Birthplace St. Michaels - Maryland

MOTHER
14. Maiden Name S. Virginia Barnett
15. Birthplace Easton, Maryland

16 (a) Informant Home for Incurable Records
(b) Address Baltimore, Maryland

17 (a) Burial (b) Date thereof 10/20/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Washington Boulevard, Halethorpe, Md.

OCT 19 1942

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1942, at 12 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23 1940 to October 18 1942, and that I last saw him alive on October 17 1942.

Immediate cause of death	Duration
Myocardial Insufficiency	1 Week
Due to Arteriosclerotic Cardio-Vascular Disease	10 years
Due to	
Other Conditions Paralysis Agitans Left Inguinal Hernia	9 years

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Drafton Herzberger M. D.
Address 214 Medical Arts Bldg. Date signed 10/18/42

F 96773

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 937

F 96773 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 to 40 1/2 St Baltimore
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5yr 11 da
(e) Length of stay in Baltimore (yrs., mos., or days) Since birth

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Home for Incurables 700 to 40 1/2 St
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Susanna Frances Hogg (Susan F. Hogg)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 3 1858

8. AGE: Years	Months	Days	If less than one day
84	7	14	hr. min.

9. Birthplace Baltimore - Maryland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Hogg
13. Birthplace Baltimore - Maryland

MOTHER
14. Maiden Name Susanna Goodwin
15. Birthplace North Point - Maryland

16 (a) Informant Home for Incurables Records
(b) Address Baltimore - Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

OCT 19 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1942 at 10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from August 23 1937 to October 17 1942, and that I last saw her alive on 10/17 1942.

	Duration
Immediate cause of death Gastroenterostomy Fatal	10 Days.
Due to Gastroenterostomy Cachexia - Secondary Disease	15 years
Due to Hypertension (mild)	10 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Grafton Hersperger M.D.
Address 214 Medical Art Bldg Date signed 10/18/42

VS 3

F 96774

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16

F 96774

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be made on this certificate before burial or removal. Physicians: please write the causes of death clearly and legibly. Undertakers: please see that every question is answered. Informants: please see that the information you give is complete and correct as far as you have knowledge.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Calvert & 33rd

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County —

(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)

(d) Street No. Home for Incurables, Keswick Road (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country —

3 (a) FULL NAME Jessie Talbert Anderson

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S.

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 7, 1866

8. AGE: Years	Months	Days	If less than one day
76	3	11	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER 12. Name James R. Anderson

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary E Garrett

15. Birthplace Maryland

16 (a) Informant Home for Incurables

(b) Address 40th & Keswick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/42 (month) (day) (year)

(c) Cemetery or crematory Petersburg, Cemetery

Location Petersburg, Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto. Washington Williams, Jr.

OCT 19 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1942, at 11:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Oct 18 1942 and that I last saw h— alive on Oct 18 1942.

Immediate cause of death	Duration
Cardiac failure, Respiratory failure	
Due to Postoperative cachexia	
Due to	
Other Conditions Arthritis, Path Disease, Non-specific peritonitis (Include pregnancy within 3 months of death)	

Date of operation Oct 15 1942

Major findings of operation: Prolapse of rectum.

of autopsy: Coagulated pulmonary [illegible]

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature James McC. Jr. M. D.

Address Union Memorial Hop. Date signed 10-18-42

VS 3

F 96775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96775 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard County
(c) City or town Alberton
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth Mayes

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 19, 1926

8. AGE: Years 16 | Months 2 | Days 25 | If less than one day hr. min.

9. Birthplace West Virginia (Town, county, and state)

10. Usual Occupation Cotton Mill Worker

11. Industry or business C. R. Daniels

FATHER
12. Name Floyd Mayes
13. Birthplace Va

MOTHER
14. Maiden Name Catherine Morris
15. Birthplace Va

16 (a) Informant Stanley Mayes
(b) Address Alberton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 - 22 - 42 (month) (day) (year)
(c) Cemetery or crematory Cox Cemetery
Location Oakland, Md Va

18 (a) Funeral director E. C. Hawthorn Jr.
(b) Address Oakland Md

19 (a) (Date rec'd by registrar) (b) Huntington Willis M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1942, at 12 15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Rupture of liver — Duration

Due to accident.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 17 1942 at 11 30 P.M.
(c) Where did injury occur? On Route 40 near Cotterville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? road (Specify type of place) While at work? No
(e) Means of injury Auto turned over

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 18 1942

OCT 19 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96776

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

F 96776 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 Rosedale St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PAUL MUELLER JR.

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 212-03-7441

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M.

6 (b) Name of husband or wife: Elsie L. Mueller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 6, 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55	2	13		

9. Birthplace: Baltimore Md. (Town, county, and state)
10. Usual Occupation: Manager for
11. Industry or business: H. E. Hartheimer Co.

FATHER
12. Name: Paul Mueller
13. Birthplace: Germany

MOTHER
14. Maiden Name: Louise C. Dolle
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mrs. Elsie L. Mueller
(b) Address: 508 Rosedale Ave. Baltimore City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Bals. Md.

18 (a) Funeral director: Shepard & Hooven
(b) Address: 10 8 W. North Ave.

19 (a) OCT 19 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

PLEASE WRITE FORCIBLY, WITH INDELIBLE PENCIL. Do not use abbreviations or ditto marks. Be sure that the entry for each item is complete and correct. Do not omit any item or leave any blank unless instructed to do so. Be sure that the cause of death is stated correctly and that the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1942, at 8 a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions hs	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: hs
(Yes) or autopsy: hs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Wollenweber M.D. and Medical Examiner.
Date signed

F 96777

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 96777

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33RD & CALVERT

(c) Hospital or institution:

~~2825 Guilford Ave~~ UNION MEMORIAL HOSP

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County

(c) City or town BALTIMORE

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2925 GUILFORD AVE

(If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Miss MARY JANE RUSSELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~.
FEMALE	WHITE	

6 (b) Name of husband or wife —

6 (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Dec. 31, 1871

8. AGE: Years	Months	Days	If less than one day
70	9	17	hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business —

FATHER

12. Name MR. RICHARD B. RUSSELL

13. Birthplace MARYLAND

MOTHER

14. Maiden Name CATHERINE MC GANN

15. Birthplace IRELAND

16 (a) Informant KATHERINE RUSSELL

(b) Address 2925 Guilford AVE.

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 10/21/42 (month) (day) (year)

(c) Cemetery or crematory CATHEDRAL

Location OLD FREDERICK Road

18 (a) Funeral director CHAS. F. EVANS & SON

(b) Address 118 W. MT ROYAL AVENUE

OCT 19 1942 Huntington Williams, M.D. Registrar

(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 19 42 at 8:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 19 42 to 10-17 19 42, and that I last saw h alive on 10-17-42 19 .

Immediate cause of death Cardiorespiratory failure — Duration

Due to Massive collapse of left lung

Due to

Other Conditions HYPERTENSIVE CARDIO-VASCULAR DISEASE & ENCEPHALOMALACIA

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature John A. Hartbff Jr. M. D.

Address Union Memorial Hosp. Date signed 10-17-42

PLEASE WRITE PLAINLY, with ink. Be sure that the information given is correct and complete. Answer every question; if none, write none. Be sure that the age is correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

107

F 96778
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. If any correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1943 Ramsey St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 68

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1943 Ramsey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Nathan M. Ensey

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	Clo.	Married

6 (b) Name of husband or wife Annie E Ensey
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 31st 1874

8. AGE: Years	Months	Days	If less than one day
68	2	16	hr. min.

9. Birthplace Md Howard Co
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Nathan Ensey
13. Birthplace Howard Co Md

MOTHER
14. Maiden Name Annie L. Jones
15. Birthplace Balto Md

16 (a) Informant Annie Ensey
(b) Address 1943 Ramsey st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 20th 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director A. Jones
(b) Address 111 S. Gilmor st

19 (a) (Date received by Registrar) (b) Registered by Hunting Town Williams M.D. Registrar

CVR 6T 130

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1942, at 2.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1942, to Oct 17 1942, and that I last saw h alive on Oct 16 1942.

Immediate cause of death Broncho-Pneumonia — Duration 4 days
Due to
Due to
Other Conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Albert Kornmesser M. D.
Address 1934 Wilkens Ave Date signed Oct 19/42.

VS 3

F 96779

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 96779
Registered No.

PLEASE WRITE PLAINLY, WITH INK AND DO NOT FOLD. Use only black ink. Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1340 Division St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1340 Division St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Frances Kennedy

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife William
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11 1875

8. AGE: Years	Months	Days	If less than one day
67	—	4	hr. min.

9. Birthplace Crisfield, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Charles Thornell
13. Birthplace Crisfield, Md.

MOTHER
14. Maiden Name Mariam Mills
15. Birthplace Crisfield, Md.

16 (a) Informant Corrine Conaking
(b) Address 1340 Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Ed. H. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) Oct 19 1942 (b) Huntington Williams M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1942 at 7:30 A M

21. I certify that death occurred on the date above stated, that I attended deceased from Jan 1 1942 to Oct 15 1942, and that I last saw h[illegible] alive on Oct 15 1942.

Immediate cause of death	Duration
Diabetes Coma	
Due to Diabetes Mellitus	
Due to	
Other Conditions Bilateral Diabetic Gangrene Both Feet	
(Including pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address [illegible] Date signed Oct 19 1942

F 96780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93

F 96780 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1700 E. Monument St.
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 524 E. Monument St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Kruger

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Alex Kruger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1883

8. AGE: Years	Months	Days	If less than one day
59			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Bernard Dreiman
13. Birthplace Germany

MOTHER
14. Maiden Name
15. Birthplace Germany

16 (a) Informant Louis Kruger
(b) Address 71 Ocean Pkwy, Brooklyn, N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-19-42 (month) (day) (year)
(c) Cemetery or crematory New Friendship
Location Jack Levin Inc

18 (a) Funeral director 1439 E. Balto. St.
(b) Address

19 (a) OCT 19 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1942 at 3:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18, 1942 to Oct 18 1942 and that I last saw her alive on Oct 18, 1942

Immediate cause of death Cerebral hemorrhage Duration
Cerebral insufficiency, coronary 4 days
Due to Hypertensive cardiovascular disease.
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E. Brodsky
Address Sinai Hospital Date signed 10/12/42 M. D.

PLEASE WRITE PLAINLY, with ink. Use only standard abbreviations. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and fully.

VS 3

F 96781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a ✓

Registered No. F 96781

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 N. Calhoun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

19 ✓

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits write RURAL and give town)
(d) Street No. 10 N. Calhoun St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wilbert Mc Cullough (Wilbur J. McCullough)

3 (b) If veteran, name war None

3 (c) Social Security Account No. 217-09-6730

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Annie (March)

6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 4/8/1886

8. AGE: Years	Months	Days	If less than one day
56	6	10	— hr. — min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation Watchman & Janitor
11. Industry or business Carrollton Bank

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Wife Annie McCullough
(b) Address 10 N Calhoun St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Balto. Md

18 (a) Funeral director George V. Ruth Sons
(b) Address 2345 Harford Ave Balto

19 OCT 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH Oct. 18 1942 at 7 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Graham M.D.
Medical Examiner.
Date signed Oct. 18 1942

PLEASE WRITE PLAINLY, WITH PENCIL OR PEN. DO NOT USE DITTO MARKS. Be sure to answer every question. Where none, or not applicable, write "None" or "N. A." Do not leave any blanks. Please give full name of deceased, and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 96782

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96782 Registered No. 13 a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 620 W. Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 620 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Black

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Daisy Black

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29 1870

8. AGE: Years	Months	Days	If less than one day
72	8	18	hr. min.

9. Birthplace Mecklenburg, N.C.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER 12. Name Isaac Black

13. Birthplace N.C.

MOTHER 14. Maiden Name Harriet Cheny

15. Birthplace N.C.

16 (a) Informant Daisy Black (wife)

(b) Address 620 W. Balto St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof October 21, 1942 (month) (day) (year)

(c) Cemetery or crematory Salisbury N.C

Location

18 (a) Funeral director Joseph A. Lively

(b) Address 409 North Mount Street

19 (a) Date Oct 19 1942 (b) Signature Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 1942, at 9 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic cardio renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

At autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. Graham M.D.
Medical Examiner.

Date signed Oct. 18 1942

PLEASE WRITE PLAINLY, with ordinary ink. Every item must be answered. Be sure to give correct age in each case. Physicians: please write the causes of death clearly and legibly. Underline the cause to which death should be charged statistically.

F 96783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183

F 96783 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland — found in harbor
(b) Street address — at Keyser Hygiene Lawrence Pt
(c) Hospital or institution: Lawrence
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 548 W. Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES E TAYLOR

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-6323

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	Married

6 (b) Name of husband or wife Bessie Taylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1908

8. AGE: Years	Months	Days	If less than one day
34	2	10	hr. min.

9. Birthplace Suffolk Va (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Taylor
13. Birthplace N C

MOTHER
14. Maiden Name Maddy Deans
15. Birthplace Suffolk Va

16 (a) Informant Bessie Taylor
(b) Address 548 W. Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 19 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem
Location

18 (a) Funeral director Wm Katz & Williams
(b) Address 329 N. Schroeder St

19 (a) OCT 19 1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1942 at 4:50 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " (Autopsy or Inquiry) find that said deceased came
to his death on the day stated above.

Immediate cause of death: Drowning — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 1942 at P.M.
(c) Where did injury occur? harbor (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? harbor While at work? (Specify type of place)
(e) Means of injury drowning
23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 10-16-42

PLEASE WRITE PLAINLY, WITH INK AND IN INK. Every item must be answered. Be sure to correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 96784

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96784 Registered No. 119a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene
(c) Hospital or institution: University Hosp. 4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town 2 (If outside city or town limits, write RURAL and give town)
(d) Street No. 7604 Berkshire (If rural give location)
(e) Citizen of foreign country? Dundalk Md. (Yes or No)
If yes, name country

3 (a) FULL NAME Anthony Fischer (Birth F 54 75 3)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M. | 5. Color or race White | 6 (a) (Single) married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 32 1942

8. AGE: Years | Months 2 | Days 11 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Charles J. Fischer
13. Birthplace Balto. Md

MOTHER 14. Maiden Name Mary C. Dieter
15. Birthplace Balto. Md

16 (a) Informant Mary C. Dieter
(b) Address Balto. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-42 (month) (day) (year)
(c) Cemetery or crematory Locust Hill Cem
Location Balto. Md.

18 (a) Funeral director Sassaman Funeral Home
(b) Address 7401 Belair Rd.

19 (a) OCT 19 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1942, at 9:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1942, to Oct 18 1942, and that I last saw him alive on Oct 17 1942.

	Duration
Immediate cause of death: Acidosis	3 days
Due to: Diarrhea	4 days
Due to: Osteogenesis Imperfecta	2½ mos.
Other Conditions: Obstructive Jaundice	2½ mos.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: none

of autopsy: Multiple Fractures, Jaundice

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide None
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. G. Bird M. D.
Address University Hosp Date signed 10-19-42

F 96785

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 96785 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1516 Hazel St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) life
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1516 Hazel St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma Jordan

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Walter Jordan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1st 1892

8. AGE: Years	Months	Days	If less than one day
50	4	16	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Irish Hindyah
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sally Sherlock
15. Birthplace Balto. Md.

16 (a) Informant Walter L. Jordan Sr
(b) Address 1516 Hazel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director George L. Lefhurst
(b) Address 7101 Frederick Ave.

19 (a) OCT 19 1942 (Date received by registrar) (b) Huntington Williams Registrar MD

VS 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry must be complete and correct as required by law. Physicians: please write the causes of death clearly and legibly. Special attention is especially important.

MEDICAL CERTIFICATION

55

20. DATE OF DEATH Oct. 17 1942 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 8. 1942 to Oct. 17. 1942 and that I last saw her alive on Oct. 13, 1942.

Immediate cause of death Heart failure ← C
Chronic passive congestion
Due to Myocardial damage
Due to Hypertensive cardio-vascular disease
Other Conditions None

Duration
? months
? month
? years

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edgar G. McClea
Address 2116 W. Pratt St. Date signed 10/19/42 M. D.

96786

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 10

Registered No. E 96786

PLEASE WRITE PLAINLY, WITH UNFADING INK. Burn correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Memorial Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 404 Whitridge Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kathryn Etherton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife Francis J Etherton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 7 - 1883

8. AGE: Years	Months	Days	If less than one day
59	0	10	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Self

FATHER
12. Name Ford
13. Birthplace Philadelphia

MOTHER
14. Maiden Name unknown
15. Birthplace Philadelphia

16 (a) Informant Francis J Etherton
(b) Address 404 Whitridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20 42 (month) (day) (year)
(c) Cemetery or crematory Cumberland Co Pa
Location Clifton Heights Penna.

18 (a) Funeral director William Cook Inc
(b) Address 217 St Paul Street

19 (Date rec'd by registrar) Oct 20 1942 Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 1942 at 12 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy + Inquiry thereon and from the evidence obtained by said Autopsy + Inquiry found that said deceased came to her death on the day stated above.

Immediate cause of death Arterio sclerotic Cardio renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Frazier M.D.
Medical Examiner.
Date signed Oct 18 1942

VS 6

E 96787

Zevia Suraski

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 73D

Registered No. E 96787

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Rutland ave
(c) Hospital or institution West Balto General
(d) Length of stay in hospital or inst. (~~yrs, mos., or~~ days) 21
(e) Length of stay in Baltimore (~~yrs., mos., or~~ days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 Maryland ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3 (a) FULL NAME Zevia Suraskey

3 (b) If veteran, name war — 3 (c) Social Security Account No. —

4. Sex: Female — 5. Color or race: W — 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Joseph — 6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) 1879

8. AGE: Years 63 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Home

11. Industry or business Wife

FATHER
12. Name Joseph Fay
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Fay
15. Birthplace Russia

16 (a) Informant: Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-42 (month) (day) (year)
(c) Cemetery ~~Cremation~~ Balto Hebrew
Location Belair Rd

18 (a) Funeral director Jack Levin Inc
(b) Address 1439 E. Balto St

19 (a) OCT 20 1942 Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/19 1942, at 9:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1942 to 10/19 1942, and that I last saw her alive on 10/19 1942.

Immediate cause of death: Pulmonary Edema

Due to: Anemia — Etiology unknown

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 14 yrs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. V Jampolsky M. D.
Address W. B. Gen Hospital Date signed 10/19/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered; if unknown, state so. Give correct age in years. Every question is especially important. Physicians: please write the causes of death clearly and legibly.

F 96788

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96788 ✓ 94a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2505 Fait Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2505 Fait Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary (or) Maggie (or) Margaret Chimalski (or) Chimelska

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife: Michael
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1858

8. AGE: Years	Months	Days	If less than one day
84	4	11	hr. min.

9. Birthplace: Poland (Town, county, and state)
10. Usual Occupation
11. Industry or business: At Home

FATHER
12. Name: August ?
13. Birthplace: Poland.

MOTHER
14. Maiden Name: Rose ?
15. Birthplace: Poland

16 (a) Informant: Josephine Prtel
(b) Address: 2505 Fait Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 42 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross
Location: German Hill Rd

18 (a) Funeral director: Mark N.S. Degnal
(b) Address: 3918 E. Gough St.

19 (a) OCT 20 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942 at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1942 to Oct. 18 1942 and that I last saw h.e alive on Oct 18 1942

Immediate cause of death	Duration
Coronary Thrombosis	Death
Due to Coronary Arteriosclerosis ?	
Due to Generalized Arteriosclerosis ?	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Mark Degnal
Address 4007 E. Baltimore Date signed 10/19/42 M.D.

VS 8

F 96789

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96789 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 737 W. North Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Yeadon, Del. Co., Pa.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 515 Orchid Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME: REGINA M. FIRMAN

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 173 - 05 - 4033

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

(b) Name of husband or wife: Lee Firman

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) July 4, 1882

8. AGE: Years 60 | Months 3 | Days 12 | If less than one day: hr. min.

9. Birthplace: Phila. Pa. (Town, county, and state)

10. Usual Occupation: saleswoman

11. Industry or business: Dept. store

FATHER
12. Name: Joseph Keeper
13. Birthplace: Phila. Pa.

MOTHER
14. Maiden Name: Margaret Allen
15. Birthplace: Phila., Pa.

16 (a) Informant: Mrs. Gustave Erdman
(b) Address: 737 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/42 (month) (day) (year)
(c) Cemetery or crematory: Holy Cross Cem.
Location: Phila., Pa.

18 (a) Funeral director: WM. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) OCT 20 1942 Huntington Williams, M.D.
(Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/18/1942 1942, at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/17/42 to 10/18 1942
and that I last saw h alive on 19

Immediate cause of death: Cerebral Hemorrhage — Duration: 2 days

Due to:

Due to: Arteriosclerosis — 1 yr

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: H. S. Gerry M.D.
Address: 6111 North Ave. Date signed 10/19/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please see that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96790

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96790 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Halethorpe P.o.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Knecht Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Ellen O'Donnell

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widow

6 (b) Name of husband or wife: Baltimore, Md.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/1/1853

8. AGE: Years 88 | Months 11 | Days 17 | If less than one day hr. min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business

FATHER
12. Name: Edward C. Allard
13. Birthplace: England

MOTHER
14. Maiden Name: Mary Ellen Gibbs
15. Birthplace: Alexandria, Va.

16 (a) Informant: Mrs. Mary E. Knecht
(b) Address: 1420 Knecht Ave., Halethorpe

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/ (month) (day) (year)
(c) Cemetery or crematory: Greenmount
Location: Balto., Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: North & Pa. Aves.

19 (a) Date received (b) Huntington Williams, M.D. Registrar
OCT 20 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1942, at 9 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11 1942 to Oct. 18 1942 and that I last saw her alive on Oct. 18 1942

Immediate cause of death: Arteriosclerotic Cardiovascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosberg, M.D.
Address St. Agnes Hosp. Date signed 10/18/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Entry of wrong or incomplete information may delay burial. Physicians: please write the causes of death clearly and correct age is especially important.

F 96791

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42 D

F 96791

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4402 Towanda Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4402 Towanda Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOANNA E. MANTZ

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife Frederick, Md.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 25, 1854

8. AGE: Years	Months	Days	If less than one day
88	8	22	hr. min.

9. Birthplace Frederick, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Emmanuel Mantz
13. Birthplace Md.

MOTHER
14. Maiden Name Manzella --
15. Birthplace Md.

16 (a) Informant Mrs. Charles E. Burns
(b) Address 4402 Towanda Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Md.

19 (a) OCT 20 1942 (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17, 1942, at 8:50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 1942 to Oct 17 1942 and that I last saw h alive on Oct 17 1942.

Immediate cause of death Chronic Endocarditis

Due to Senile Changes

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? N While at work?
(Specify type of place)
(e) Means of injury

23. Signature O. S. Glaser
Address 701 Cathedral Date signed 10/21/42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

F 96792

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 96792
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Patrick Bray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Philip
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna ?
15. Birthplace Ireland

16 (a) Informant Sister Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director Rosa Wendefeld
(b) Address 917 Cathedral

19 (a) OCT 20 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION 6.30 p.m.

20. DATE OF DEATH Oct. 18 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942, to Oct 18 1942 and that I last saw him alive on Oct 17 1942.

Immediate cause of death	Duration
Edema of Lungs	1 day
Due to Chronic Myocarditis	2 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed. Gill Hall
Address 1631 E North Ave Date signed Oct 19 42 M. D.

VS 3

over

F 96793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13/a

F 96793 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1638 Gorsuch Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1638 Gorsuch Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

9 17

3 (a) FULL NAME Gertrude Rheinfelder

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Michael

6 (c) If alive, give age [illegible]

7. Birth date of deceased (mo., day, yr.) Oct. 13/1866

8. AGE: Years	Months	Days	If less than one day
56		6	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Hucos Wife.

11. Industry or business

FATHER
12. Name Robert Spindler
13. Birthplace Va.

MOTHER
14. Maiden Name Unknown
15. Birthplace Va.

16 (a) Informant Michael Rheinfelder
(b) Address 1638 Gorsuch Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21/42 (month) (day) (year)
(c) Cemetery or crematory Fairfax Co. Va.
Location Va.

18 (a) Funeral director Lilly & Zeiler INC
(b) Address 403 S. Wolfe St. Huntington Williams, M.D.

19 (a) OCT 20 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1942, at 9/30 M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1940, to 10-19-1942, and that I last saw h alive on 10-19-1942

Immediate cause of death Arteriosclerotic cardio-renal disease — Duration: Unknown

Due to Arteriosclerosis — Duration: Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Geo. B. Sylent M. D.
Address 802 Stafford Rd Date signed 10-19-42

VS 3

F 96794

AB-77475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 96794 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9hr. 30min.

(e) Length of stay in Baltimore (yrs., mos., or days) 49 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 503 S. Ponca St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME William Beddo

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	216 01 6375

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Bridget

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16-1877

8. AGE: Years	Months	Days	If less than one day
65	9	3	hr. min.

9. Birthplace England (Town, county, and state)

10. Usual Occupation Stock Clerk

11. Industry or business Shipyard-Beth. Steel, Fairfield

FATHER

12. Name George Beddo

13. Birthplace England

MOTHER

14. Maiden Name Mary Taylor

15. Birthplace England

16 (a) Informant Baltimore City Hospitals

(b) Address Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 22/42 (month) (day) (year)

(c) Cemetery or crematory SACRED HEART

Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zaiser Inc

(b) Address 403 S. WOLFE ST.

19 (a) (Date received by registrar) OCT 20 1942 (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19 1942, at 7 08 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-18 1942 to 10-19 1942 and that I last saw h alive on 10-19 1942.

Immediate cause of death	Duration
Cardiac failure	6 min.
Due to arteriosclerotic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. K. Rathbun M. D.

Address Balto. City Hosp. Date signed 10-19-42

F AB-77400 5

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

80 D ✓ F 96795 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3303 Fleet St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Bell (Birth F-5 1991)

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20-1942

8. AGE: Years	Months	Days	If less than one day
	3	29	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name Charles Bell
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Filling
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 21/42 (month) (day) (year)
(c) Cemetery or crematory LOUDON PARK
Location FREDERICK AVE.

18 (a) Funeral director Lilly & Zeiler Inc
(b) Address 403 S. WOLFE ST.

19 (a) OCT 20 1942 (b) Registrar
(Date rec'd by registrar)
Huntington Williams M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1942, at 5:22 PM

21. I certify that death occurred on the date above stated; that I attended deceased from October 14 1942, to Oct. 19 1942, and that I last saw him alive on Oct. 19 1942

Immediate cause of death
Cardio respiratory failure
Alkalosis
Due to probable encephalitis

Duration
5 days

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: no gross pathology

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature D. K. Rabbitan M. D.
Address Balto. City Hosp Date signed 10-19-42

F 96796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

99

F 96796 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Sts
(c) Hospital or institution:
Union MEMORIAL HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 63 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4720 PARK HEIGHTS
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME SAMUEL MARION LUCAS

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife MARY C LUCAS
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 23, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	26	hr. min.

9. Birthplace ANNAPOLIS, MD (Town, county, and state)
10. Usual Occupation COURT CLERK of the
11. Industry or business Superior Court

FATHER 12. Name SAMUEL LUCAS
13. Birthplace MARYLAND

MOTHER 14. Maiden Name MARY BURKE
15. Birthplace MARYLAND

16 (a) Informant Wm. S. LUCAS
(b) Address 4720 PARK HEIGHTS AVE

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville

18 (a) Funeral director John C. Mitchell & Sons
(b) Address 900 Eutaw Place

OCT 20 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

V8 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1942, at 1.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19 1942, to Oct 19 1942, and that I last saw him alive on Oct 19 1942.

Immediate cause of death	Duration
Cardio Respiratory failure	
Due to Uremia + Ileus	
Due to Possible thrombosis of aorta due to arteriosclerosis	3 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 10/19/42

F 96737

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

F 96797
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town 203 N. High St.
(If outside city or town limits, write RURAL, and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Domenica Alberti

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-8576

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Vincent
6 (c) If alive, give age

7. Birth date of deceased (mo., day, yr.) 5-10-[illegible]

8. AGE: Years	Months	Days	If less than one day
45	5	8	hr. min.

9. Birthplace Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Orazio Torisi
13. Birthplace Italy

MOTHER
14. Maiden Name Carmella
15. Birthplace Italy

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21st/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cemet.
Location Belair Road Baltimore Md.

18 (a) Funeral director Frank Diller Sons
(b) Address 52 N. Morley St.

19 (a) OCT 20 1942 (Date Rec'd by Registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942, at 9.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1942 to 10/18 1942 and that I last saw her alive on 10/18 1942.

Immediate cause of death Cerebral hemorrhage — Duration 9 hrs.

Due to Hypertensive cardio-vascular disease

Due to

Other Conditions Obesity

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert C. Austrian
Address Res. Johns Hopkins Hosp. Date signed 10/18/42

VS 3

F 96798

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

F 96798 Registered No.

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7mo. 17da.
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1314 Greenmount Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME CLARENCE COOPER MICHAEL

3 (b) If veteran, name war SAW

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Josephine Hopkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26, 1874

8. AGE: Years	Months	Days	If less than one day
68	2	21	hr. min.

9. Birthplace Baltimore County, Maryland
(Town, county, and state)
10. Usual Occupation EXPRESS BUSINESS
11. Industry or business Am. Railways Express Co.

FATHER
12. Name Jacob Michael
13. Birthplace Jefferson, Fa.

MOTHER
14. Maiden Name Esther Hoshall
15. Birthplace Maryland.

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) OCT 20 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17, 1942, at 4:00a M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 28, 1942 to Oct. 17, 1942 and that I last saw him alive on Oct. 17, 1942.

Immediate cause of death Cardiac disease, degeneration of myocardium — **Duration** Unknown

Due to Arteriosclerosis, Generalized Unknown

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 4/28; 9/15
Major findings of operation: Paracenteses abdominal
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 10/20/42

VS 8

F 96799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

Registered No. F 96799

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-9-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1523 Light Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anna Geoghagen

3 (b) If veteran, name war –

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife P. C. Geoghagen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 28 1909

8. AGE: Years	Months	Days	If less than one day
33	8	19	hr. min.

9. Birthplace Olivet Calvert Co Md (Town, county, and state)

10. Usual Occupation H. W.

11. Industry or business

FATHER
12. Name Wm B Sunderland
13. Birthplace Md

MOTHER
14. Maiden Name Mary E Ward
15. Birthplace Md

16 (a) Informant Mrs Lennie M Thompson
(b) Address 149 E Randall St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Fredericks Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) OCT 20 1942 (Date rec'd by registrar) Huntington Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17- 1942, at 8 20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence (Autopsy or Inquiry) obtained by said Autopsy & Inquiry and that said deceased came (Autopsy or Inquiry) to her death on the day stated above.

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-17-42 at 2.55 A M
(c) Where did injury occur? Hanover & Hamburg Sts (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by auto

23. Signature Howard J. Mueller M.D. Medical Examiner.

Date signed 10-17-42

VS 6

F 96800

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

✓ F 96800 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2026 West Fayette Street
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 11 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4713 Dunkirk Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl O'Brennan (Birth F 60751)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-7-42

8. AGE: Years | Months | Days: 11 | If less than one day: hr. min.

9. Birthplace: Bon Secours Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Joseph Anthony O'Brennan
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Anne Marie City
15. Birthplace Baltimore, Md

16 (a) Informant Sister Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/42 (month) (day) (year)
(c) Cemetery or crematory Cadysdale
Location

18 (a) Funeral director
(b) Address 800 W Fayette

19 (a) (Date received) OCT 20 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1942 to 10-19 1942 and that I last saw her alive on 10-19 1942.

Immediate cause of death: Intracranial Hemorrhage — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William J. McCafferty M. D.
Address Bon Secours Hosp Date signed 10-19-42

F 96801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

75E

F 96801 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure to give correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo12da
(e) Length of stay in Baltimore (yrs., mos., or days) 1mo12da

2. USUAL RESIDENCE OF DECEASED:
(a) State Florida (b) County
(c) City or town Miami
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1329 NW 10th Ave., Miami, Fla.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALFRED MONTAGUE

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	262 20 4118

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence May
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 29, 1869

8. AGE: Years	Months	Days	If less than one day
73	6	17	hr. min.

9. Birthplace Newbury, Berkshire, England
(Town, county, and state)
10. Usual Occupation Mate-SS ALGONQUIN
11. Industry or business SEAFARING

FATHER
12. Name Thomas Montague
13. Birthplace Berkshire, England

MOTHER
14. Maiden Name Jessie Mills
15. Birthplace England

16 (a) Informant Records-US Marine Hospital
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 20-42 (month) (day) (year)
(c) Cemetery or crematory St Mary's
Location Hamden
18 (a) Funeral director Wm Reiley Slade
(b) Address 2907 York Road,
19 (a) OCT 20 1942 (Date received by registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 1942, at 6:40p M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 4, 1942 to Oct. 16, 1942, and that I last saw him alive on Oct. 16, 1942.

Immediate cause of death	Duration
Cachexia and inanition; Bronchopneumonia, rt. lower lobe	3 weeks
Due to Metastases from carcinoma of buccal cavity to liver, lungs, ~~pleural~~ pleural cavity and diaphragm	5 days
	10 mo.
~~Other Conditions~~ Due To: Carcinoma, buccal mucosa	16 months

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 10/18/42

F 96802

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a

F 96802 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Street
(c) Hospital or institution: South Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 160 W. Cross St. (If rural give location)
Citizen of foreign country? (Yes or No)
If yes, name country

3.(a) FULL NAME Caroline (Carrie) Rukland

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	W. divorced

6 (b) Name of husband or wife Wm. Rukland
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1867

8. AGE: Years	Months	Days	If less than one day
75 yrs		11	hr. min.

9. Birthplace St. Mary's County (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name W. Wagner
13. Birthplace Europe

MOTHER
14. Maiden Name M. Steinman
15. Birthplace Europe

16 (a) Informant Henry Rukland
(b) Address 160 W. Cross St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Fredrick Rd.

18 (a) Funeral director Fred. A. Krause & Son
(b) 1216 S. Charles St.

19 (a) OCT 20 1942 (Date rec'd by registrar)
(b) Livingston Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18 1942, at 1.27 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942, to Oct 18 1942, and that I last saw her alive on Oct 18 1942.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Fracture of Right Femur	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident (at home)
(b) Date of occurrence Oct Eight at 9.30 A.M.
(c) Where did injury occur? Baltimore (City or town) (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home While at work? no
(Specify type of place)
(e) Means of injury Fell down stairs

23. Signature C. Andrew Rohr M. D.
Address 213 Light St. Date signed 10/16/42

VS 184

7t ZWallenmeyer MD

F 95803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

✓ F 96803
Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 Poppleton 22 N Poppleton
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 da
(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 22 Poppleton (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Taylor
3 (b) If veteran, name war —
3 (c) Social Security Account No. —
4. Sex F
5. Color or race Col
6 (a) Single, married, widowed, or divorced. married
6 (b) Name of husband or wife Henry Taylor
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 12/16/88
8. AGE: Years 53 Months Dis Days 16 If less than one day min.
9. Birthplace Lynn Haven Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Samuel Whitehurst
13. Birthplace Lynn Haven Va

MOTHER
14. Maiden Name Eugene Sparrow
15. Birthplace Lynn Haven Va

16 (a) Informant Henry Taylor
(b) Address 22 N. Poppleton

17 (a) Burial (Burial, cremation, or removal) (b) Date of death Oct 20 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 W. Lafayette St
19 (a) OCT 20 1942 (Date rec'd by registrar) (b) Huntington W. Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1942 at 9:45 AM
21. I certify that death occurred on the date above stated; that I attended deceased from July 20 1942 to Oct 16 1942 and that I last saw h[illegible] alive on 10/16-1942

Immediate cause of death: Diabetes Coma — Duration 2 da
Due to Chronic Nephritis
Due to Pul. T. B
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. W. Williams M.D.
Address 135 Gilmor Date signed 10/20/42

F 96804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96804
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if it can be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 501 N. Stricker St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 9 Mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 N. Stricker St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carole A. Cooper (Birth F44353)

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	C	Infant

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1/23/1942

8. AGE: Years	Months	Days	If less than one day
	9	25	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Alex. Cooper Jr.
13. Birthplace Annisan, N.C.

MOTHER
14. Maiden Name Mattie Freeman
15. Birthplace Dinwitty Co. Va.

16 (a) Informant Mattie Cooper (Mother).
(b) Address 501 N. Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/42 (month) (day) (year)
(c) Cemetery or crematory Arlington Mem'l Park
Location Balto. County Md.

18 (a) Funeral director Charles Horton
(b) Address 5749 N. Calhoun St.

19 (a) OCT 20 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 18, 1942, at 6:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Oct 17 1942 and that I last saw her alive on Oct 17 1942.

Immediate cause of death	Duration
Bronchio-Pneumonia	4 days
Due to	
Due to Whooping Cough	3 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 10/19/42

F 96805

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 166

F 96805 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 50 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 570 Oxford St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MOSES McCRAY

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1921

8. AGE: Years	Months	Days	If less than one day
21			hr. min.

9. Birthplace Sumpter, S.C. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Andrew McCray
13. Birthplace South Carolina

MOTHER 14. Maiden Name Bertha Woods
15. Birthplace S.C.

16 (a) Informant Parent McCray
(b) Address 570 Oxford St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-19-42 (month) (day) (year)
(c) Cemetery or crematory Sumpter
Location Sumpter, S.C.

18 (a) Funeral director Adolphus Hubbard
(b) Address 918 Druid Hill Ave.

19 (a) (Date received by registrar) OCT 20 1942 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1942 at 1 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Bullet wound of chest	
Due to	
Due to	
Other Conditions Chronic suppurative pulmonary tuberculosis	

(Include pregnancy within 3 months of death)
Date of operation 8-29-42
Major findings of operation: Cav. chronic
of autopsy: Yes

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide homicide
(b) Date of occurrence Sept 29, 1942 at M
(c) Where did injury occur? In front of 922 Penna. Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? (Specify type of place)
(e) Means of injury revolver - argument

23. Signature H. L. Wollenweber M.D. Medical Examiner.
Date signed 10-19-42

F 96806

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

65B

F 96806 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as fully as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 231 W. HILL ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTO.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 231 W. HILL ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ADA M. ARMSTEAD

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C.	—

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MARCH 23-1941

8. AGE: Years	Months	Days	If less than one day
1	6	27	hr. min.

9. Birthplace PLYMOUTH, N.C.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name ELMOR ARMSTEAD
13. Birthplace N.C.

MOTHER
14. Maiden Name CASADA HARPER
15. Birthplace N.C.

16 (a) Informant ELMOR ARMSTEAD
(b) Address 231 W. HILL ST.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 22 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Lapsley Funeral Co.

18 (a) Funeral director James Lapsley
(b) Address 4 Hilldale Ct.

OCT 20 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 20 1942, at 4:05 a. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an AUTOPSY (Autopsy or Inquiry) thereon and from the evidence obtained by said AUTOPSY (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hemorrhage into adrenal glands	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Malpas M.D.
Medical Examiner.
Date signed 10-20-42

F 96807

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 61

F 96807 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md, (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 226 N. Linwood Ave, (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kunigunda Wehner

3 (b) If veteran, name war *****
3 (c) Social Security Account No. ******

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William H. Wehner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18. 1874

8. AGE: Years	Months	Days	If less than one day
68	0	0	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation House Work
11. Industry or business

FATHER
12. Name John Deitrick
13. Birthplace Germany

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Germany

16 (a) Informant Mrs Barbara Batte
(b) Address 226 N. Linwood Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd, Baltimore

18 (a) Funeral director John A. Moran.
(b) Address 3000 E. Baltimore St,

19 (a) OCT 20 1942 (Date received by registrar) (b) Acting for Wilbur R. Boswell, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/18 1942, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/19 1942 to 10/18 1942 and that I last saw her alive on 10/18 1942.

Immediate cause of death Uremia — Duration

Due to Hypertensive & Arteriosclerotic Heart Disease & Kidney trouble

Due to Anuria.

Other Conditions Essential Hypertension Diabetes Mellitus

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Saml J. Faber M.D.
Address Sinai Hosp. Date signed 10/18

F 96808

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 194a

F 96808 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 814 S. Ellwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 814 S. Ellwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES MORAN Moran

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-2316

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1882

8. AGE: Years	Months	Days	If less than one day
60	1	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Night Clerk
11. Industry or business Wyman Park Apt.

FATHER 12. Name Patrick J. Moran
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary Moran
15. Birthplace W. Virginia

16 (a) Informant Moran
(b) Address 814 S. Ellwood

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/42 (month) (day) (year)
(c) Cemetery or crematory New Cath.
Location Alg. Frederick Rd.

18 (a) Funeral director John J. Moran
(b) Address 3000 E. Balto. St.

19 (a) (Date received by Registrar) (b) Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942 at 8 05 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions ho	

(Include pregnancy within 3 months of death)
Date of operation ho
Major findings of operation:
of autopsy: ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 10-19-42

F 96809

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96809 / 170 C

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1420 Eldorado Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT Lee PARKS

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Edith
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1 1870

8. AGE: Years	Months	Days	If less than one day
72	9	17	hr. min.

9. Birthplace Fairmount, Md. (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business B. & O. R.R.
FATHER 12. Name Frank Parks
13. Birthplace Md.
MOTHER 14. Maiden Name Jane Landon
15. Birthplace Md.
16 (a) Informant Harry T. Parks
(b) Address 4204 Elsinore Avenue
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-21-42 (month) (day) (year)
(c) Cemetery or crematory Fairmount Maryland
Location Princess Anne Co. Maryland
18 (a) Funeral director Williams Coots Inc
(b) Address 1217 Druid Park Street
19 (a) (Date received by registrar) (Signature of registrar) Huntington Williams, M.D. Registrar

OCT 20 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942, at 7 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of Skull — Duration
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct 18, 1942 at 3 40 M
(c) Where did injury occur? Harford Rd and Weaver Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? No
(e) Means of injury Pedestrian struck by auto
23. Signature H. L. Wollenweber M.D. Asst Medical Examiner.
Date signed 10-19-42

96810

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96810 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as fully as possible. The correct hge is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3512 E. Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA - A. SMITH.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Charles
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 13 1867
8. AGE: Years 75 | Months 0 | Days 6 | If less than one day hr. min.
9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Self

FATHER
12. Name (?)
13. Birthplace Germany

MOTHER
14. Maiden Name (?)
15. Birthplace Germany

16 (a) Informant J. Frederick Smith
(b) Address 5216 Biddison Lane
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 42 (month) (day) (year)
(c) Cemetery or crematory Balto Cemetery
Location East End Nat. Rd
18 (a) Funeral director Williams Bros Inc
(b) Address 1217 St Paul Street
19 (a) OCT 20 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1942 at 9 45 M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Tuberculosis, pulmonary	
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 10-19-42

F 96811

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 96811

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town 5705 Ethelbert ave
(If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore Md
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME EFFIE N. [redacted] NORVELL

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife William L.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1891

8. AGE: Years	Months	Days	If less than one day
51	4	9	hr. min.

9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

FATHER
12. Name John Tinsley
13. Birthplace N. Car.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant William L. Norvell
(b) Address 5705 Ethelbert ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul st

19 (a) OCT 20 1942 (Date received by Registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/19 1942 at 6 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15 1942 to 10/19 1942 and that I last saw her alive on 10/19 1942.

Immediate cause of death Circulatory & Respiratory failure — Duration 1 day
Due to Subarachnoid Hemorrhage
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Earl J. Foster
Address Sinai Hosp. Date signed 10/19 M. D.

(over)

F 96812

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96812 Registered No. 1310

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6004 Bellona Ave
(c) Hospital or institution Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town Lakethorpe (If outside city or town limits, write RURAL and give town)
(d) Street No. Worthington Blvd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Wilborn Phillips

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 217-03-1220
4 Sex: Male
5 Color or race: White
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Rosella Phillips
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Sept 17 1884
8. AGE: Years 58 Months 1 Days 1 If less than one day hr. min.
9. Birthplace North Carolina (Town, county and state)
10. Usual Occupation Carpenter
11. Industry or business
FATHER 12. Name Andrew Phillips
13. Birthplace N C
MOTHER 14. Maiden Name Unknown
15. Birthplace N C
16 (a) Informant James L Phillips
(b) Address 5308 Allendale Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Towanda Blvd
18 (a) Funeral director Wilson & Son
(b) Address 1219 N Paul St
19 (a) OCT 20 1942 (Date filed by registrar) (b) Huntington, West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/18/42 19 , at 5:20 M
21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to 10/18 1942 and that I last saw h[illegible] alive on 10/17/42.

Immediate cause of death: Coronary occlusion — Duration: 5 hrs
Due to: Cardio Renal Vascular — 5 yrs
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J W Wilson M. D.
Address 4305 4th Ind Date signed 10/19/42

VS 2

F 96813

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8 30

F 96813 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 628 S. Bond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 628 S. Bond St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPHINE (Jozefa) CZYZIA

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Samuel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 1880

8. AGE: Years 62 Months 8 Days 16 If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation housework

11. Industry or business

FATHER
12. Name Antony Mayka
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mr. Andrew
(b) Address 1218 S. Ducker ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location German Hill Rd.

18 (a) Funeral director Sherwood Featherstone
(b) Address 1002 S. Kenwood Ave

19 (a) OCT 20 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942 at 1 30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to h death on the day stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Arteriosclerosis	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Williamson M.D. for Medical Examiner.
Date signed 10-19-42

VS 6

F 96814

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96814 Registered No. 1084

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1714 Etting St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1714 Etting St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eliza Mitchell

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1862

8. AGE: Years 80 | Months 1 | Days 26 | If less than one day hr. min.

9. Birthplace St. Michael, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Lawrence Mitchell
13. Birthplace St. Michael, Md.

MOTHER
14. Maiden Name Jane ?
15. Birthplace St. Michael, Md

16 (a) Informant Hester Battenfield
(b) Address 823 Bennett St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Geo. H. Holland
(b) Address 1637 Druid Hill Ave.

19 (a) OCT 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 16 1942 at 8:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9 1942 to 10-16 1942 and that I last saw her alive on 10-16-1942.

Immediate cause of death Bi Lateral Lobar Pneumonia — Duration

Due to Cold.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Maynell Lawrence M. D.
Address 1033 W. Lanvale Date signed 10-20-42

VS 8

F 96815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 96815

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 80 Kossuth St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 80 Kossuth St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John M. Faherty

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine L. Faherty
6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) June 22, 1869

8. AGE: Years	Months	Days	If less than one day
73	5	26	hr. min.

9. Birthplace Ellicott City, Md.
(Town, county, and state)
10. Usual Occupation Retired Conductor
11. Industry or business B & O RR

FATHER
12. Name Michael Faherty
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Clancy
15. Birthplace Ireland

16 (a) Informant Mrs. Catherine L. Faherty
(b) Address 80 Kossuth St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Md.

18 (a) Funeral director E. Willis Ramsburg
(b) Address 1005 E. Baltimore St.

19 (a) OCT 20 1942 (Date rec'd by registrar) Hunting Ton Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18, 1942, at 3:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 5 1939, to Oct 18 1942, and that I last saw him alive on Oct 16, 1942.

Immediate cause of death	Duration
Hypertension, chronic nephritis -	
Due to	
Due to	
Other Conditions chronic myocarditis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place; in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Ramsburg M. D.
Address 206 S. Gilmor St. Date signed 10.18.42

VS 3

96816

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96816 / 159

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 213 Light Str.
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. [redacted] E. Clement St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Di Blasi (Birth F-60869)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M.

5. Color or race: White

6 (a) Single, married, widowed, or divorced: S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-16 4r

8. AGE: Years | Months | Days | If less than one day: hr. min.
1

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John F. Di Blasi
13. Birthplace Balto.

MOTHER
14. Maiden Name Mary M. Fold
15. Birthplace Balto.

16 (a) Informant Hospital Records
(b) Address 213 Light St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 19 1942
Commissioner of Health

18 (a) Funeral director
(b) Address OCT 20 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 - 1942 at 9.25 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16- 1942 to 10-17- 1942.
and that I last saw h[redacted]alive on 10-17- 1942.

Immediate cause of death Asphyxia
Due to Premature birth
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Andrew Zapp M. D.
Address 213 Light St. Date signed 10/16/42

FB 180

9509

F 96817

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 55E

F 96817

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3238 Keswick Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 62-9-22

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3238 Keswick Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Emma M. Kone

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Edward L. Kone

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 26-1879

8. AGE: Years 62 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name William T. Mitchell
13. Birthplace Washington D. C.

MOTHER
14. Maiden Name Lucina Belt
15. Birthplace Maryland

16 (a) Informant Edward Vernon Kone
(b) Address 11 N. 25th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21-1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

19 (a) OCT 20 1942 (Date received by Registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1942 at 7-20 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942, to Oct 18 1942, and that I last saw her alive on Oct 17 1942.

Immediate cause of death Bronchopneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions Carcinoma — Duration 1 year

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify yes or no)
(e) Means of injury

23. Signature [illegible]
Address 1235 St Paul St Date signed 10-20-42

Registrar Huntington Williams, M.D.

F 97318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

F 96818
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 840 N. Carey St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 840 N. Carey St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace Victoria Simms

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9, 1884

8. AGE: Years	Months	Days	If less than one day
58	6	26	hr. min.

9. Birthplace Balto. Md.
(Town, county and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Ross Simms
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah ?
15. Birthplace Maryland

16 (a) Informant Bernice Johnson
(b) Address 842 N. Carey St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 20, 1942 (Month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Lee H. Woollard
(b) Address 1631 Druid Hill Ave.

19 (a) OCT 20 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14 1942, at 5:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28 1942 to 10-14 1942, and that I last saw h[illegible] alive on 10-14 1942.

Immediate cause of death	Duration
Myocardial Degeneration	2 weeks
Due to Arteriosclerosis	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Fibromyoma Uteri
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. P. Myerson M. D.
Address 842 N. Carey St. Date signed 10-14-42

VS 3

F 96819

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 96819 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1325 Mt Royal Ave
(c) Hospital or institution: " "
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1325 Mt. Royal Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Alfons W. Schenuit

3 (b) If veteran, name war: None

3 (c) Social Security Account No. None

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Rosalie D.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1863

8. AGE: Years 79 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Pittsburgh, Pa. (Town, county, and state)

10. Usual Occupation Professor of Music

11. Industry or business Self

FATHER
12. Name Henry Schenuit
13. Birthplace France

MOTHER
14. Maiden Name Mary Herring
15. Birthplace Germany

16 (a) Informant Rosalie D. Schenuit
(b) Address 1325 Mt. Royal Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore, Md.

18 (a) Funeral director William Cook & Son
(b) Address 1217 St. Paul St.

19 (a) OCT 20 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15, 1941, to Oct. 19, 1942, and that I last saw him alive on Oct. 19, 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: Immediate

Due to Hypertension — Duration: over two years

Due to Arteriosclerosis — Duration: "

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature Frank M. Ogden, M. D.
Address 1701 N. Calvert St. - Date signed Oct. 20, 1942

VS 1

M. D. S. 1208-9

F 96820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E. 5-4 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 827 Jeffery St. St., 5-4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Soter (Baby Girl "Soter")

(a) Residence: No. 827 Jeffery St. Brooklyn. St., Ward (Birth F 61133)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 18-1942

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Brooklyn-Balto. Md.

FATHER

13. NAME George F. Soter

14. BIRTHPLACE (city or town) (State or country) Houston Ill.

MOTHER

15. MAIDEN NAME Katherine May Byram

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Charles L. Byram (Grandfather)

(Address) 134-10½ St.-N.E.-Wash-D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date 10-21- 1942

19. UNDERTAKER Stewart & Mowen Company

(Address) 108-W. North Ave - City.

20. FILED OCT 20 1942 for Williams, Mgr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 20, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct-18, 1942 to Oct-20, 1942.

I last saw her alive on Oct-19, 1942. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - about 3 lbs - at birth - 6 wks. before date of Confinement.	10/18/42

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas Layton M. D.

(Address) 320 Patapsco Ave

V. S. 8 OCCUPATION is very important. See instructions on back of certificate.

F 96821

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 96821

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline and Oliver
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 29 days
(e) Length of stay in Baltimore (yrs., mos., or days) 52 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 234 S. Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Wlodarek

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Philip Wlodarek

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years 52 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name John Potocki
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine Zwolski
15. Birthplace Poland

16 (a) Informant Philip Wlodarek
(b) Address 234 S Washington St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore

18 (a) Funeral director Fred W. Ozaczewski
(b) Address 839 Eastern Ave

19 (a) OCT 20 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942, at 3 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19__, to 19__, and that I last saw h alive on 19__.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to

Due to

Other Conditions: Retroperitoneal Sarcoma

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Frank Geraghty M.D.
Address 3047 Gel St Date signed 10/18/42

VS 3

F 96822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 121

F 96822 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1213 Light Street

(c) Hospital or institution: South Baltimore Gen. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3615 Fairfield Road (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Walter Gralewski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Francis

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1894

8. AGE: Years	Months	Days	If less than one day
48			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Tank Car Loader

11. Industry or business

FATHER 12. Name Antoni Gralewski

13. Birthplace Poland

MOTHER 14. Maiden Name Frances ?

15. Birthplace Poland

16 (a) Informant Anthony Gralewski

(b) Address 3615 Fairfield Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23/42 (month) (day) (year)

(c) Cemetery or crematory Holy Cross A.A. Co.

Location Fred W. Krazynski

18 (a) Funeral director

(b) Address 1930 Eastern Ave

19 (a) OCT 20 1942 (Date received by registrar) Huntington Williams Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9, 1942 to Oct 19 1942 and that I last saw him alive on Oct 19 1942

Immediate cause of death

a. Acute peritonitis

Due to Intestinal Obstruction

Due to Appendectomy, partial caecectomy

Other Conditions Hydrops of gallbladder

(Include pregnancy within 3 months of death)

Date of operation 9-28-42

Major findings of operation: Acute inflammatory process of Caecum & Appendix Hydrops of Gallbladder

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Findings of autopsy: None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul A. Mangano M.D.

Address 1213 Light Street Date signed

PLEASE WRITE IN INK. Fill in all items. Give correct age in years. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

F 96823

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96823 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 318 S. Paca Street,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 318 S. Paca Street,
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anthony Lapata or Antanas Lopata

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Stella Lopata
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Not Known ?

8. AGE: Years	Months	Days	If less than one day
About 58			hr. min.

9. Birthplace Lithuanian
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name ? Lopata
13. Birthplace Lithuanian

MOTHER
14. Maiden Name Not Known
15. Birthplace Lithuanian

16 (a) Informant Mrs. Stella Lopata
(b) Address 318 S. Paca Street,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4430 Belair Road

18 (a) Funeral director John A. Grabliauskas, Jr.
(b) Address 427 S. Paca Street,

OCT 20 1942 Huntington Williams M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1942 at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 17 1940 to Oct 17 1942.
and that I last saw h(im) alive on Oct. 17 19 42

Immediate cause of death — Duration

Cardio Vascular Disease — 2 years
Due to Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Nolan M.D.
M. D.
Address 68 W. Washington Blvd. Date signed 10-20-42

correct age is especially important

VS 8

F 96824

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 96824

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 908 N. Madeira St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 908 N. Madeira St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Stephen L. Ferka

3 (b) If veteran, name war: No

3 (c) Social Security Account No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary E. Ferka

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Dec. 6, 1885

8. AGE: Years 56 | Months 10 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER

12. Name Joseph Ferka

13. Birthplace Bohemia

MOTHER

14. Maiden Name Mary Dusek

15. Birthplace Bohemia

16 (a) Informant Mary E. Ferka

(b) Address 908 N. Madeira St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Baltimore Md.

18 (a) Funeral director Frank Leach & Son

(b) Address 900 N. Chester St.

19 (a) (Date received) (Registrar) Huntington Williams M.D.

OCT 20 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19, 1942, at 5 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/14/42 19.., to 10/19 1942 and that I last saw him alive on 10/18 1942.

Immediate cause of death

Due to Pulmonary Tuberculosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Joseph Pokorny M.D.

Address 2200 E Madison St. Date signed 10/20/42 M. D.

F 96825

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. F 96825

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. Neglect or incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3021 Philadelphia Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Philadelphia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frederick Rapp

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mary B. Rapp

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 23-1864

8. AGE: Years 77 | Months 10 | Days 25 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation retired

11. Industry or business

FATHER — 12. Name John Rapp
13. Birthplace Germany

MOTHER — 14. Maiden Name Elizabeth Konig
15. Birthplace Germany

16 (a) Informant Mary B. Rapp
(b) Address 3021 Phila. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 21 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Philip Herwig Sons
(b) Address 2524 Orleans St

19 (a) [illegible] Huntington Williams M.D.
(Date received) (Registrar)

OCT 21 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942 at 2 15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942, to Oct 18 1942, and that I last saw him alive on Oct 18 1942

Immediate cause of death: Cerebral Apoplexy — Duration 10 days

Due to: Hypertension Chr Interstitial Nephritis — 5 yrs. 3 mos.

Due to:

Other Conditions: Carcinoma of Rectum — 2 mos.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Jerry F. Fairweather M. D.
Address 3378 McElderry St Date signed 10-19-42

F 96826

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96826 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied if the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 N. Fulton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 903 N. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BERNARD JACOB SIMSON

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	216-01-8104	male	white	married

6 (b) Name of husband or wife Mollie E. Simson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1874

8. AGE: Years	Months	Days	If less than one day
68	2	8	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Insurance
11. Industry or business Sun Life Ins. Co. of Am.

FATHER
12. Name Jacob Simson
13. Birthplace Germany

MOTHER
14. Maiden Name Mina Moses
15. Birthplace Germany

16 (a) Informant Mr. Joseph Simson
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto. Md.

19 (a) OCT 21 1942 (Date rec'd by registrar) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/18/42 19 at 12:45AM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr 4 19 42 to Oct 18 19 42 and that I last saw him alive on Oct 17 19 42

Immediate cause of death Carcinoma Prostate Gland
Carcinomatosis - Pelvis
Due to Femur (Right & Left)
Due to
Other Conditions Tobacco.
(Include pregnancy within 3 months of death)

Duration

Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature George E. Glamon M. D.
Address 700 N. Fulton Ave. Date signed 10/19/42

F 96827 77484 BALTIMORE CITY HEALTH DEPARTMENT F 96827

CERTIFICATE OF DEATH 152 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1706 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Cornelia Barber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) married, ~~widowed~~ divorced ~~never~~
F	C	

6 (b) Name of husband or wife Lodean Barber
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8, 1900

8. AGE: Years	Months	Days	If less than one day
42	5	12	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Aldridge
13. Birthplace S. C.

MOTHER
14. Maiden Name Carrie Smith
15. Birthplace S. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location

18 (a) Funeral director Adolphus Holstead
(b) Address 918 Druid Hill Ave.

19 (a) [illegible] by registrar Huntington Williams M.D. Registrar

OCT 27 1942

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19 1942 at 4 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1942 to 10-19 1942 and that I last saw h er alive on 10-19 1942

Immediate cause of death Respiratory failure — Duration 5 min.

Due to Laryngeal Spasm? — Duration

Due to Cellulitis rt. jaw — Duration 2 wks.

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 10-14-42
Major findings of operations: as above
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Henry Hoder M. D.
Address City Hosp. Date signed 10-28-42

F 96828

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96828 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. Give the correct age in especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2129 Dukeland St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2129 Dukeland St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah R. Sill,

3 (b) If veteran, name war --

3 (c) Social Security Account No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Louis V. Sill.

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) September 23. 1879

8. AGE: Years 63 | Months -- | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md, (Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name Joseph Cox,
13. Birthplace Howard Co. Md.

MOTHER
14. Maiden Name Sarah Crem,
15. Birthplace Unknown

16 (a) Informant Louis V. Sill.
(b) Address 2129 Dukeland St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23. 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Robert S. Little,
(b) Address 2700 Edmondson Ave.

19 (a) OCT 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT 20 1942, at 8 9. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 27 1942 to Oct. 20, 1942, and that I last saw her alive on Oct. 19, 1942.

Immediate cause of death	Duration
Carcinoma of colon + portale metastasis &	
Due to ruptur ileus (clinical diagnosis)	5 mos.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice L. Shamer M. D.
Address 3300 W. North Ave Date signed 10/20/42

VS 3

F 96829

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 830

F 96829 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2700 Harlem Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2700 Harlem Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Minton,

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Walter W. Minton,
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1868

8. AGE: Years	Months	Days	If less than one day
74	4	29	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation House Wife
11. Industry or business

FATHER
12. Name Thomas Moorehead,
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary J. Harten,
15. Birthplace Ireland

16 (a) Informant Mrs Harry Zeigler,
(b) Address 2700 Harlem Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director George W. Little.
(b) Address 2700 Edmondson Ave.

19 (a) OCT 21 (b) 1942
(Date rec'd by registrar)

Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT 19 1942 at 9.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 18th 1942, to Oct 19th 1942, and that I last saw h[illegible] alive on Oct 19th 1942.

Immediate cause of death Cerebral Hemorrhage — Duration 86 hours
Due to Arterial Sclerosis — 20 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Herbert E. Zepp M. D.
Address 3048 W. North Ave Balto Md. Date signed 10/21/42

F 96830

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1624

F 96830 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St. Johns Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 St. Johns Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH WATSON TAYLOR

3 (b) If veteran, name war	3 (c) Social Security Account No.
**	**

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife Edward Curtis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1847

8. AGE: Years	Months	Days	If less than one day
94	9	29	hr. min.

9. Birthplace Louisville, Ky.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name John Watson
13. Birthplace Belfast, Ireland

MOTHER
14. Maiden Name Elizabeth Butler
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Edward Taylor
(b) Address 5212 Tilbury Way

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/21/42 (month) (day) (year)
(c) Cemetery or crematory
Location Elizabeth, N. J.

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) OCT 21 1942 Huntington Williams, M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct 20 1942, and that I last saw her alive on Oct 17 1942.

Immediate cause of death	Duration
Senility	20 years
Due to Senility	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Karl W. Ehelinty M. D.
Address 3311 St Paul St Date signed Oct 20, 1942

F 96831

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1931 F 96831 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Court Security Bound Building
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3504 Holmes Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Casper Summerfield

3 (b) If veteran, name war –
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) ~~Single~~, married, ~~widowed, or~~ divorced.
6 (b) Name of husband or wife Margaret
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1864

8. AGE: Years 78 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace Germany (Town, county and state)
10. Usual Occupation Retired Jeweler
11. Industry or business

FATHER
12. Name Summerfield
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Dr. J. N. Summerfield
(b) Address Upton. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1931 (month) (day) (year)
(c) Cemetery or crematory Morland Memorial
Location

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Ave. Balto. Hunting for Williams, Registrar

19 (a) (Date received by registrar) OCT 21 1931

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19- 1931, at 12 25 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry found that said deceased came to his death on the day stated above.

Immediate cause of death: Arteriosclerotic Cardio-Vascular Disease — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Was autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howard J. Weedon M.D. Medical Examiner.
Date signed 10-21-31

F 96832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96832 Registered No. 123

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1710 E. Oliver St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Arthur, Mr. Edwin H. (Edwin Hampson Arthur)

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	0	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Public Weigher
11. Industry or business

FATHER
12. Name William W. Arthur
13. Birthplace Chestertown, Md.

MOTHER
14. Maiden Name Ann Griffith
15. Birthplace Balto., Md.

16 (a) Informant Miss Ella Arthur,
(b) Address 1710 E. Oliver St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/ 22/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem.
Location Balto., Md.

18 (a) Funeral director M. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) OCT 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20, 1942 at 1:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 18 1942, to Oct 20 1942, and that I last saw him alive on July 19 1942.

Immediate cause of death	Duration
Cardiac failure & pulmonary Edema	10 hrs.
Due to Bronchopneumonia	?
Due to Rectal Abscess & Fistulae.	3 mos.
Other Conditions of Disease Urinary Infection	2½ mos.

(Include pregnancy within 3 months of death)
Date of operation 1-19-42
Major findings of operation: T.B. of rectal abscess
Date of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Huntington Williams M. D.
Address St. Joseph's Hosp. Date signed 10-20-42

424013 F 96833

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96833 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ARROW RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2134 N Howard (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME Joyce Jefferson (BirthF-5007)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	BLACK	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-42

8. AGE: Years	Months	Days	If less than one day
	4	22	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Horace Jefferson
13. Birthplace N.C.

MOTHER 14. Maiden Name Mary Parker
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Oct. 21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location A. A. Co. Md.

18 (a) Funeral director Robert E. Dickinson
(b) Address 1515 McElderry St

19 (a) (b)
OCT 21 1942 Huntington Woods Baltimore Md
VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 18 1942 at 2:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1942, to Oct 18 1942, and that I last saw her alive on Oct 18 1942.

Immediate cause of death	Duration
Influenzal Meningitis	3 days
Due to	
Due to	
Other Conditions Pneumonia, Otitis Media	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Demetrius D. Trogos, M. D.
Address Johns Hopkins Hospital Date signed 10/19/42

F 96834

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96834 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 125 N. Montgomery St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pearl Brown

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Married —

6 (b) Name of husband or wife Isaac Brown

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/10/1900

8. AGE: Years	Months	Days	If less than one day
42	5	7	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Cook

11. Industry or business

FATHER
12. Name Smith Scott
13. Birthplace Va

MOTHER
14. Maiden Name Minnie Janey
15. Birthplace Va

16 (a) Informant Minnie Goode
(b) Address 418 N. Caroline St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Elroy W. Lyons
(b) Address 2000 Pennsylvania Ave Huntington Md

19 (a) OCT 21 1942 (Date rec'd by registrar) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17- 1942, at 2:45 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Stab wound of thigh.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 10-17-42 at 2 A M
(c) Where did injury occur? 125 N. Montgomery St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? no
(e) Means of injury? Stabbed by razor while assaulting husband.

23. Signature Howard J. Mielsen M.D.
Medical Examiner.
Date signed 10-17-42

F 96835

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

F 96835 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 728 N. Carey St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 728 N. Carey St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C.	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Leesburg Va (Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Not known
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace Purcellville Leesburg Va -

16 (a) Informant Sarah Mabbin
(b) Address 728 N. Carey St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 20 42 (month) (day) (year)
(c) Cemetery or crematory St. Stevens
Location Elkridge Md.

18 (a) Funeral director Thos Wilson
(b) Address 22 [illegible] Brantly Ave

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-17- 1942 at 2:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 25 1942 to Oct. 17, 1942 and that I last saw him alive on Oct. 17, 1942

Immediate cause of death	Duration
Uremia	
Due to Retention of urine	
Due to Stone	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C R Campbell M. D.
Address 718 Dolphin St. Date signed 10-20-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 150

F 96836

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1314

F 96836 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 120 S. Caroline St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Walker

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	M

6 (b) Name of husband or wife Sarah

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation Handyman

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Sarah Walker
(b) Address 406 Dallas St.

17 (a) Burial (b) Date thereof 10/21/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1500 Pennsylvania Ave.

19 (a) OCT 21 1942 (b) Hunting to Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 15 1942 at 7 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & investigation thereon and from the evidence
(Autopsy or Inquiry)
obtained by said inquiry & investigation find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic cardiovascular renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 16 1942

VS 6

F 96837

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 96837 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 764 W. Franklin Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christina Chew

3 (b) If veteran, name war —

3 (c) Social Security Account No. 219-20-6719

4. Sex: Female | 5. Color or race: Negro | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1905

8. AGE: Years 37 | Months 3 | Days 22 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name William F. Chew
13. Birthplace Md

MOTHER
14. Maiden Name Lottie Dorsey
15. Birthplace Md

16 (a) Informant Josephine Darrage
(b) Address 915 Bennett Pl.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/23/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address Baltimore, Md

19 (a) OCT 21 1942 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19- 1942, at 4:19 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death — Duration

Chronic Myocardial degeneration

Due to

Due to

Other Conditions Coronary thrombosis Hypertrophy dilatation.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Malecio M.D.
Medical Examiner.

Date signed 10-20-42

F 96838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

944 ✓

F 96838
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1507 N. Bentalou St (If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Russia

3 (a) FULL NAME MAX LEVY

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife Celia
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1876
8. AGE: Years 66 | Months | Days | If less than one day hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation clothing cutter
11. Industry or business

FATHER
12. Name Solomon Levy
13. Birthplace Russia

MOTHER
14. Maiden Name Ella Levy
15. Birthplace Russia

16 (a) Informant Harry Levy - son
(b) Address 1507 N. Bentalou St.
17 (a) Burial, cremation, or removal (b) Date thereof 10-24-42 (month) (day) (year)
(c) Cemetery or crematory Greenlawn
Location Phila Pike & Hamilton Ave
18 (a) Funeral director Jack Levy Inc
(b) Address 1439 E. Baltimore St
19 (a) (Date received by registrar) OCT 21 1942 Huntington Williams Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1942 at 11a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)
Date of operation no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H L Wallenmeyer M.D. Medical Examiner.
Date signed 10-20-42

F 96839

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

130

Registered No. F 96839

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caroline & Olivia Sts.
(c) Hospital or institution: St. Joseph's
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Brooklyn Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 3716 Fifth Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country —

3 (a) FULL NAME Dore, Mrs. Edith M.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Frank Dore

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 9/18/1907

8. AGE: Years 35 | Months 1 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Bates Mo (Town, county, and state)

10. Usual Occupation Asst Cook

11. Industry or business

FATHER
12. Name Jos. L. Dunn
13. Birthplace Bates Mo

MOTHER
14. Maiden Name Sarah F. Keeter
15. Birthplace Bates Mo

16 (a) Informant Hosp Records
(b) Address St Joseph's

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/22/42 (month) (day) (year)
(c) Cemetery or crematory Crown Hill
Location L. A. Co.

18 (a) Funeral director J. L. Peterpaul
(b) Address 1308 Light St.

19 (a) OCT 21 1942 (Registered) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19th 1942, at 4:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24 1942 to Oct. 19th 1942, and that I last saw h. alive on Oct. 19th 1942.

	Duration
Immediate cause of death	
Due to Nephritis - acute	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William H. Fuerter, M. D.
Address St. Joseph's Hosp. Date signed 10-21-42

F 96840

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96840 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dom
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 Woodlawn Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES G KNIGHT

3 (b) If veteran, name war	3 (c) Social Security Account No.
World War #1	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 13, 1875

8. AGE: Years	Months	Days	If less than one day
67	6	7	hr. min.

9. Birthplace Cecil Co., Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Wm. Matthews Knight
13. Birthplace Cecil Co. Md.

MOTHER
14. Maiden Name Maria Stokes Broom
15. Birthplace Cecil Co. Md.

16 (a) Informant Mrs Horace C. McElderry
(b) Address 212 Woodlawn Rd

17 (a) Removal (b) Date thereof 10-22-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory
Location Elkton Md

18 (a) Funeral director N. W. Jenkins & Son
(b) Address Crofton & McCulloh Sts

19 (a) OCT 21 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 19 42 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence
(Autopsy or Inquiry)
obtained by said n (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
Findings of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. H. Williams M.D.
Medical Examiner.
Date signed 10-20-42

VS 6

96841 MARKER 370 E 96841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 1/4
(e) Length of stay in Baltimore (yrs., mos., or days) 3 1/4

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Carroll Co.
(c) City or town Westminster (If outside city or town limits, write RURAL and give town)
(d) Street No. Woodland Apts (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William Baker

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-09-9016

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 4 yrs old

8. AGE: Years	Months	Days	If less than one day
64			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation machine operator

11. Industry or business

FATHER
12. Name James Baker
13. Birthplace Maryland

MOTHER
14. Maiden Name Susan Yingling
15. Birthplace —

16 (a) Informant self
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 '42 (Month) (day) (year)
(c) Cemetery or crematory Silver Run Cem.
Location Silver Run Maryland

18 (a) Funeral director J. E. Myers, Jr.
(b) Address Westminster, Md.

OCT 21 1942 Harrington Williams, M.D.
(Date rec'd by Registrar) (Registrar)

VS 180

Maryland Mrs. Wolfe

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 21 1942 at 4:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 9-21 1942 to 10-21 1942 and that I last saw h[illegible] alive on 10-21 1942

Immediate cause of death Pulmonary embolism — Duration

Due to post partum sepsis.

Due to (over)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 9-26-42

Major findings of operation: Hysterectomy & Salpingectomy

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Shepard

Address University Hospital Date signed 10/21/42 (M. D.)

F 96842

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 F 96842 Registered No. 9684

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Dukeland & Raymond Sts.
(c) Hospital or institution: West Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo.
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2907 Brighton St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Elma Frances Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: George W. Alexander
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 14, 1871

8. AGE: Years 71 | Months 5 | Days 6 | If less than one day: hr. min.

9. Birthplace Philadelphia, Pa. (Town, county and state)

10. Usual Occupation House wife

11. Industry or business

FATHER
12. Name Doffman James
13. Birthplace Pa.

MOTHER
14. Maiden Name Charlotte DeBertellet
15. Birthplace Pa.

16 (a) Informant George W. Alexander
(b) Address 2907 Brighton St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave.

19 (a) (Registered by) OCT 21 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1942, at 2.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/23 1942 to 10/20 1942, and that I last saw h[illegible] alive on 10/20 1942.

Immediate cause of death
Uremia — Duration
Due to Annular Carcinoma of Sigmoid Colon
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Carcinoma of Colon

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Duncan M. Cheshire M.D.
Address WBGH Date signed 10/20/42

VS 3

F 96843

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96843 Registered No. 96843

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2952 Arunah Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2952 Arunah Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura V. Lane

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Alfred

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1876

8. AGE: Years 66 | Months | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name George Work
13. Birthplace Baltimore, Maryland

MOTHER 14. Maiden Name Sarah E. Elliott
15. Birthplace Baltimore, Maryland

16 (a) Informant Mr. Alfred Lane
(b) Address 2952 Arunah Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Baltimore, Maryland

19 (a) OCT 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1942, at 8:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 13 1940, to Oct. 19 1942, and that I last saw her alive on Oct. 19 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	19 days
Due to: Arterial Hypertension	
Due to: Generalized Arteriosclerosis	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature George A. Kungo M. D.
Address 3030 Edmondson Ave. Date signed 10/20/42

VS 3

Please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians: please write the causes of death clearly and legibly. Physicians:

F 96844

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N F 96844 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1007 N. Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1007 N. Monroe St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HARRY JOSEPH DENIS

3 (b) If veteran, name war: --

3 (c) Social Security Account No. 218-10-0338

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Nellie R. Denis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1, 1878

8. AGE: Years	Months	Days	If less than one day
64	8	19	hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)
10. Usual Occupation retired - Standard Oil
11. Industry or business

FATHER
12. Name Albert E. Denis
13. Birthplace unknown

MOTHER
14. Maiden Name Nellie R. Kirby
15. Birthplace Balto., Md.

16 (a) Informant Mr. W. A. Denis
(b) Address 3309 Woodstock Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/22/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Mem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) Filed OCT 21 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/20/42 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1941, to 1942
and that I last saw him alive on 10/20 19 42

Immediate cause of death — Duration
Hypertensive cardiovascular disease — 9 yrs
Due to Pulmonary edema — 4 days
Due to Chronic myocarditis — 9 yrs
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Daniel R. Robinson M. D.
Address 2835 Georgetown Rd. Date signed 10/21/42

VS 2

F 96815

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83N F 96815 Registered No. 96815

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 508 E 20th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 508 E 20th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Zula M. Atkinson

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3-4-1871

8. AGE: Years 71 | Months 7 | Days 15 | If less than one day hr. — min.

9. Birthplace Kent Co Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business —

FATHER
12. Name J. McGinnes
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucinda Livingston
15. Birthplace Maryland

16 (a) Informant C. Atkinson
(b) Address 508 E 20th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem'y
Location —

18 (a) Funeral director Mary M Rudolph
(b) Address 701 E 132nd St Balto.

19 (a) OCT 21 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19-1942 at 10:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14-1942 to 10-19-1942 and that I last saw her alive on 10-18-1942.

Immediate cause of death Apoplexy — Duration 3 days
Due to Arteriosclerosis — Duration Unknown
Due to —
Other Conditions Psychitis — Duration 6 days
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. B. Sylvest M. D.
Address 7802 Harford Rd Date signed 10-20-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 96846

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 96846

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 720 Myrtle Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 720 Myrtle Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	?

6 (b) Name of husband or wife ? 1882
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ?

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant ?
(b) Address ?

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-21-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location E. J. County

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) Filed (Date received by registrar) Huntington Williams M.D. Registrar

OCT 21 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-14 1942 at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-10 1942 to 10-14 1942 and that I last saw h— alive on 1942

Immediate cause of death Uremia — Duration 6 Mos

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address 720 Myrtle Ave Date signed Oct 21 1942

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96847

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

3/N

F 96847

Registered No. 96847

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2635 Mura St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 41 Yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2635 Mura St.
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John B. Zachmeier

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 10/1871

8. AGE: Years	Months	Days	If less than one day
71	5	9	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name George Zachmeier

13. Birthplace Germany

MOTHER

14. Maiden Name Theresa Vogel

15. Birthplace Germany

16 (a) Informant Mrs Solbech

(b) Address 2635 Mura St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22.42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location Belair Rd.

18 (a) Funeral director Lilly & Zeiler INC.

(b) Address 403 S. Wolfe St.

19 (a) OCT 21 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 19 1942, at 3pm M

21. I certify that death occurred on the date above stated; that I attended deceased from October 8, 1942 to Oct. 19, 1942. and that I last saw him alive on Oct. 19, 1942.

Immediate cause of death	Duration
Congestive Heart Failure	11 days
Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	Unknown
Nephritis	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Philip A. Grigsinger M. D.

Address 2942 E. Fayette St. Date signed 10/20/42

VS 3

F 96813

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

167

F 96813 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 833 W. Franklin St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME OSCAR GATES

3 (b) If veteran, name war: W. W.
3 (c) Social Security Account No. 219-07-2706

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1899

8. AGE: Years	Months	Days	If less than one day
43	1		hr. min.

9. Birthplace White Haven Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Davison Chemical

FATHER
12. Name Dennie Jones
13. Birthplace White Haven Md

MOTHER
14. Maiden Name Susie Gates
15. Birthplace White Haven Md.

16 (a) Informant Bettie Jones (sister)
(b) Address 1139 W. Franklin St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore, National Cy
Location Baltimore Md

18 (a) Funeral director Charles G. Cooper
(b) Address 514 N. Calhoun St.

19 (a) (Date received by Registrar) OCT 21 1942 Huntington Williams, M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1942 at 12 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Stab wound of chest	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Oct 18, 1942 at 11 P. M
(c) Where did injury occur? In front of 1204 N. Durham St (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Outdoors (Specify type of place) While at work? No
(e) Means of injury Knife - argument

23. Signature T. J. Wallander M.D. (Address) Medical Examiner.
Date signed 10-19-42

F 968 9

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X ✓ 81

F 96849 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town Sollers
(If outside city or town limits, write RURAL and give town)
(d) Street No. R 3
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SUSY ELLEN BREWSTER

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1 10 41

8. AGE: Years	Months	Days	If less than one day
1	6		hr. min.

9. Birthplace Bluefield W. Va.
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name James E. Brewster
13. Birthplace Bluefield, W. Va.

MOTHER
14. Maiden Name Donna Lee Moore
15. Birthplace Hemphill, W. Va.

16 (a) Informant Mr. James E. Brewster
(b) Address Glen Burnie, Md. R.F.D.

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-24-42 (month) (day) (year)
(c) Cemetery or crematory Maple Hill Cem.
Location Bluefield, Va.

18 (a) Funeral director Thos. H. Singleton (Col.)
(b) Address Glen Burnie, Md.

19 (a) OCT 21 1942 (Date rec'd by registrar) Huntington, W. Va. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21st 1942 at 10 05 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said 4 (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Burns 2nd & 3rd degree chest, face
Due to & neck (Scald)
Due to
Other Conditions no

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: no
of autopsy: no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 19, 1942 at 2 P.M.
(c) Where did injury occur? home
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Pot of coffee upset

23. Signature H. L. Wolkenmuller M.D.
Asst. Medical Examiner
Date signed 10-21-42

VS 6

F 9680

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96850 Registered No. 107.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. Be sure correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1036 Hillen St
(c) Hospital or institution: 5 2
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1036 Hillen St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Roney Holland ✓

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-7733

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	S

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 6, 1897

8. AGE: Years	Months	Days	If less than one day
45	5	13	hr. min.

9. Birthplace Va (Town, county, and state)

10. Usual Occupation Stevedore

11. Industry or business

FATHER 12. Name Jacob Holland
13. Birthplace Va

MOTHER 14. Maiden Name Garfield Copeland
15. Birthplace Va

16 (a) Informant Mary Washington
(b) Address 1036 Hillen St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/22/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Thos Whitby
(b) Address 1 W Preston St

19 (a) Date received 1942 (b) Registrar Huntington Williams

OCT 21 1942

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/19/42 19 2:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct 19 1942, and that I last saw h[illegible] alive on Oct 19 1942.

Immediate cause of death Bronchopneumonia — Duration 3 days
Due to asthma — 18 months
Due to Myocardial Weakness
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature Albert L. Lafond
Address 822 N. Bond St Date signed 10/21/42 M. D.

F 9851

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

930

Registered No. F 96851

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Univ. of Hospital
(c) Hospital or institution: Lombard & Green

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED
(a) State Md (b) County Baltimore City
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 Hilltop Road (If rural give location) Brooklyn Park
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Walker

3 (b) If veteran, name war: None
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband ~~or wife~~: Anna E
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7, 1889

8. AGE: Years 52 | Months 11 | Days 14 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Handy Man
11. Industry or business

FATHER
12. Name Clayton P Walker
13. Birthplace Maryland

MOTHER
14. Maiden Name unknown
15. Birthplace Maryland

16 (a) Informant Anna E Walker
(b) Address 101 Hilltop Rd Brooklyn Park

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24-42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director Williams Funeral Home
(b) Address 1212 N. Paca Street

19 OCT 22 1942 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1942 at 3:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1941, to Oct 1942, and that I last saw h im alive on Oct. 21 1942.

Immediate cause of death: Cardiac vascular hemorrhage with Cerebral spread — Duration
Due to: Hypertensive Cardio-
Due to: vascular disease
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Townsend Jr. M. D.
Address University Hospital Date signed 10-22-42

F 96852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

178 a

F 96852 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 715 West Lombard
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 715 W. Lombard St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME AUGUST R. STRAUCH

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Divorced

6 (b) Name of husband or wife Aug-28-1882
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7th 1882

8. AGE: Years	Months	Days	If less than one day
60	1	22	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Iron Worker
11. Industry or business unemployed

FATHER
12. Name John Strauch
13. Birthplace Germany

MOTHER
14. Maiden Name Adelheid Louise Schultz
15. Birthplace Germany

16 (a) Informant John H Strauch
(b) Address 906 Chestnut Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22-42 (month) (day) (year)
(c) Cemetery or crematory Westerns Cemetery
Location Edmondson Ave

18 (a) Funeral director Williams Cook Dye
(b) Address 847 W Saint Paul St

19 (a) OCT 22 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1942 at 1:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Carbon monoxide poisoning — Duration
Due to
Due to
Other Conditions None
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 20, 1942 at M
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Apartment (Specify type of place) While at work? No
(e) Means of injury Kitchen stove

23. Signature H. R. Wallenmeyer M.D. Medical Examiner.
Date signed 10-21-42

VS 6

F 96853

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 96853

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1402 E. Monument
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1402 E. Monument St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mitchell Parker

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C.	Married

6 (b) Name of husband or wife Florence B. Parker
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug. 22, 1883

8. AGE: Years	Months	Days	If less than one day
59	1	29	hr. min.

9. Birthplace Md
(City, county, and state)
10. Usual Occupation Porter
11. Industry or business

FATHER
12. Name Jim Parker
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Jane Mooney
15. Birthplace Md

16 (a) Informant Florence B. Parker
(b) Address 1402 E. Monument St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location A. A. County Md.

18 (a) Funeral director Joseph B. Lock, Jr.
(b) Address 1364 N. Central Ave.

19 (a) Filed 10/30/42 Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21 1942, at 1:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/5 1942 to 10-21 1942 and that I last saw h[illegible] alive on 10-20 1942.

Immediate cause of death Cerebral hemorrhage — Duration 9/5/42
Due to Hypertensive cardio-vascular disease — Duration several years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 1510 E. Madison St. Date signed 10-21-42
M. D.

Rayner Browne

F 96854

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96854 Registered No. 832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 264 Robert St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 264 Robert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MASON S. HOLMES

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-8185

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 28, 1910

8. AGE: Years	Months	Days	If less than one day
32	7	22 23	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Chauffeur
11. Industry or business

FATHER
12. Name Horace Holmes
13. Birthplace Va.

MOTHER
14. Maiden Name Lelia Seward
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Lelia Taylor
(b) Address 264 Robert St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs. Frances A. Hemsley
(b) Address 578 N. Biddle St.

19 (a) OCT 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22, 1942, at 2 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1942 to Oct 20, 1942 and that I last saw h[illegible] alive on Oct 20, 1942

Immediate cause of death: Cerebral Hemorrhage — Recurrence of second — Duration

Due to: hemorrhage — Duration

Due to: with Complete Paralysis — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature D. Grantfortt M. D.
Address 354 N Biddle Date signed 10-21-42

correct age is especially important. Physicians: please write the cause of death clearly and legibly.

F 96855

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

101 F 96855 Registered No.

PRINT WITH PENCIL, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4411 Sedgwick Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 14
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4411 Sedgwick Rd. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Patricia May Speed

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 11, 1933

8. AGE: Years	Months	Days	If less than one day
9	0	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Fletcher B. Speed, Jr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Loris Krebs
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Fletcher B. Speed, Jr.
(b) Address 4411 Sedgwick Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22, 1942 (month) (day) (year)
(c) Cemetery ~~Woodlawn~~ Woodlawn
Location Woodlawn, Md.

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) OCT 22 1942 Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1942 at 3 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 1942 to Oct. 21 1942 and that I last saw h~~im~~ alive on Oct. 21 1942

Immediate cause of death: Bronchopneumonia — Duration 2 days.
Due to: Virus Infection —
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. W. Bloomfield M.D.
Address 11 E. Chase St. Date signed Oct 22 1942

W 96856

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. W 96856

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Arbutus
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1311 Stephens ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm Manke

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-03-3875

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Flora A Brandt Manke

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1886

8. AGE: Years	Months	Days	If less than one day
56	3	12	hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Balto. City Park Board

FATHER
12. Name Joseph Manke
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Mrs. Flora A. Manke
(b) Address 1311 Stevens ave. Arbutus

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Pk.
Location 3801 Frederick Rd.

18 (a) Funeral director Harry H. Nitske
(b) Address 4101 Edmondson ave

19 (a) Huntington Williams M.K. (Registrar) Registrar
OCT 22 1942

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20-1942 at 7:05 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Shock — Duration
Due to Multiple fractures
Due to
Other Conditions Hemorrhage fractures and bruised brain
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-20-42 at 6:45 A.M.
(c) Where did injury occur? Frederick Rd; Balto. Co. Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fell from tram, struck by street car

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 10-20-42

96887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1866 Registered No. E 96857

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 13 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2009 W. Baltimore St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN TUCKER

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Pearl F. Haas Tucker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 9, 1902

8. AGE: Years 40 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Tucker
13. Birthplace Unknown

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Mrs. Pearl F. Tucker
(b) Address 2009 W. Balto. St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood

18 (a) Funeral director Harry H. Mitzel
(b) Address 401 Edmondson Ave

19 (a) OCT 22 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1942 at 9 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to Fall from high house	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 20, 1942 at M
(c) Where did injury occur? 2400 Bank Bank & Brandy (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial (Specify type of place) While at work? Yes
(e) Means of injury fell from smoke stack 40 ft

23. Signature H. L. Weltenmeier M.D. (Medical Examiner.)
Date signed 10-21-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96858

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a

F 96858 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address #103 Wilke Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 wk
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. #103 Wilke Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Walker

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife William A. Walker
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1863

8. AGE: Years	Months	Days	If less than one day
79	3	15	hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business —

FATHER
12. Name William Dehn
13. Birthplace Balto Md

MOTHER
14. Maiden Name Katherine Gleiser
15. Birthplace Germany

16 (a) Informant Geo. E Walker
(b) Address Miller's Island Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Annapolis Rd.

18 (a) Funeral director Howard N. Bligh Jr.
(b) Address #914 Belair Rd Halmeade Md

19 (a) OCT 22 1942 (b) Huntington Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21, 1942, at 11.50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 5 1941 to Oct 21 1942 and that I last saw alive on Oct 21 1942

Immediate cause of death Cerebral Apoplexy — Duration 3 days

Due to Arteriosclerosis — Duration 10 yrs

Due to An Intestinal Neph — Duration 5 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James F Kavanagh
Address 3614 McElderry St Date signed 10-22-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

830 F 96859

Registered No. F96859

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2407 E. Federal St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 58 yr

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) ~~County~~
(c) City ~~or town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2407 E. Federal St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 58 yr years

3 (a) FULL NAME Mary albers

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex female

5. Color or race W

6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband ~~or wife~~ Henry N. albers

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 29 - 1870

8. AGE: Years 72 | Months 3 | Days 20 | If less than one day hr. min.

9. Birthplace Killipatown - Ireland.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business —

FATHER
12. Name Patrick Gallagher
13. Birthplace Ireland.

MOTHER
14. Maiden Name ~~Gallagher~~ Murray.
15. Birthplace Ireland.

16 (a) Informant Edward J. albers
(b) Address 2407 E. Federal St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23rd 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Edmondson Ave

18 (a) Funeral director Lee J. Cook
(b) Address 1901½ W. Pratt Park Ave

19 (a) 10-22-1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1942, at 9:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 10 1942, to 10-19-1942, and that I last saw h er alive on 10-19-1942.

Immediate cause of death	Duration
Cerebral Hemmorhage	9 days.
Due to Hypertension	unknown
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chester Ruland, M.D.
Address 2532 Edmondson Ave Date signed 10-19-42

Please write plainly. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied. Every item on certificate should be answered. Where exact age is especially important.

F 96860

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 NK

F 96860 Registered No.

PLEASE WRITE PLAINLY, with unfading ink. Use typewriter if possible. Information should be carefully supplied. This correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hosp. 13
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3329 Beech Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years.

3 (a) **FULL NAME** Pearl E. Lalac.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Joseph Lalac

6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) May 1, 1900

8. AGE: Years: 42 | Months: 5 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Md (Town, county, and state)

10. Usual Occupation: Housewife

11. Industry or business:

FATHER
12. Name: Wm. Mister.
13. Birthplace: Md.

MOTHER
14. Maiden Name: Mary Wise.
15. Birthplace: Md

16 (a) Informant: Joseph Lalac
(b) Address: 3329 Beech Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24/42 (month) (day) (year)
(c) Cemetery or crematory: London Park
Location: Frederick Road

18 (a) Funeral director: Ehenoweth & Donovan
(b) Address: 3615-17 Eastern Ave

19 (a) OCT 22 1942 (Registered date) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/21/42 19 at 7:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/4/42 19 to 10/21/42 19, and that I last saw her alive on 10/21/42 19.

Immediate cause of death: Pulmonary Embolus — Duration

Due to: Secondary Anemia

Due to: Possible Ca of B.D Duct

Other Conditions: Rheumatoid Arthritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. E. Goodman Jr. M. D.
Address Franklin Sq Hosp Date signed

VS 3

F 96861

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94W

Registered No. F 96861

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 604 Redwood St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FRANK A. KEYS (KEYS)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-4814

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1879

8. AGE: Years 62 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Dentist Bros.

FATHER 12. Name Lloyd Keys

13. Birthplace Maryland

MOTHER 14. Maiden Name Eliz. Bell

15. Birthplace Maryland

16 (a) Informant Beatrice J. Pope

(b) Address 5109 Liberty Hgts. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-42 (month) (day) (year)

(c) Cemetery or crematory Poplar

Location Balto Co.

18 (a) Funeral director Benjamin H. Dawson

(b) Address 2657 Lakewood Ave

19 (a) OCT 22 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1942 at 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions NO	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenweber M.D. Medical Examiner.

Date signed 10-21-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 6

F 96862

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

240 Registered No. F 96862

PLEASE WRITE PLAINLY, with unfading ink. Entries must be made on this certificate before it is filed. Information should be carefully supplied, and the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Sq Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Mulberry St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Spencer Reid Reeves

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-6210

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Mary Reeves
6 (c) If give, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Virginia Charlottsville (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Spencer Reeves
13. Birthplace Charles Co Va.

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mary Reeves
(b) Address 1502 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22, 1942 (month) (day) (year)
(c) Cemetery or crematory Evergreen Cem
Location Eastern Ave - Extended

18 (a) Funeral director Mrs Peter R Williams
(b) Address 322 N Schroeder St.

19 OCT 22 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1942, at 5 15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 3 1942 to Oct 19 1942 and that I last saw h/ alive on Oct 19 1942

Immediate cause of death	Duration
Toxemia	1 Mo
Carcinoma	
Due to ? Staph Hemolyt	1 Mo
Due to Mammary carcinoma	1 wk
& secondary infection	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L E Goodman Jr M. D.
Address Franklin Sq Hospital Signed 10/19/42

VS 2

F 96863

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1810 F 96863 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hop. 18
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Booth St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jennie Jones

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	married

6 (b) Name of husband or wife Frank Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12th 1877

8. AGE: Years	Months	Days	If less than one day hr.	min.
65	1	6		

9. Birthplace St Marys Co. Md.
(Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Frank Jones
(b) Address 912 Booth St

17 (a) Buried (b) Date thereof 10-22-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md. Wingus

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 727 N Schroeder St.

19 (a) OCT 22 1947 (b) Hunting for Williams Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 18 1942, at 11:30 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & investigation thereon and from the evidence obtained by said inquiry & investigation (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death arterio sclerotic cardio-renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fratum M.D.
Medical Examiner.
Date signed Oct. 18 1942

VS 6

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96864

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 30

F 96864 Registered No.

Every item of information should be given as correct as possible. Physicians: please write the causes of death clearly and legibly. This certificate WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town #8 N. Mount St. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Anton.o Brown

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex F | 5. Color or race Blk | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 15 1938

8. AGE: Years 4 | Months 6 | Days 2 | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name Evelyn Brown
15. Birthplace Balto Md

16 (a) Informant Leona Brown
(b) Address 8 N. Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 22 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion Cem
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St.

19 (a) OCT 22 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 | 17 | 42 .19 . at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 | 15 | 1942 to 10 | 17 | 1942 and that I last saw h e alive on 10 | 17 | 42

Immediate cause of death Congestive Heart Failure

Due to Acute hemorrhagic nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Acute hemorrhagic nephritis

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Lowenberg M. D.
Address University Hosp Date signed 10/20/42

F 96865

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a ✓ F 96865 Registered No. F 96865

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1408 Linden Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4108 Linden Ave. 1408 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN BEALMEAR

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
no	none	male	white	married

6 (b) Name of husband or wife Lillie E. Bealmear
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1863

8. AGE: Years	Months	Days	If less than one day
79	1	5	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation retired clock business
11. Industry or business self

FATHER 12. Name Charles Bealmear
13. Birthplace Md.

MOTHER 14. Maiden Name Rebecca ----
15. Birthplace Md.

16 (a) Informant Mr. Frederick L. Norman
(b) Address 4126 Forest Park Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21, 1942, at 5:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942, to Oct 21 1942, and that I last saw h im alive on Oct 20 1942.

Immediate cause of death — Duration
Cerebral Apoplexy — Sudden
Due to Arteriosclerosis — Years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature W. H. Barnes and Son M. D.
Address 1200 Jackson Pl. Date signed 10-22-42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96866

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96836 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St, City
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs. 5 mos. 13 days
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs 5 mos. 29 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William P. Whitmore WHITMORE

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Rosalina Whitmore
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 3-1860

8. AGE: Years	Months	Days	If less than one day
81	10	28½	1 hr. 13 min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Wholesale dry goods
11. Industry or business Not employed

FATHER
12. Name Martin S. Whitmore
13. Birthplace Va.

MOTHER
14. Maiden Name Margaret Griffith
15. Birthplace Va.

16 (a) Informant R. Isabelle Poe
(b) Address 700 W. 40th St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park.
Location Baltimore Md

18 (a) Funeral director Wilhelm Jackson & Sons
(b) Address Park & Pennsylvania Ave

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21st 1942, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 23rd 1940 to Oct 21st 1942, and that I last saw him alive on Oct. 19 1942.

Immediate cause of death Carcinoma of Stomach — Duration 6 months
Due to Hypertensive Cardiac Vascular Disease — Duration 4 years
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas Cullen M. D.
Address 11 E. Chase St. Date signed 10/21/42

VS 3

Please write plainly, With UNFADING INK. Spell out full correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96867

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

137 F 96867 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1711 E. 33rd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1711 E. 33rd St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WILLIAM H. BRAUN, SR.

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: male
5. Color or race: white
6 (a) Single, married, widowed, or divorced: widower
6 (b) Name of husband or wife: Katie H. Braun
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 5, 1857
8. AGE: Years 85 | Months 6 | Days 16 | If less than one day: hr. min.
9. Birthplace: Baltimore, Md. (Town, county, and state)
10. Usual Occupation: retired Accountant
11. Industry or business:

FATHER
12. Name: John J. Braun
13. Birthplace: Germany

MOTHER
14. Maiden Name: Catherine Lambright
15. Birthplace: Germany

16 (a) Informant: Mr. Ralph G. Braun
(b) Address: 1711 E. 33rd St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/42 (month) (day) (year)
(c) Cemetery or crematory: WOODLAWN CEM.
Location: Woodlawn, Md.

18 (a) Funeral director: Wm. J. TICKNER & SONS
(b) Address: Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1942, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938, to Oct 21 1942
and that I last saw h[illegible] alive on Oct 21 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration: 4 days.
Due to: Chronic Prostatic Abscess — Duration: 4 yrs. 9 mos.
Due to: Retaining Catheter for 4 yrs. 9 mos.
Other Conditions: Varicose veins prominent Feb. 1938
(Include pregnancy within 3 months of death)
Date of operation: Feb 1938
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature: C H Meyer Jr M. D.
Address: 1520 E. 33rd St Date signed 10/22/42

AB-76478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. 96868

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered. Be sure that correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Mo. 18 Days
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Nursing Home-Dates Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

14-2

3 (a) FULL NAME Charlotte Wandell (Charlotte Deininger Wandell)

3 (b) If veteran, name war: no

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife: ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 7, 1870

8. AGE: Years	Months	Days	If less than one day
72 72 ?	0	14 (?)	hr. min.

9. Birthplace Pa. Philadelphia (Town, county, and state)

10. Usual Occupation ? none

11. Industry or business

FATHER
12. Name Charles Wandell
13. Birthplace Phila.

MOTHER
14. Maiden Name Carrie(?)x Wilhelmina Deininger
15. Birthplace ?Philadelphia, Pa.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/23/42 (month) (day) (year)
(c) Cemetery or crematory Fernwood Cem.
Location Philadelphia, Pa.

18 (a) Funeral director Wm J. Jackson & Sons
(b) Address Balto.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20 1942 at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-2 1942 to 10-20 1942 and that I last saw her alive on 10-20 1942

Immediate cause of death: Bronchopneumonia — Duration 2 days

Due to: Fractured arthrosclerosis

Due to:

Other Conditions: Collapse of back

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Henry Haas M. D.
Address City Hosp Date signed 10-21-42

VS 150

F 96869

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 V F 96869 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 265 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 8 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 Pa. Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vassar Wynn 71477

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	black	widowed

6 (b) Name of husband or wife Susie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 16, 1897

8. AGE: Years	Months	Days	If less than one day
45	9	4	hr. min.

9. Birthplace Miss.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Mute
13. Birthplace Miss.

MOTHER
14. Maiden Name Lula Bell
15. Birthplace Miss.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10 24 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
18 (a) Funeral director A Halstead & Bro Williams
(b) Address
19 (a) OCT 22 1942 (Date received by registrar) Hunting to Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 19 42, at 7:00A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 28 19 42 to Oct. 20 19 42 and that I last saw h im alive on Oct. 20 19 42.

Immediate cause of death Tuberculosis of spine — Duration ? yrs.
Tuberculosis of Rt. lung — 13 mos.
Due to Pulmonary TBC
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A S Hartz M. D.
Address Balto City Hosp Date signed 10-20-42

VS 2

F 96870

422447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96870

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore

(c) City or town Back River (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Emma Davis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Wm. Demmes

13. Birthplace Md.

MOTHER

14. Maiden Name Clementine Brown

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25/42 (month) (day) (year)

(c) Cemetery or crematory St. Steven Cemetery

Location Back River Neck Md.

18 (a) Funeral director Wm. A. Elliott Dept.

(b) Address 1429 N. Carey St.

19 (a) OCT 22 1942 (b) (Date rec'd by registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 1942 at 6:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 18 1942 to Oct 20 1942 and that I last saw h[illegible] alive on Oct. 18 1942

Immediate cause of death Ulcerative colitis – Etiology unknown

Duration Abount 6 wks

Due to

Due to

Other Conditions Syphilis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Endocarditis, pertonitis, colitis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Harold E. C. Thurston

Address Johns Hopkins Hosp. Date signed 10/21/42

Huntington Williams, M.D.

F 96871

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96871 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be accurately correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. + John Sts.
(c) Hospital or institution: Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 mins.
(e) Length of stay in Baltimore (yrs., mos., or days) 12 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3712 Clarinth Road
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Abraham Rosen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Flora

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Produce Merchant

11. Industry or business

FATHER 12. Name Harold

13. Birthplace Poland

MOTHER 14. Maiden Name Leugh

15. Birthplace Poland

16 (a) Informant Harold Rosen - Son

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-42 (month) (day) (year)

(c) Cemetery or crematory Southern Cem

Location Lamp

18 (a) Funeral director Jack Levin Inc

(b) Address 1437 E. Baltimore St.

19 (a) OCT 22 1942 (Date rec'd by Registrar) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1942, at 5:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21 1942, to Oct. 21 1942, and that I last saw him alive on Oct. 21 1942.

	Duration
Immediate cause of death: Acute coronary thrombosis	30 min.
Due to: Coronary artery disease	1 yr.
Due to:	
Other Conditions: Acute pulmonary edema (Include pregnancy within 3 months of death)	30 min.

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Hellijas

Address Hospital for Women Date signed 10/21/42

Approved Robert Lee Grafton Mgr

F 96872

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 134 BF 96872

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item must be answered. Use figures for dates and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 2354 Eutaw Place (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Philip Kaufman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widow

6 (b) Name of husband or wife Jean

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Rumania (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Not Known

13. Birthplace Roumania

MOTHER

14. Maiden Name Not Known

15. Birthplace Rumania

16 (a) Informant Frank

(b) Address 3507 White Chapel Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-22-42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Balto & Conkling Sts

18 (a) Funeral director Isaac Levine

(b) Address 1439 E. Balto St

19 (a) OCT 22 1942 (b) Huntington, Md. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1942, at 4:15 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18 1942, to Oct 22 1942 and that I last saw h[illegible] alive on Oct 22 1942.

Immediate cause of death	Duration
Heart Block	
Due to Coronary arteriosclerosis	
& Myocardial fibrosis	
Due to	
Other Conditions Azotemia,	
Bladder stone (removed)	

(Include pregnancy within 3 months of death)

Date of operation Lithotomy (Oct. 20/1942

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature James J. Gardner M. D.

Address Sinai Hospital Date signed Oct 22/42

VS 3

F 96873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96873

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be given. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1908 Division St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1908 Division St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah Noel

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: C | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Nathaniel Noel.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Essex Co Va.
(Town, county, and state)

10. Usual Occupation Housewife.

11. Industry or business

FATHER
12. Name William Blackburn
13. Birthplace Essex Co Va.

MOTHER
14. Maiden Name Margaret Reynolds.
15. Birthplace Essex Co Va.

16 (a) Informant Florence Jackson. Daughter
(b) Address 1908 Division St

17 (a) Buried (b) Date thereof 10/22/1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cemetery
Location Mt Westport Md

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) OCT 22 1942 (b) Huntington Williams, M.D.
(Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/19 1942, at 9 00 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Chronic Arteriosclerotic	
Cardio-vascular-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 10/20/42.

VS 6

3874

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1706 F 96874 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item on this certificate must be answered. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital 2nd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2910 Clearview Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph F. Miller

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-10-1946

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Catherine Miller

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Oct 28-1906

8. AGE: Years	Months	Days	If less than one day
35	11	21	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation C Lauffer

11. Industry or business

FATHER
12. Name Frank X. Miller
13. Birthplace Baltimore

MOTHER
14. Maiden Name Anna Brown
15. Birthplace Baltimore

16 (a) Informant John F. Miller
(b) Address 5615 Benton Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 200 E Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19-1942, at 1:20 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection - Autopsy on the 20th and from the evidence (Autopsy or Inquiry) obtained by said Inspection - Autopsy find that said deceased came (Autopsy or Inquiry) to his death on the day stated above.

Immediate cause of death	Duration
Delirium Tremens	
Due to	
Due to	
Other Conditions Shock, Compound fracture of forearm - leg, & hand	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-14-42 at 7:10 P.M.
(c) Where did injury occur? Belair Rd - Montana Ave
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Fell from street car, struck by Automobile

23. Signature [illegible] M.D.
Medical Examiner.
Date signed 10-19-42

VS 6

over

F 96875

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1936 Registered No. F 96875

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2900 Druid Lake Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-7
(e) Length of stay in Baltimore (yrs., mos., or days) 45 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2900 Druid Lake Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Irvin Deer Mentzer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Esther Mentzer
6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Jan 10th 1883

8. AGE: Years	Months	Days	If less than one day
59	9	11	hr. min.

9. Birthplace Hagerstown Md (Town, county, and state)
10. Usual Occupation R R Patrolman
11. Industry or business

FATHER
12. Name Jno Mentzer
13. Birthplace Md

MOTHER
14. Maiden Name Virginia Irvin
15. Birthplace Md

16 (a) Informant Irvin Mentzer
(b) Address 1804 E Fedmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 42 (month) (day) (year)
(c) Cemetery or crematory Maryland Memorial Pk
Location Rural

18 (a) Funeral director Lilly & Funeral Home
(b) Address 200 E Preas

19 (a) (Date rec'd by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1942, at 1 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-18 1942 to 10-21 1942 and that I last saw him alive on 10-21 1942.

Immediate cause of death: Arteriosclerotic Heart Disease
Due to: E Congestive Heart Failure — Duration: 1 year 2 months
Due to:
Other Conditions None

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon Ashman M. D.
Address 1201 Poplar Grove St Date signed 10-21-42

96876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96876

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 115 N Potomac

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days): 6 d

(e) Length of stay in Baltimore (yrs., mos., or days):

2. USUAL RESIDENCE OF DECEASED:

(a) State: Md (b) County: Baltimore

(c) City or town: (If outside city or town limits, write RURAL and give town)

(d) Street No.: 115 N Potomac (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country:

3 (a) FULL NAME: Daniel J Trager

3 (b) If veteran, name war:

3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife: Ida M Trager

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 7 1868

8. AGE: Years	Months	Days	If less than one day
74	10 q	13	hr. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual Occupation: City Employee

11. Industry or business:

FATHER — 12. Name: Don't know

13. Birthplace:

MOTHER — 14. Maiden Name: Don't know

15. Birthplace:

16 (a) Informant: George C Trager

(b) Address: 2813 Jefferson

17 (a) burial (Burial, cremation, or removal) (b) Date thereof: Oct 23/42 (month) (day) (year)

(c) Cemetery or crematory: Baltimore Cemetery

Location: Baltimore Md

18 (a) Funeral director: Ullrich Funeral Home

(b) Address: 2008 Orleans St

19 (a) (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20, 1942 at 10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 4, 1938 to Oct. 20, 1942, and that I last saw him alive on Oct. 20, 1942.

Immediate cause of death	Duration
Congestive Heart Failure	2 days
Due to Chronic Myocarditis	Unknown
Due to Chronic Endocarditis	Unknown
Due to Arteriosclerosis	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence: at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury:

23. Signature: Philibert Artigues

Address: 2942 E. Fayette St. Date signed: M D 10/22/42

96877 Aurrell Keene

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 Registered No. F 96877

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Dates must be complete and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 McKeldery St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 McKeldery St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Aurrell Keene

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife Henry C. Keene
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20-1877

8. AGE: Years 65 | Months 8 | Days 8 | If less than one day hr. min.

9. Birthplace Golden Hill, Md. (Town, county, and state)

10. Usual Occupation Housework

11. Industry or business

FATHER
12. Name Anthony Banks
13. Birthplace Md.

MOTHER
14. Maiden Name Hester Boley
15. Birthplace Md

16 (a) Informant Daisy Dane
(b) Address 1414 Mc Elderry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Sykesville Road

18 (a) Funeral director Lewis H Baughman
(b) Address Cambridge Md

19 (a) 10 29 1942 (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1942, at 10 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~in quest~~ & ~~in operation~~ thereon and from the evidence (Autopsy or Inquiry) obtained by said ~~in quest~~ & ~~in operation~~ find that said deceased came (Autopsy or Inquiry) to ~~her~~ death on the day stated above.

Immediate cause of death arterio sclerotic cardio renal disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert L. Graham M.D. Medical Examiner
Date signed Oct. 22 1942

F 96878 42682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96878 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 7 da.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State W. Va. (b) County
(c) City or town Bellburn
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gladys Walkup

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-5-03

8. AGE: Years 38 | Months 10 | Days 17 16 | If less than one day hr. min.

9. Birthplace W. Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Milton Faulkner
13. Birthplace W. Va.

MOTHER
14. Maiden Name Rosie Scudder
15. Birthplace W. Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 10 22 42 (month) (day) (year)

(c) Cemetery or crematory
Location Rowsverta W. Va.

18 (a) Funeral director Philip Herwig Sons
(b) Address 24 Orleans St

19 (a) OCT 22 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1942 at 4P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 3 1942 to Oct. 31 1942 and that I last saw her alive on Oct. 21 1942

Immediate cause of death	Duration
Purulent peritonitis	
Due to Ulcerations of small intestine	
Due to	
Other Conditions Scarring & adhesions of segments of bile ducts (Include pregnancy within 3 months of death)	

Date of operation 9/23/42

Major findings of operation: Scarring of bile ducts

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur B. Cecil Jr. M. D.
Address Johns Hopkins Hosp Date signed 10/22/42

VS 8

96879

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 D

Registered No. E 96879

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1139 Ashburton St,

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1139 Ashburton St
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bernard J. McGarity

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	215-01-1618

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Margaret McGarity

6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) May 10, 1874

8. AGE: Years	Months	Days	If less than one day
68	5	10	hr. min.

9. Birthplace Baltimore, Md,
(Town, county, and state)

10. Usual Occupation Collector

11. Industry or business Sun Paper Co,

FATHER
12. Name Bernard J. McGarity Sr,
13. Birthplace Baltimore, Md,

MOTHER
14. Maiden Name Mary Carrigan
15. Birthplace Baltimore, Md,

16 (a) Informant Mrs Margaret McGarity
(b) Address 1139 Ashburton St,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/23/1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd,

18 (a) Funeral director John A. Moran.
(b) Address 4201 Greenmount Ave,

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20. 1942, at 3.30 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Apr 21 1942 to Oct 20 1942 and that I last saw h[illegible] alive on Oct 20 1942

Immediate cause of death: Hypocardiation, Acute Dilatation of Heart — Duration ✓

Due to: General Sclerosis — Duration ✓

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: ✓

of autopsy: none done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓ at M

(c) Where did injury occur? ✓
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ While at work?
(Specify type of place)

(e) Means of injury ✓

23. Signature John A. Moran M. D.

Address 12 N Poplar Date signed 10/24/42

VS 3

96880

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1577 F 96880 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital 6-1
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 155 N. Linwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Doherty (Birth F. 598 18)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-21-42

8. AGE: Years	Months	Days	If less than one day
			3 hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business —

FATHER
12. Name Daniel L. Doherty
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Amelia E. Jones
15. Birthplace Baltimore Md

16 (a) Informant Daniel L. Doherty
(b) Address 155 N. Linwood Ave

17 (a) Burial (b) Date thereof 10/22/42
(Burial, cremation, or removal) (Month) (day) (year)

(c) Cemetery or crematory Mt. Calvary
Location Old Frederick Rd.

18 (a) Funeral director John J. Moran
(b) Address 3600 E Balto, St.

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1942 to Oct 21 1942, and that I last saw him alive on Oct 21 1942.

Immediate cause of death	Duration
Incarcerated Umbilical Hernia	Fetal
Due to Congenital malformation of abdominal wall	life
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R. Rosasco M. D.
Address Mercy Hospital Date signed 10-22-42

VS 8

F 96881

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N F 96881 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied; correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 507 Dolphin St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17-2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 507 Dolphin St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Hannah L. Chaney

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife William

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1872

8. AGE: Years 70 | Months 3 | Days 16 | If less than one day hr. min.

9. Birthplace Charles Town, W. Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Thornton

13. Birthplace Charles Town, W. Va.

MOTHER 14. Maiden Name Nancy Hill

15. Birthplace Charles Town, W. Va.

16 (a) Informant Mary L. Thompson

(b) Address 507 Dolphin St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1942 (month) (day) (year)

(c) Cemetery or crematory Asbury Cem. Location Jessups, Md.

18 (a) Funeral director Mrs. Lew. W. Holland

(b) Address 1631 Druid Hill Ave.

19 (a) OCT 22 1942 (Date received by registrar) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1942 at 1 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/4 1942 to Oct 19 1942 and that I last saw h[illegible] alive on Oct. 19 1942.

Immediate cause of death Hypertensive Cardiac Disease — Duration 2 yrs.

Due to

Due to

Other Conditions Goitre.

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature C. E. Pitts M.D.

Address 4436 W. Lawrence Date signed 10/21/42

F 96832

F 96832

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 10 Tamworth Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 yrs 12
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 10 Tamworth Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CLARENCE SCOTT SR.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charlotte H. Scott

6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 8/1/1884

8. AGE: Years 58 | Months 2 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER
12. Name William D. Scott
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Rebecca
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Charlotte H. Scott
(b) Address 10 Tamworth Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem
Location Pikesville Md.

18 (a) Funeral director E. Kelly Lamborn
(b) Address 1003 W. Baltimore St.

19 (a) OCT 22 1942 Huntington Williams, M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1942 at 4 10 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Wollenweber M.D.
for Medical Examiner.
Date signed 10-24-42

VS 6

F 96883

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96883 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 33rd & Calvert

(c) Hospital or institution: Union Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 days

(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State MARYLAND (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 2105 N. HILTON ST (If rural give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3 (a) FULL NAME Miss MARGARET AGNES MURRAY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Single

6 (b) Name of husband or wife SINGLE

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) AUG 29, 1877

8. AGE: Years	Months	Days	If less than one day
65	1	23	22 hr. min.

9. Birthplace LEEDS, ENGLAND (Town, county, and state)

10. Usual Occupation SEAMSTRESS

11. Industry or business HOME

FATHER

12. Name MR PATRICK MURRAY

13. Birthplace IRELAND

MOTHER

14. Maiden Name MARY FLANAGAN

15. Birthplace IRELAND

16 (a) Informant Mrs. M. G. Winters

(b) Address 2105 N. Hilton St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24, 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral

Location Balto. Md.

18 (a) Funeral director Maurice J. Flynn

(b) Address 1422 Light St.

OCT 22 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1942 at 11 55 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct 21 1942 and that I last saw h[illegible] alive on Oct 21 1942

Immediate cause of death	Duration
Cardio respiratory failure	
Due to Arteriosclerotic Cardiovascular disease	years
Due to	
Other Conditions Carcinoma of the stomach.	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Widespread abdominal adhesions.

of autopsy: Ca of the stomach.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address Union Memorial Hosp. Date signed 10-21-42

VS 3

F 96884

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 159

F 96884

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 874 Wash. Blvd.
(c) Hospital or institution: Harlem Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lansdowne
(If outside city or town limits, write RURAL and give town)
(d) Street No. 112 Ridge Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Boby Nichols (Birth F 59853)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-20-42

8. AGE: Years	Months	Days	If less than one day
1 day			hr. min.

9. Birthplace Boston
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Nichols
13. Birthplace Westerport Md

MOTHER
14. Maiden Name Annie Ryan
15. Birthplace Lonaconing Md

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) **(b) Date thereof** (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL OCT 22 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) OCT 22 1942 **(b)** Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21 1942, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19...

Immediate cause of death Prematurity

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed 10/22/42

VS 3

9511

96885

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 96885 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked for correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 911 Harlem Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto. (If outside city or town limits, write RURAL and give town)

(d) Street No. 911 Harlem Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Bertina M. Swales

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-01-822

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	C.	married

6 (b) Name of husband or wife Charles Swales

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 1-1883

8. AGE: Years	Months	Days	If less than one day
59	7	21	hr. min.

9. Birthplace Kent Island Md. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Louis Sullivan

13. Birthplace Md.

MOTHER

14. Maiden Name Fannie Nixon

15. Birthplace Md.

16 (a) Informant Charles Swales

(b) Address 911 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Auburn

Location Balto. City

18 (a) Funeral director Samuel M. Pullen Jr.

(b) Address 1437 N. Carrollton Ave

19 (a) OCT 23 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1942, at 5.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1942, to Oct 22 1942 and that I last saw h alive on Oct 22 1942

Immediate cause of death Cerebral Apoplexy — Duration 6 days

Due to Acute Myocarditis — 1 day

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Lou. L. Berry M. D.

Address 1420 E. Chase Date signed 10-22-42

VS 3

F 96886

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96886 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 331 N. Gilmor
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1941
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 331 N. Gilmor (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jacob H. Stephney
3 (b) If veteran, name war
3 (c) Social Security Account No. None 217-09-8557

4. Sex M. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2 - 1875

8. AGE: Years 67 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Richard E Stephney
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Susie Ward
(b) Address 721 N. Gilmor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co Md

18 (a) Funeral director Samuel H Chaselton
(b) Address 638 N. Gilmor St

19 OCT 23 1942 Filed by registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1942, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1942 to Oct - 1942, and that I last saw h/ alive on Oct 21 1942.

Immediate cause of death	Duration
Due to (a) Arteriosclerosis and Chronic Nephritis	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. Tyler Oglesby M. D.
Address 703 McCulloh Date signed Oct 22 42

VS 2

F 96887

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45B

F 96887 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1304 HANOVER ST
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1304 E. Hanover St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM BERGER

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. 216-07-3405

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	WHITE	MARRIED

6 (b) Name of husband or wife EMMA BERGER
6 (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) SEPT. 28, 1876

8. AGE: Years	Months	Days	If less than one day
66	-	22	hr. min.

9. Birthplace BALTO. MD (Town, county, and state)
10. Usual Occupation ENGINEER
11. Industry or business BAKING BUSINESS

FATHER
12. Name JOHN BERGER
13. Birthplace BALTIMORE, MD

MOTHER
14. Maiden Name ISABELLE RAMSEY
15. Birthplace BALTIMORE, MD.

16 (a) Informant EMMA BERGER (WIFE)
(b) Address 1304 HANOVER ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/24/42 (month) (day) (year)
(c) Cemetery or crematory NEW CATHEDRAL
Location OLD FREDERICK ROAD

18 (a) Funeral director F. A. KRAUSE & SON
(b) Address 1216 S. CHARLES ST.

19 Filed 10-27-1942 By Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/20 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941 to Oct 20 1942 and that I last saw h alive on 19

Immediate cause of death Cancinoma of tongue — Duration 1 year

Due to

Due to

Other Conditions Metastases to mouth and lung — 2 mos.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Isaac Miller M. D.
Address 1226 S Charles St Date signed 10/22/42

VS 3

F 96888

Dr Gordy 5106 Harford Rd

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1318 F 96888

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4522 Arabia Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 7-12
(e) Length of stay in Baltimore (yrs., mos., or days) 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4522 Arabia Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry E. Mobberly

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Male | 5 Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband ~~or wife~~ Anna

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7-1870

8. AGE: Years 71 | Months 10 | Days 14 | If less than one day hr. min.

9. Birthplace Frederick Md (Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business Crown Cork Seal Co

FATHER 12. Name Louis H. Mobberly
13. Birthplace Maryland

MOTHER 14. Maiden Name Catherine V. Shriner
15. Birthplace Maryland

16 (a) Informant Mrs Anna Mobberly
(b) Address 4522 Arabia Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cemetery
Location Frederick Maryland

18 (a) Funeral director William Cook Inc
(b) Address 1217 Park Ave

19 OCT 23 1942 (b) Registrar
(Date filed by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1942 at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1942 to Oct 21 1942 and that I last saw h[illegible] alive on Oct 20 1942.

Immediate cause of death Chronic myocarditis — Duration 5 years
Due to
Due to
Other Conditions Chronic Pyelonephritis Chronic Arthritis — 3 Years
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury None

23. Signature A. J. Gordy. M. D.
Address 5106 Harford Rd Date signed 10-22-42

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96889 / 1178 — Registered No. F 96889

F 96889

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7½ days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 101 E Mt. Royal (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME Mr. Dooley S. Jones
3 (b) If veteran, name war W
3 (c) Social Security Account No. 705-05-4078

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	M

6 (b) Name of husband or wife Olive
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 11 1890

8. AGE: Years	Months	Days	If less than one day: hr.	min.
52		11		

9. Birthplace West Virginia (Town, county, and state)
10. Usual Occupation Telegraph Operator
11. Industry or business B. & O. R. R.

FATHER
12. Name J. W. Jones.
13. Birthplace W. Va.

MOTHER
14. Maiden Name Lucy St Clair
15. Birthplace W. Va.

16 (a) Informant Olive Jones.
(b) Address St Paul Apts.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 23-42 (month) (day) (year)
(c) Cemetery or crematory Fairmont W. Va
Location W. Va.

18 (a) Funeral director William Cook Inc.
(b) Address 27 E. Saratoga St. Huntington Williamson, W. Va.

19 (a) OCT 23 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22 1942, at 4:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14 - 1942, to 10-22 1942, and that I last saw alive on 10-22 1942.

Immediate cause of death	Duration
General 3rd peritonitis	7½ days
Due to Ruptured Duodenal ulcer	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 10-14-42
Major findings of operation: Ruptured Duodenal ulcer
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Lupfer M. D.
Address St Joseph Hosp Date signed 10/22/42

96890

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600a Registered No. E 5830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if possible. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1122 Eager St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BABY GIRL KNAUFF (Birth F 61091)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: FEMALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: INFANT

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10/22/42

8. AGE: Years — | Months — | Days | If less than one day: 10 hr. 31 min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name WILLIAM KNAUFF
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name FLORENCE TRUELOVE
15. Birthplace Balto., Md.

16 (a) Informant Florence Knauff
(b) Address 1122 Eager St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Cathedral Cemetery
Location 4300 Old Frederick Rd

18 (a) Funeral director Edgar W. Conkling & Son
(b) Address 924 E. Eager St

19 (a) (b) Registrar

OCT 23 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/22/1942, at 1 15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/22/1942 to 10/ 1942 and that I last saw her alive on 10/22 1942

Immediate cause of death: Cardio-respiratory failure — Duration: —

Due to: Cerebral hemorrhage — Duration: life

Due to: — Duration: —

Other Conditions — Duration: —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John T. Cole, M.D.
Address University Hosp. Date signed 10/22/42

F 96891

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

F 96891 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2440-N. Calvert St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2440 N Calvert St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Leonora Pamola Tregellas

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife Saml. Tregellas

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May-19-1854

8. AGE: Years 88 | Months 5 | Days 2 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation none

11. Industry or business none

FATHER 12. Name Wm Shryock

13. Birthplace probably Frdk-Co Md

MOTHER 14. Maiden Name not known

15. Birthplace not known

16 (a) Informant Mrs Ernal Taylor (friend)

(b) Address 2440-N-Calvert St

17 (a) Ernal (Burial, cremation, or removal) (b) Date thereof 10-23-42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge

Location Pikesville

18 (a) Funeral director Stewart Mortuary

(b) Address 108 W Mount Ave.

19 (a) 7161 67 120 (Registered number) Huntington Williams M.D. (Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1942 at 4, A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Oct 21 1942 and that I last saw h[illegible] alive on Oct 21 1942

Immediate cause of death Cardiac pneumonia

Duration 4 days

Due to Arterio Sclerosis 4 yrs

Due to Senility

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Marion W Shook M. D.

Address 806 S Fulton Ave Date Oct 21 1942

VS 3

The information should be complete and correct as possible. Every item or information should be given or the word unknown inserted. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

796892

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a

Registered No. 796892

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1634 Montford Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1634 Montford Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Stevenson

3 (b) If veteran, name war

3 (c) Social Security Account No. X12-14-9499

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Sophia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 25, 1856

8. AGE: Years 86 | Months 3 | Days 27 | If less than one day hr. min.

9. Birthplace Delaware (Town, county, and state)

10. Usual Occupation Coach Trimmer
11. Industry or business Budd Body Corp.

FATHER
12. Name John Stevenson
13. Birthplace Delaware

MOTHER
14. Maiden Name ?
15. Birthplace Delaware

16 (a) Informant Mrs. Sophia Stevenson
(b) Address 1634 N. Montford Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24 1943 (month) (day) (year)
(c) Cemetery or crematory Asbury M.E. Church
Location Reisterstown Md.

18 (a) Funeral director Leo G. Cook
(b) Address 1701-03 N. Patt Park Ave.

19 (Date received by registrar) OCT 22 1943 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1943, at 3:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an in quest (Autopsy or Inquiry) thereon and from the evidence obtained by said in quest (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 22 1943

VS 6

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96893

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

F 96893 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2002 Eagle St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2002 Eagle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME BELLE POLOWAY

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1850

8. AGE: Years	Months	Days	If less than one day
92			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Samuel
13. Birthplace Russia

MOTHER
14. Maiden Name Miriam
15. Birthplace Russia

16 (a) Informant Abraham Poloway
(b) Address 2352 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-42 (month) (day) (year)
(c) Cemetery or crematory Wash. Rel.
Location Silver Spring Md.

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 (a) OCT 23 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23-42 19 , at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/16 19 42 to 10/23 19 42 and that I last saw her alive on 10/23 19 42

Immediate cause of death Chronic nephritis (interstatial)

Duration 3 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benjamin Miller M. D.
Address 2030 Wilkens Ave Date signed 10/23/42

VS 150

Huntington Williams M.D.

F 96894

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 96894

PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 95 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1106 Harlem Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Sample 75404

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	sep.

6 (b) Name of husband or wife Florance

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1911

8. AGE: Years	Months	Days	If less than one day
31	5	4	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name John Sample

13. Birthplace Va.

MOTHER 14. Maiden Name Fannie Hack

15. Birthplace Va.

16 (a) Informant Hospital records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25, 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Zion

Location

18 (a) Funeral director Wm. Watie R. Williams

(b) Address 3227 Eichnedel St.

19 (a) (b) Registrar

OCT 25 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 1942 at 9:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1942, to Oct. 20 1942, and that I last saw h 1 alive on Oct. 20 1942.

Immediate cause of death — Duration

Pulmonary tuberculosis — 7 mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A.S. Hartle M. D.

Address Balto City Hosp Date signed 10/26/42

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be correct as far as is known. Physicians: please write the causes of death clearly and especially important.

F 96895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 107

F 96895 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 329 S. Ellamont St.
(c) Hospital or institution: University City Hospital
dead on arrival at hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 6 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3295. Ellamont st
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William Joseph Jones (Birth F-57157) ✓

3 (b) If veteran, name war —
3 (c) Social Security Account No. ~

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife
(9-1-1942)
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) not given
8. AGE: Years | Months: 1 | Days: 12 | If less than one day: hr. min.
9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Alexander Jones
13. Birthplace Md information not given

MOTHER
14. Maiden Name Ida ? Ryan
15. Birthplace Md information not given

16 (a) Informant Alexander & Ida Jones
(b) Address 3295. Ellamont st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-42 ✓ (month) (day) (year)
(c) Cemetery or crematory Western Star
Location Catonsville, Md.

18 (a) Funeral director Mrs Katie R Williams
(b) Address 3229 W. Lehrondey St

19 (a) OCT 23 1942 (Date rec'd by reg. dist. reg.) (b) Huntington Williams Reg.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 20 1942, at 1:00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

	Duration
Immediate cause of death: Pneumonia, Lobular, Primary	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Hollenweber, M.D.
Medical Examiner.
Date signed 10-22-42
Howard L. Hollenweber, M. D.

VS 6

Use BLACK INDELIBLE INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96896

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96896

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1208 W. Lombard St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 18

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1208 W. Lombard St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rosa Pierpoint

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Benj Pierpoint Sr.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12, 1862

8. AGE: Years	Months	Days	If less than one day
80	1	4	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation housework

11. Industry or business at home

FATHER

12. Name Charles Bury

13. Birthplace France

MOTHER

14. Maiden Name Unknown

15. Birthplace Germany

16 (a) Informant Mr James Pierpoint

(b) Address 1208 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Frederick Ave.

18 (a) Funeral director John J. Lowan & Son

(b) Address 906 Hopkins St

19 (a) OCT 23 1942 (Date rec'd by registrar)

(b) Hunting for Williams M.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21 1942, at 4:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-1 1942 to 10-21 1942, and that I last saw her alive on 10-20 1942

Immediate cause of death arteriosclerotic heart disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Nathan Rosenau M. D.

Address 206 S. John W Date signed 10-23-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Medical Examiner

F 96897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83a

F 96897
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1308 McCulloh St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Lania Cole

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Henry Cole
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 1, 1893

8. AGE: Years	Months	Days	If less than one day
49	7	19	hr. min.

9. Birthplace Whitestone / Lancaster Co. Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

MOTHER / FATHER
12. Name Newton Smith
13. Birthplace Lancaster Co. Va.
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Henry Cole
(b) Address 1308 W. McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Baltimore, Md.

18 (a) Funeral director Mrs. Edw. W. Holland
(b) Address 1601 Druid Hill Ave.

19 (a) OCT 23 1942 (Date received by Registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19 1942 at 4:45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1942 to 10-19 1942 and that I last saw her alive on 10-19 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	?
Due to Hypertension	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. J. Alexander M. D.
Address Provident Hospital Date signed 10-20-42
Howard J. Ruddell, M. D.

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96898

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 96898 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2033 Pennsylvania Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2033 Pennsylvania Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James M Coates

3 (b) If veteran, name war ~~World War~~
3 (c) Social Security Account No. 212-09-3582

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Hilda ~~Coates~~
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2-4-1898

8. AGE: Years	Months	Days	If less than one day
44	8	18	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name James E. Coates
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Blake
15. Birthplace Md.

16 (a) Informant Hilda Coates
(b) Address 2033 Penna. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Md

18 (a) Funeral director Geo. H. Nelson
(b) Address 1303 Pregakness Blvd

19 (a) OCT 23 1942 Huntington Williams, M.D. Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20
20. DATE OF DEATH Oct. 22 1942 at 2 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Chronic myocarditis. — Duration

Due to —

Due to —

Other Conditions —
(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 22 1942

The age correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be ~~typed~~ written, WITH UNFADING INK.

F 96899

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96899 Registered No. 5 1 B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 96 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cecil Apts.-1209 Eutaw Place
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Ernest B. Jones

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
none	none	male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12, 1864

8. AGE: Years	Months	Days	If less than one day
78	2	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name William H. Jones
13. Birthplace Baltimore

MOTHER
14. Maiden Name Emma Beatson
15. Birthplace Sheffield, England

16 (a) Informant Mr. H. Clarke Jones
(b) Address 407 W. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) OCT 23 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22 1942 at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/25 1942 to 10-22 1942 and that I last saw him alive on 10-22 1942.

Immediate cause of death: Coronary Thrombosis — Duration 40 days
Due to: — Duration
Due to: — Duration
Other Conditions: Ca Prostate — Duration 2
(Include pregnancy within 3 months of death)
Date of operation 7/31/42
Major findings of operation: Ca Prostate
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edward L. J. Kenny M.D.
Address Bon Secours Hosp. Date signed 10 22 1942

MPF F 96900

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96900 Registered No. 878

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 205 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Role Lee

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or ~~divorced~~

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29, 1921

8. AGE: Years 21 | Months 2 | Days 23 22 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Grover Lee
13. Birthplace Ga.

MOTHER
14. Maiden Name Odessa Owens
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 25 42 (month) (day) (year)
(c) Cemetery or crematory Arbutus M. Park
Location Baltimore City

18 (a) Funeral director Mrs Chas H. Bailey
(b) Address 1421 Jefferson St

19 (Date received by local registrar) OCT 23 1942 Registrar Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21 1942, at 6 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1942 to 10-21 1942 and that I last saw h alive on 10-21 1942.

Immediate cause of death: Puerperal meningitis — Duration: 5 weeks

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rathbun M. D.
Address Balto. City Hosp Date signed 10-22-42

F 96901

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH √61

F 96901
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2621 Hampden avenue
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2621 Hampden avenue
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY OWEN ROBINSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mary Theresa Robinson

6 (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) June 30, 1869

8. AGE: Years 73 | Months 3 | Days 52 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Retired Engineer Penna. R.R.

11. Industry or business

FATHER
12. Name William Robinson
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Hanley
15. Birthplace Maryland

16 (a) Informant Mary Theresa Robinson
(b) Address 2621 Hampden avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Chas. J. Evans Son Inc
(b) Address 118 N. Mt. Royal Ave. Hunting for Milwaukee Mfg.

19 (a) (Date received) (b) Registrar
OCT 23 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 1928 19 ..... to Oct 22 19 42
and that I last saw h alive on Oct 13 19 42

Immediate cause of death Myocardial Insufficiency — Duration ---
Due to ---
Due to Diabetes Mellitus & Arteriosclerotic cardiac disease — Duration 10 yrs
Other Conditions ---

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? ..... (Specify type of place)
(e) Means of injury —
23. Signature [illegible] M.D.
Address 2429 Charlemont Rd Date signed 10/23/42

VS 1

Please write plainly, with unfading ink. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96902

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 96902 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1111 S.CURLEY ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 65 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1111 S.CURLEY ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOSEPH HURZ

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	NONE	MALE	WHITE	WIDOWER

6 (b) Name of husband or wife KATHERINE HURZ
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 24 1868

8. AGE: Years	Months	Days	If less than one day
74	6	27	hr. min.

9. Birthplace CZEHOSLOVAKI (Town, county, and state)
10. Usual Occupation LABORER
11. Industry or business CANTON R.R.

FATHER
12. Name UNKNOWN
13. Birthplace CZEHOSLOVAKI

MOTHER
14. Maiden Name UNKNOWN
15. Birthplace CZEHOSLOVAKI

16 (a) Informant PAULINE KAFKA (DAUGHTER)
(b) Address 1111 S.CURLEY ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT.24/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD.

18 (a) Funeral director Lilly & Zeller Sons
(b) Address 403 S.WOLFE ST.

19 (a) OCT 23 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 21 1942 at 5 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942, to Oct 21 1942, and that I last saw h[illegible] alive on Oct 20 1942.

Immediate cause of death	Duration
Arteriosclerotic C.V. Disease.	
Chr. Myocarditis.	
Due to Myocardial Failure.	9-1-42
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed Schmunk M. D.
Address 842 S. Ext Ave Date signed 10-21-42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 96903

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2305 Etting Street
(c) Hospital or institution: Warehouse
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0 14
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Garrison (If outside city or town limits, write RURAL and give town)
(d) Street No. Ruxlestown Rd. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME George C. Pearce

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 216-09-1582

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Blanche C. Pearce

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec-20-1876

8. AGE: Years 56 | Months 0 | Days 3 | If less than one day: hr. min.

9. Birthplace Maryland (town, county, and state)

10. Usual Occupation Employed by Baltimore

11. Industry or business Water Co.

FATHER
12. Name Geo. K. Pearce
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza Gray
15. Birthplace Md.

16 (a) Informant Vernon Randall
(b) Address Harrison, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)
(c) Cemetery or crematory Sater's Baptist
Location Balto Co. Md.

18 (a) Funeral director J. F. Elsie & Sons
(b) Address Baltimore St. and N. Fulton Ave.

19 (a) OCT 23 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 23 - 1942, at 8:50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Maldeis M.D.
Medical Examiner.
Date signed 10-23-42

VS 6

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... OVERLEAF ... Every item of information should be given if known.

F 96904

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

F 96904 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 Cator ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Cator ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thomas J. Haile

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-5195

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Ellen Haile

6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Aug 11. 1876

8. AGE: Years	Months	Days	If less than one day: hr.	min.
66	2	11		

9. Birthplace Balto, Co, Md (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business

FATHER
12. Name Thos. Haile
13. Birthplace Balto, Co, Md

MOTHER
14. Maiden Name Elizabeth Slade
15. Birthplace Balto, Co. Md

16 (a) Informant Mrs. Ellen Haile
(b) Address 615 Cator ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Q. A. Co Md

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light St. Huntingtown Williams, Md

19 (a) (Date rec'd by registrar) (b) Registrar

VS 1

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1942 at 9:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 24 1942 to Oct. 27, 1942, and that I last saw him alive on Oct. 27 1942.

Immediate cause of death — Duration

Due to Cerebral Hemorrhage — 4 weeks

Due to Hypertension — 1 year.

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M Tebole M. D.
Address 6014 York Road Date signed 10-28-42

F 96905

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 96905
Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address So. Balto. Hosp.
(c) Hospital or institution: 1200 Blk. Light St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 10 E. Randall (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Thomas W. Barnes.

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 26, 1940

8. AGE: Years	Months	Days	If less than one day
1	20?	23	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Thomas Barnes
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Clara Wenger
15. Birthplace Balto. Md.

16 (a) Informant Mrs. E. Barnes
(b) Address 10 E. Randall St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 22/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Annapolis Rd.

18 (a) Funeral director Fred A. Krauss & Son
(b) Address 126 N. Charles St.

19 (a) Filed [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19th 1942 at 11:30 a.m. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19th 1942 to Oct 19th 1942 and that I last saw him alive on Oct 19th 1942.

Immediate cause of death: Bronchopneumonia (Primary)
Due to —
Due to —
Other Conditions None
(Include pregnancy within 3 months of death)

Duration
14 hours

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Lentz
Address 126 Hanover St. Date signed 10/21/42

VS 150

F 96906

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1017

F 96906
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Madison
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2916 Windsor Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Kirk Burgess (Birth F 55445)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1942

8. AGE: Years | Months: 2 | Days: 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Robt. H. Burgess
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Adele Platt
15. Birthplace Balto Md

16 (a) Informant Adele Burgess
(b) Address Newport News Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Stevenson Cook & Son
(b) Address 1217 S. Paca Street

19 (a) OCT 23 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1942, at 11 57 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1942, to Oct. 22 1942, and that I last saw h. alive on Oct. 22 1942.

Immediate cause of death: Emphysema — Duration:
Due to: Pneumonia
Due to: Atelectasis
Other Conditions (none)
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. H. Traynor M.D. M. D.
Address Md. General Hosp. Date signed 10/22/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96907

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 96907 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1918 E 30 St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) ~~County~~ City Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1918 E. 30 St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Annie W. Schmidt

3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles Schmidt
6 (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec. 10. 1870

8. AGE: Years	Months	Days	If less than one day
71	10	11	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Frederick Kochler
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Charles Schmidt
(b) Address 1918 E. 30 St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Williams Bros
(b) Address 1217 St Paul Street

19 (a) OCT 23 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1942, at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1942, to Oct. 21 1942, and that I last saw h alive on Oct. 21 1942.

	Duration
Immediate cause of death: Coronary Embolism	20 min
Due to: Acute Uremia — Hypertension	14 d
Due to: Myocarditis	14 d
Other Conditions	14 d

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. F. A. Stevens M.D.
Address 2878 Hanford Rd Date signed 10-21-42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96908

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96908 Registered No. 47a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution West Baltimore Gen. 16
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3026 Brighton St
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John W. Hulshart Jr

3 (b) If veteran, name war None
3 (c) Social Security Account No. 212-12-2532
4 Male
5 Color or race White
6 (a) Single, married, widowed, or divorced Divorced
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Feb 22 - 1891
8. AGE: Years 51 Months 8 Days 1 If less than one day hr. min.
9. Birthplace Delta Penna (Town, county, and state)
10. Usual Occupation Clergyman
11. Industry or business Feder Adv Agency
FATHER 12. Name John W. Hulshart
13. Birthplace Maryland
MOTHER 14. Maiden Name Mary Knott
15. Birthplace Md
16 (a) Informant West Balt. Dem Hosp
(b) Mrs Mary Hulshart 3026 Brighton St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26, 1942 (month) (day) (year)
(c) Cemetery or crematory Monumental Methodist
Location Monumental, Maryland
18 (a) Funeral director Williams Cook Inc
(b) Address 1247 Dr Pauls Street Baltimore
19 OCT 24 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 23 1942, at 8:00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10 - 23 1942 to 10 - 23 1942
and that I last saw him alive on 10 - 23 1942

Immediate cause of death Pneumonia

Due to Pneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Emerson W. Cheshire M.D.
Address WBGH
Date signed 10/23/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96909

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96909 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Reisterstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Route #2, P.O. Box 220
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frances Kaniecki

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband Edw. Ignacy, Kaniecki

6 (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 1891

8. AGE: Years 56 | Months | Days | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Home wife

11. Industry or business

FATHER
12. Name John LYNSKI
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes Janowski
15. Birthplace Poland

16 (a) Informant George Kaniecki Son
(b) Address Rd Box 97 Middle River Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-42. (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 705 S Grim st

19 (a) OCT 24 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22-1942, at 7:10 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death
Due to Shock Multiple Fractures
Due to
Other Conditions Multiple lacerations abrasions + bruises
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-22-42 at 6.45 P.M
(c) Where did injury occur Route 40 nr Race Rd Baltimore
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Pedestrian, struck by bus

23. Signature Howard J. Haddaway M.D.
Medical Examiner.
Date signed 10-23-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96910

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96910 Registered No. 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address John Hopkins Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Reisterstown (If outside city or town limits, write RURAL and give town)
(d) Street No. Route 2 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Joseph Francis Kaniecki

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 25 - 1942

8. AGE: Years | Months 9 & | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore Co. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name George Kaniecki
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sara Lee Stone
15. Birthplace Baltimore Md

16 (a) Informant George Kaniecki
(b) Address Rock Rd Box 97 Middle River Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore, Md

18 (a) Funeral director George A Weber.
(b) Address 705 S Grin St Huntingtor Williams, Md

19 (a) OCT 24 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22- 1942 at 7-15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereof and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquiry (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Fractured Skull
Due to
Due to
Other Conditions Fractured femur
Multiple bruises
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence 10-22-42 at 6-45 P M
(c) Where did injury occur? Route 40 near Race Rd Balto. Co
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Struck by bus, caused by grandmother.

23. Signature Howard J. Mulder M.D.
Medical Examiner.
Date signed 10-23-42

VS 6

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1310

✓ F 96911 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 908 N. Chester St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 908 N. Chester St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William M. Heard

3 (b) If veteran, name war --
3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Rose Heard
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1872

8. AGE: Years	Months	Days	If less than one day
69 68	10	1	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name William A. Heard
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Margaret Jones
15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Blanch Eichhorn
(b) Address 2335 Millimgan St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 24/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location Baltimore Md.

18 (a) Funeral director Philip Heuring Sons
(b) Address 2024 Orleans St.

19 (a) Oct 24 1942 (Date received by Registrar) (b) Huntington Williamsport, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22nd. 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1942 to Oct 22 1942, and that I last saw him alive on Oct 21 1942.

Immediate cause of death Chronic Uraemia — Duration 3 mos.
Due to Cardio Vascular Renal Disease — ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide no
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Joseph Pokorny
Address 1220 E Madison St. Date signed 10/23/42 M. D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

424130 F 96912 BALTIMORE CITY HEALTH DEPARTMENT ✓ 131W F 96912

CERTIFICATE OF DEATH

Registered No.

Please write plainly with ink or indelible pencil, and do not use abbreviations. All questions must be answered or the certificate will be returned for completion. Physicians: please write the causes of death clearly and legibly. Use only standard abbreviations. Do not use ditto marks. If unknown, write unknown. Be sure that the information is complete and correct and that the correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 T
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1113 N Bond (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Milbourne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	BLACK	MARRIED

6 (b) Name of husband or wife Victoria

6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 4-5-91

8. AGE: Years	Months	Days	If less than one day
51	6	17	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation None

11. Industry or business Gardener

FATHER
12. Name Milbourne
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace md

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 25/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem. Location A.A. County Md.

18 (a) Funeral director Mrs R.A. Elliott & Son
(b) Address 1129 N. Carlton St.

19 (a) (Date received by Registrar) OCT 24 1942 (b) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1942 at 1:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942, to Oct 22 1942, and that I last saw h.i.m alive on Oct 22 1942.

Immediate cause of death	Duration
Uraemia	
Due to Hypertension cardiovascular renal disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: nephritis, cardiac enlargement

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Thantron M.D.
Address Johns Hopkins Hosp. Date signed 10/24/42

F 96913 ✓City Disposal 96913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene Sts.
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. ~~University Hospital~~ 655 W. Lexington St. (If exclusive location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary Scott (Birth F-60644)

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	B	Infant

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 16, 1942

8. AGE: Years	Months	Days	If less than one day
			22 hr. 10 min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Herbert Scott
13. Birthplace Virginia

MOTHER
14. Maiden Name Isabelle Williams
15. Birthplace Balto., Md.

16 (a) Informant Mother
(b) Address 655 W. Vine St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL OCT 24 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) OCT 24 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 17 1942, at 6:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1942, to Oct. 17 1942, and that I last saw h[illegible] alive on Oct. 17 1942.

Immediate cause of death Fetal Atelectasis — Duration 1 day
Due to Prematurity
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. L. Sergiman M. D.
Address Univ. Hosp. Date signed 10/24/42

VS 3

96913

F 96914 ✓ F 96914

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

124a Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1900 Aliceanna Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1900 Aliceanna Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME PETER HAJEWSKI (Eyeski)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 25, 1885

8. AGE: Years	Months	Days	If less than one day
57	4	26	____ hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Tavern Keeper
11. Industry or business

FATHER
12. Name Lawrence Hajewski
13. Birthplace Czymieszno, Poland

MOTHER
14. Maiden Name Rozalia Nowak
15. Birthplace Czymieszno, Poland

16 (a) Informant Mrs. Mary Hajewski
(b) Address 1900 Aliceanna Street

17 (a) Entombment (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1942 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Mt. Carmel Road

18 (a) Funeral director M. F. Sadowski & Sons
(b) Address 1808 Eastern Ave.

19 (a) OCT 24 1942 (Date rec'd by registrar) (b) Huntingtown Hollands, M. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24, 1942, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 8, 1939, to Oct. 24, 1942 and that I last saw him alive Oct. 24, 1942

Immediate cause of death Chronic Hepatitis — Duration 3 years
Cirrhosis of Liver
Due to Chronic Alcoholism. — 3 years
Due to —
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation: None
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank H. Ogden, M. D.
Address 2701 N. Calvert St Date signed Oct 23, 42

VS 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96915

96915

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2432 N. Howard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HENRY FERRELL or TERRELL

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. ?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years 43 | Months | Days | If less than one day hr. min.

9. Birthplace Louisiana (Town, county, and state)

10. Usual Occupation Janitor

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Mr. Roosevelt Clark
(b) Address 2702 N. Howard St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-24-41 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a. a. County

18 (a) Funeral director Joseph Halstead
(b) Address 918 Druid Hill Ave

19 OCT 24 1941 [illegible] Huntington Williams [illegible]
(Date received by Registrar) (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21, 1941 at 5a M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Aneurysm, syphilitic
Due to: chronic gastritis
Due to:
Other Conditions: None
(Include pregnancy within 3 months of death)

Date of operation: No
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Assistant Medical Examiner.
Date signed 10-24-41

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96916

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§3a

Registered No. F 96916

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3300 Quinpad.

(c) Hospital or institution: Union Memorial

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 31 Wamerton Rd. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country XXXXX

3 (a) FULL NAME Thomas Alexander Cassilyn. (THOMAS ALEXANDER CASSILLY)

3 (b) If veteran, name war: none

3 (c) Social Security Account No. none

4. Sex: M. | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Dixie H. Cassilly

6 (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Jan 14, 1881

8. AGE: Years 61 | Months 9 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Ohio (Canton - Ohio) (Town, county, and state)

10. Usual Occupation Stock Broker

11. Industry or business Investment Business

FATHER 12. Name Mr Thomas A. Cassilly

FATHER 13. Birthplace Ohio

MOTHER 14. Maiden Name (Celia) Dixie DIETRICH

MOTHER 15. Birthplace Ohio Maryland.

16 (a) Informant pf (H. F. Watts -brother-in-law)

(b) Address 111 Beechdale Road, Rol.Pk., City.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1942 (month) (day) (year)

(c) Cemetery or crematory St. Francis Cemetery

Location Abingdon, Harford Co., Md.

18 (a) Funeral director Stewart & Mowen Company.

(b) Address 108 W. North Av. (W. F. Wooden-Suc.)

19 OCT 24 1942 (Date received by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1942 at 5.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Octobr 23 1942 to Oct 23 1942, and that I last saw him alive on Oct 23 1942.

Immediate cause of death: Respiratory failure

Due to: Massive subarachnoid hemorrhage

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Subarachnoid Hemorrhage

Duration

2 days.

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature John L. Classen

Address Union Memorial Date signed 10-24-42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96917

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46

F 96917 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway 6 5
(c) Hospital or institution: Church Home & Infirmary Balto.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) Unknown

2. USUAL RESIDENCE OF DECEASED: Baltimore
(a) State Md (b) County Balto Co
(c) City or town Dundalk Balto Co
(If outside city or town limits, write RURAL and give town)
(d) Street No. 66 Rockaleigh Rd.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Henry Stump.
3 (b) If veteran, name war No
3 (c) Social Security Account No 216-10-2762
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Mrs Ida Stump
6 (c) If alive, give age (In years) years
7. Birth date of deceased (mo., day, yr.) July 14, 1877
8. AGE: Years 65 Months 3 Days 12 If less than one day hr. min.
9. Birthplace Frederick County Va.
(Town, county, and state)
10. Usual Occupation Millwright
11. Industry or business Steel Mill

FATHER
12. Name Joseph Stump
13. Birthplace Virginia

MOTHER
14. Maiden Name Bella Allison
15. Birthplace Virginia

16 (a) Informant Administrator of Estate
(b) Address Same

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27/42 (month) (day) (year)
(c) Cemetery or crematory Meadow Ridge
Location Rural

18 (a) Funeral director Wilson Funeral Home
(b) Address 200 E Orleans

19 (a) (Date received by Local Registrar) OCT 24 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1942 to Oct 23 1942, and that I last saw h[im] alive on Oct 23 1942.

Immediate cause of death Intestinal Obstruction — Duration 8 days

Due to Carcinoma of the rectum with multiple metastasis — Duration 9 mo.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10/20/42

Major findings of operation: ~~Obstruction~~ Carcinoma of rectum with multiple metastasis

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr. David Barbarash M. D.
Address Church Home & Infirmary Date signed 10/25/42

F 96913

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937

F 96918 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 109 W Ostend St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) ?
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 W Ostend St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Theodore A Sturm

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Louisa M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 2 1861

8. AGE: Years	Months	Days	If less than one day
81	10	20	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Agent Mfg
11. Industry or business

FATHER
12. Name T. A. Sturm
13. Birthplace Germany

MOTHER
14. Maiden Name Dorothea Kuhn
15. Birthplace

16 (a) Informant Miss Elizabeth E. Sturm
(b) Address 109 W Ostend St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date received by registrar) OCT 24 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION A.

20. DATE OF DEATH Oct. 22, 1942 at 3.30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 3, 1942 to 10/22/1942 and that I last saw him alive on 10/22/42

Immediate cause of death General and cerebral arterio sclerosis and
Due to chronic myocarditis.
Due to
Other Conditions none
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Weitel M.D.
Address 1226 Hanover St Date signed 10/24/1942.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96919

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

83a Registered No. F 96919

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6117 Berkeley Ave.
(c) Hospital or institution:

27-20

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6117 Berkeley Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN DOWNEY ECKERT

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Mary V. Eckert
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1858

8. AGE: Years	Months	Days	If less than one day
83	11	9	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name George W. Eckert
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Theresa Wigley
15. Birthplace Balto., Md.

16 (a) Informant Miss Lucy A. Heindel
(b) Address 6117 Berkeley Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna. Aves

19 (d) OCT 24 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1942, at 11¶ M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942, to Oct 23 1942, and that I last saw h alive on Oct 22 1942

Immediate cause of death Cerebral Hemorrhage — Duration 2 mos

Due to General Arteriosclerosis — 5 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard T. Beckman, M. D.
Address 6 E Biddle St Date signed 10/24/42

VS 8

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96920

F 96920

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address St Joseph's Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in Baltimore (yrs., mos., or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 4603 Walther ave (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME JOHN PRILL

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Mary Prill

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 18 1892

8. AGE: Years	Months	Days	If less than one day hr.	min.
50	0 10	3		

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Trucking Business

11. Industry or business self

FATHER

12. Name John Prill Sr

13. Birthplace Poland

MOTHER

14. Maiden Name unknown

15. Birthplace Poland

16 (a) Informant (Name) Mary Prill

(b) Address 4603 Walther ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)

(c) Cemetery or crematory Holy Rosary Cem

Location Baltimore county

18 (a) Funeral director John M Weber

(b) Address 4 N Chester Street

19 (a) OCT 24 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24, 1942, at 7:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1942, to Oct 24 1942, and that I last saw h[illegible] alive on Oct 21 1942.

Immediate cause of death Carcinoma of Intestines

Due to Generalized Abdominal Carcinomatosis with metastasis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10/16/42

Major findings of operation: Cancer

of autopsy: Refused

Duration
Died

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William Joseph M. D.

Address St Joseph's Hosp Date signed 10/21/42

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96921

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

✓ F 96921 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 119 S. Ann street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 119 S. Ann Street (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph P. Marek

3 (b) If veteran, name war | 3 (c) Social Security Account No. 219-05-9824

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Helen Marek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 10 1909

8. AGE: Years	Months	Days	If less than one day
33	9	12	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Cutter
11. Industry or business Fancy leather goods

FATHER
12. Name Jacob Marek
13. Birthplace Poland

MOTHER
14. Maiden Name Eva Stannowski
15. Birthplace Poland

16 (a) Informant Mrs Helen Marek
(b) Address 119 S. Ann Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director Joseph Jr. Weber
(b) Address 1104 S. Chester St

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1942, at 1120 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1940 to Oct 22 1942 and that I last saw h[illegible] alive on Oct 21 1942.

Immediate cause of death	Duration
Chronic Pulmonary Tuberculosis	1940
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton L. Solomon
Address 129 S. Broadway Date signed 10/27/42

VS 3

F 96922

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937

F 953222

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2544 N. Baltimore St

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 D 2

(e) Length of stay in Baltimore (yrs., mos., or days) 73

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County —

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2544 N. Baltimore (If rural give location)

(e) Citizen of foreign country? (Yes or No) —

If yes, name country

3 (a) FULL NAME Caroline F. Mueller

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mar 23-1869

8. AGE: Years 73. Months 6 Days 29 If less than one day hr. min

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name William Mueller

13. Birthplace Germany

MOTHER 14. Maiden Name Caroline Wedig

15. Birthplace Germany

16 (a) Informant Edmund J. Mueller

(b) Address 2544 N. Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/24/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore Md

18 (a) Funeral director F. C. Wagner & Son

(b) Address 300 Eutaw Place

19 (a) OCT 24 1942 (Date received by registrar) (b) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 21, 1942, at 10½ M

21. I certify that death occurred on the date above stated; that I attended deceased from December 1941, to 10/20 1942, and that I last saw her alive on 10/20 1942.

Immediate cause of death: Myocardial Insufficiency — Duration: 1 yr. 2 mths.

Due to and Arteriosclerosis

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Amelia E. Linke

Address 2216 Lake Ave Date signed 10/23/42 M. D.

VS 3

F 96923

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

119a

F 96923 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 W. Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Luther Davis (Birth F 44175)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/12/42

8. AGE: Years	Months	Days	If less than one day
	7 8	10	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER
12. Name Luther Davis
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Sarah Davis
15. Birthplace Balto, Md

16 (a) Informant Luther Davis
(b) Address 727 W. Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 2210 Schroeder St
OCT 24 1942 (Date received by local registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22, 1942 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25 '42 to Oct 22, 1942, and that I last saw him alive on Oct 22, 1942.

Immediate cause of death Infectious Disease — Duration 4 weeks

Due to

Due to

Other Conditions Adrenal Hemorrhage ?
Bronchopneumonia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Bronchopneumonia

of autopsy: Adrenal Hemorrhage

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. E. Weeks, M. D.
Address Univ. Hosp. Date signed 10-23-42

F 96924

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 96924 Registered No.

Please write plainly with pen or pencil. Information should be carefully supplied and correct ago is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 820 Vincent St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 820 Vincent St (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) **FULL NAME** Mattie Maitland Sampson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband ~~or wife~~ Leon Sampson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 3, 1891

8. AGE: Years	Months	Days	If less than one day
51	1	19	hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER

12. Name Benjamin Johnson

13. Birthplace Baltimore, Md

MOTHER

14. Maiden Name Mattie

15. Birthplace Baltimore Md

16 (a) Informant Leon Sampson

(b) Address 820 Vincent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26, 1942 (month) (day) (year)

(c) Cemetery or crematory Arlington Memorial

Location

18 (a) Funeral director Mrs Kate R Williams

(b) Address 3221 Schroeder St.

19 (a) OCT 24 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22, 1942, at 8:14 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942, to Oct 22 1942, and that I last saw h[er] alive on Oct 22 1942.

Immediate cause of death: Cerebral Hemorrhage, post mal — Duration 2 Days

Due to arteriosclerosis.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

~~Date~~ of operation

Major findings of operation:

~~of autopsy~~:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A Lee Williams M. D.

Address 924 Madison Ave Date signed 10/23/42

VS 3

F 96925

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 96925 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 N. Mount St
(c) Hospital or institution:

19-2

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 N. Mount St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eileen E. Brown

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem	Col	Widow

6 (b) Name of husband or wife Gulliph Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 17 1855

8. AGE: Years	Months	Days	If less than one day
87			hr. min.

9. Birthplace Prince Geo. Co. Md.
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Basil Hall
13. Birthplace Prince Geo Co. Md

MOTHER
14. Maiden Name Margaret Queen
15. Birthplace Prince Geo. Co. Md

16 (a) Informant Mrs. Eileen Homes
(b) Address 513 N. Mount St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-42 (month) (day) (year)
(c) Cemetery or crematory St Peters Cemetery
Location Balto. Md.

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3221 Schroeder St.

19 (a) OCT 24 1942 (Date rec'd by Registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22 1942, at M

21. I certify that death occurred on the date above stated, that I attended deceased from Sept 9 1942 to Oct 22 1942 and that I last saw h[illegible] alive on Oct 22 1942.

Immediate cause of death	Duration
Myocarditis	One month
Due to	
Due to Arteriosclerosis	9 y
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] Date signed Oct 24 1942
Address 739 Edgecombe Circle

VS 8

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96926

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 96926

CERTIFICATE OF DEATH 170 C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital 2551
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. Homeless (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT (LOUIS) LEWIS

3 (b) If veteran, name war

3 (c) Social Security Account No. 214-20-2990

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife MAGGIE PARKER

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) UNKNOWN

8. AGE: Years	Months	Days	If less than one day
67 ~~now~~			hr. min.

9. Birthplace DORCHESTER Co. (Town, county, and state)

10. Usual Occupation WATERMAN

11. Industry or business FISHING

FATHER
12. Name ROBERT C. LEWIS
13. Birthplace DORCHESTER Co.

MOTHER
14. Maiden Name LOUISA CREIGHTON
15. Birthplace DORCHESTER Co.

16 (a) Informant OTTIE LEWIS
(b) Address 1029 BEECHFIELD AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT 24 42 (month) (day) (year)
(c) Cemetery or crematory ST PAULS
Location BALTO., CITY

18 (a) Funeral director C. RAYMOND KAUFMAN
(b) Address 1026 LEEDS AVE.

19 (a) Date received OCT 24 1942 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 19 1942 at 2 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Fracture of skull — Duration

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes/No
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 16, 1942 at 5P M
(c) Where did injury occur? 3700 Blk. Frederick Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? no
(e) Means of injury pedestrian struck by auto

23. Signature H. L. Wollenweber M.D.
Asst Medical Examiner.

Date signed 10-19-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96927

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

57E

Registered No. F 96927

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 275 Ballou Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 275 Ballou Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME PAUL H. BORGLEY

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
1	2	6	hr. min.

9. Birthplace Balto Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Paul Borgley
13. Birthplace Balto Md.

MOTHER
14. Maiden Name Dolores Eberling
15. Birthplace Balto Md.

16 (a) Informant Father
(b) Address 275 Balou St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26/42 (month) (day) (year)
(c) Cemetery or crematory Trinity Cem
Location O'Donnell St.

18 (a) Funeral director Lilly & Zaderson
(b) Address 403 S. Wolfe st.

OCT 24 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1942 at 3:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Congenital heart disease — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 10-24-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96928

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

96 ✓ Registered No. E 96928

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3301 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr CHESTER B. KEGARICE

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	none	Male	white	divorced

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/15/88

8. AGE: Years	Months	Days	If less than one day hr.	min.
54	2	8		

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Civil Engineer
11. Industry or business

FATHER 12. Name John Kegarice
13. Birthplace Pa.

MOTHER 14. Maiden Name Ellen Nobil
15. Birthplace Unknown

16 (a) Informant Robert Kegarice
(b) Address 3301 W. Mulberry St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-26-42 (month) (day) (year)
(c) Cemetery or crematory Reform Church
Location Taneytown Pa.

18 (a) Funeral director Controne, Inc
(b) Address 414 N. Fremont Town Rd.
19 (a) Filed 10-25-1942 (Date rec'd by registrar)
Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23 1942, at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-19 1942, to 10-23 1942, and that I last saw h[illegible] alive on 10-23 1942.

Immediate cause of death	Duration
Ruptured Aortic Aneurysm	5 mins
Due to	
Due to	
Other Conditions Arteriosclerosis Lung, Ht (Include pregnancy within 3 months of death)	5 days

Date of operation
Major findings of operation
of autopsy Rupt. Aortic Aneurysm

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward L. J. Krug M.D.
Address 130 W. Lexington Date signed 10-24-42

VE 8

Please write plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96929

AB-77384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

9-1-29 ✓ F 96929

Registered No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1024 Boyd St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Benton Jr.

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 7- 1924

8. AGE: Years	Months	Days	If less than one day
18	7	15	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business

FATHER
12. Name Harry Benton
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Bertha Brockley
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director John J. Gannon & Son
(b) Address 921 Wallbrook St.

19 (a) 4042 (b) (Registered by registrar) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22 1942 at 6 50 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-14 1942 to 10-22 1942, and that I last saw him alive on 10-22 1942

Immediate cause of death Typhoid fever — Duration 3 wks.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 10-23-42

F 96930 ✓ 96934 96930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH & 2a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 134 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2425 N. Fremont (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3 (a) FULL NAME Thomas Warren

3 (b) If veteran, name war —

3 (c) Social Security Account No. 218-10-4465

4. Sex: Male

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie Ellen Warren

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1903

8. AGE: Years 38 | Months | Days | If less than one day: hr. ____ min.

9. Birthplace Balto, Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business Construction

FATHER
12. Name Thomas Warren
13. Birthplace ? N. C.

MOTHER
14. Maiden Name Mary Williams
15. Birthplace ? Town

16 (a) Informant Marie Warren
(b) Address 2425 N. Fremont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 24 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A.A. County Md

18 (a) Funeral director Mrs Robert A. Watts & Dyk
(b) Address 1129 N. Carolina St.

19 (a) Oct 25 1942 (Date rec'd by registrar) (b) Huntington Pittsburgh, Pa. Registrar

OK

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10. 21. 1942 at 10:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10. 21. 1942 to 10. 21. 1942 and that I last saw him alive on 10. 21. 1942

Immediate cause of death: cerebral vascular accident — Duration: 2 hrs

Due to ?

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____ (Specify type of place)
(e) Means of injury —

23. Signature James D Carr M. D.
Address 515 Market St Date signed 10. 24. 42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96931 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: U.S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster
(If outside city or town limits, write RURAL and give town)
(d) Street No. 18 Milton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Andrew Miller Himler

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Nina F Lohr
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years	Months	Days	If less than one day
54			hr. min.

9. Birthplace Carroll Co. Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Grocery Store

FATHER
12. Name Andrew Himler
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name —
15. Birthplace —

16 (a) Informant Mrs Frank Lowe
(b) Address Westminster Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27-1942 (month) (day) (year)
(c) Cemetery or crematory Westminster Cemetery
Location Westminster, Md.

18 (a) Funeral director H Bankard Son
(b) Address Westminster Md.

19 (a) OCT 25 1942 (Date rec'd by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1942 at 8 20 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Diabetes Mellitus	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gratzer M.D.
Medical Examiner.
Date signed Oct 24 1942

VS 6

Please answer all questions. Answer "None" or "Unknown" where necessary. Be sure that no important information should be omitted. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

F 96932 4235 43 — BALTIMORE CITY HEALTH DEPARTMENT — F 96932

CERTIFICATE OF DEATH

15 — Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PENALTY FOR WILFUL FALSE STATEMENT OR NEGLECT TO REGISTER DEATH WITHIN TEN DAYS IS $100 FINE OR 60 DAYS IMPRISONMENT OR BOTH. (SEC. 251, ART. 43, ANN. CODE OF MD., 1924)

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. C. (b) County
(c) City or town Rocky Mount
(If outside city or town limits, write RURAL, and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gilbert Alford

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Male
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Elizabeth Alford
6 (c) If dive, give age years
7. Birth date of deceased (mo., day, yr.) 4/06
8. AGE: Years 36 | Months | Days | If less than one day hr. min.
9. Birthplace North Carolina (Town, county, and state)
10. Usual Occupation Farm laborer
11. Industry or business

FATHER
12. Name Burrell Alford
13. Birthplace South Carolina

MOTHER
14. Maiden Name Lucas —
15. Birthplace North Carolina

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/1942 (month) (day) (year)
(c) Cemetery or crematory Rocky Mount
Location North Carolina

18 (a) Funeral director Adolphus Hooker
(b) Address 908 Sunset Ave

19 (a) OCT 25 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1942 at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1942 to Oct. 23 1942 and that I last saw h alive on Oct. 23 1942

Immediate cause of death The Peritonitis + Fistula + gastrocolic

Due to

Due to

Other Conditions Anemia + malnutrition

(Include pregnancy within 3 months of death)

Date of operation 10/23/42

Major findings of operation: The Peritonitis + gastrocolic fistula

of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. C. Sanford M.D.
Address J. H. H. Date signed 10/24/42

VS 180

F 96933

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 96933

CERTIFICATE OF DEATH 48a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 832 WASHBLVD.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 832 Wash. Blvd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LILLIAN. C FLOYD.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed or divorced MARRIED

6 (b) Name of husband or wife HARRY I. FLOYD.

6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) OCT 10 1895

8. AGE: Years 47 Months ✓ Days 14 If less than one day hr. min.

9. Birthplace BALTO MD
(Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JAMES RAHM
13. Birthplace WASH. D.C.

MOTHER
14. Maiden Name ELIZABETH WISSMAN
15. Birthplace BALTO MD

16 (a) Informant HARRY I. FLOYD
(b) Address 832 WASH BLVD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/42 (month) (day) (year)
(c) Cemetery or crematory LOUDON P/K Cemetery
Location Lincoln Ave

18 (a) Funeral director GEO H. LEIMBACH
(b) Address 125 N LYNCHBURG ST.

19 (a) OCT 25 1942 (Date received by registrar) (b) Huntington, W. Va.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 24TH 1942, at 9:40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from MARCH 1942 to OCT. 24TH 1942, and that I last saw h CR alive on OCT. 23RD 1942

	Duration
Immediate cause of death: MALIGNANCY OF CERVIX UTERI	2 YEARS
Due to: UTERINE HEMORRHAGE	2 YEARS
Due to: SECONDARY ANEMIA	6 MOS
Other Conditions: CARDIAC EXHAUSTION	6 DAYS

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Alex A Weinstock M. D.

Address 4603 Park Heights Ave Date signed 10/24/42

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96934
AB-72071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

186a

F 96934
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 mos. 27 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 1823 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emma Sharer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F | 5. Color or race: W | 6 (a) ~~Single~~ married, widowed, ~~divorced~~

6 (b) Name of husband or wife: George E. Sharer (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Sept. 11, 1861

8. AGE: Years 81 | Months 1 | Days 11/10 | If less than one day ... hr. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name: James Myers
13. Birthplace: Maryland

MOTHER
14. Maiden Name: Elizabeth Shoop
15. Birthplace: Maryland

16 (a) Informant: B. C. H. Records
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Oct 26-42 (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Fairview - Plot 5 X

18 (a) Funeral director Williams Undertaking Co.
(b) Address 1217 St. Paul Street

OCT 25 1942 (Date rec'd by registrar) Huntington Williams, Jr. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21 1942 at 7.45 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 2-25 1942 to 10-21 1942 and that I last saw her alive on 10-21 1942

Cause	Duration
Immediate cause of death: Cerebral Thrombosis	2 weeks.
Due to: Arteriosclerosis	
Due to:	
Other Conditions: Fract. left femur - intertrochanteric	11 mos.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence February 25 1942 at 2 P.M.
(c) Where did injury occur? 1823 Eutaw Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? no (Specify type of place)
(e) Means of injury fell from rocking chair

23. Signature Howard J. Headley, M.D.
Address Balto. City Hosp. Date signed 10-24-42

Howard J. Headley, M.D.

F 96935

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 96935
Registered No.

The entry of each item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Giles

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Widowed

6 (b) Name of husband or wife Alonzo
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Patrick Sheridan
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel
Location A. A. Co.

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Cathedral St. Bore

OCT 25 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION 6304

20. DATE OF DEATH Oct. 23 1942, at - M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Oct 23 1942, and that I last saw her alive on Oct 22 1942.

Immediate cause of death	Duration
Chronic Myocarditis	1 yr.
Due to Arterio-Sclerosis	10 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 10/25/42.

VS 3

F 96936

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96936

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Baltimore Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1624 Hazel St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME James Michael (Mikolajcik)

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-7895

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sophia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27 - 1861

8. AGE: Years	Months	Days	If less than one day
81	5	26	hr. min.

9. Birthplace Europe (Town, county, and state)

10. Usual Occupation Iron care Boilers

11. Industry or business Davidson Chemical Co.

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Marie Michalski
(b) Address 4605 - 6th St Brooklyn Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 - 42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location A. A. Co.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2907 Eastern ave

OCT 25 1942
(Date rec'd by registrar)

(a) (b) Huntington Williams Woodbury

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 - 23 - 42 19 at 1:50 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10 - 20 1942, to 10 - 23 1942, and that I last saw him alive on 10 - 23 19

Immediate cause of death	Duration
Arteriosclerosis Heart disease	
Due to Bronchial Pneumonia	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L E Bowdleman Jr M. D.
Address Franklin Sq. Hosp. Date signed 10-23-42

VS 2

F 96937

F 96937

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

126 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklyn Square Hos
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4901 Pennington Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? 40 years

3 (a) FULL NAME ~~MICHALSKI~~ John Michalski

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W	Married

6 (b) Name of husband or wife Stanislawa
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Not Known

8. AGE: Years	Months	Days	If less than one day
About 63			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired Ass Tavern
11. Industry or business Pro.

FATHER
12. Name —
13. Birthplace Poland

MOTHER
14. Maiden Name —
15. Birthplace Poland

16 (a) Informant Stanislawa Michalski
(b) Address 4901 Pennington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Holy Cross
Location B.A. Co.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 2007 Eastern Ave

OCT 25 1942
(Date rec'd by registrar)

(b) Harrington Williams Reg.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1942, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942, to Oct 23 1942, and that I last saw h/m alive on Oct 23 1942.

Immediate cause of death
? Pulmonary Embolism
? Coronary Occlusion
Duration 8 days

Due to Post-Operative Complication

Due to

Other Conditions Cholecystitis & cholelithiasis
(Include pregnancy within 3 months of death)

Major findings:
Of operation as above

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L E Goodman Jr M. D.
Address Franklin Sq Hosp Date signed 10/25/42

F 96938

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1937

F 96938
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bon Secours Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 N London Ave
(If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME. William J Schaub
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Catherine Schaub
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-9-80

8. AGE: Years	Months	Days	If less than one day
62	4	13	hr. min.

9. Birthplace Balto Co Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business
FATHER 12. Name Henry Schaub
13. Birthplace Md
MOTHER 14. Maiden Name Mary Bussy
15. Birthplace Virginia
16 (a) Informant Mrs Wm J Schaub
(b) Address 918 N London Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Balto Md
18 (a) Funeral director Joseph E Farley
(b) Address Fulton & Fayette
19 (a) (Date received by registrar) (b) Huntington Williams (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22-42 19 , at 8:50 PM
21. I certify that death occurred on the date above stated; that I attended deceased from 10-18 1942 to 10-22 1942 and that I last saw him alive on 10-22 19 42.

Immediate cause of death	Duration
Hypertensive Cardio Vascular disease with Complete A-V block	5 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William J McClafferty M. D.
Address Bon Secours Hosp. Date signed 10-23-42

VS 3

Please write plainly with pen and ink. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 96939

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 96939 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 911 N. Monroe St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 46 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 N. Monroe St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Darius C. Engle.

3 (b) If veteran, name war	3 (c) Social Security Account No. 213-14-2082
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Emma V. Engle
6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Dec 1, 1880

8. AGE: Years	Months	Days	If less than one day
61	10	22	hr. min.

9. Birthplace Va
(Town, county, and state)
10. Usual Occupation Helper
11. Industry or business Sanitol miller.

FATHER
12. Name Lee Engle.
13. Birthplace Va

MOTHER
14. Maiden Name Elizabeth Flora
15. Birthplace Va

16 (a) Informant Emma V. Engle
(b) Address 911 N. Monroe St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26/42 (month) (day) (year)
(c) Cemetery or crematory Western
Location Edgewood Ave

18 (a) Funeral director Edward F. Donovan
(b) Address 3615-17 Pleasant Ave

19 (a) OCT 25 1942 (Registrar) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23, 1942, at 3 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1942 to Oct 23 1942, and that I last saw h[illegible] alive on Oct 23 1942.

Immediate cause of death Coronary Thrombosis.

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh E. Hammen MD. M. D.
Address 700 N. Fulton Ave Date signed 10/28/42

F 96940

F 96940

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 E

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3856 Quarry Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3856 Quarry Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Calvin Stambaugh

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ella K. Stambaugh
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Sept 9, 1871

8. AGE: Years	Months	Days	If less than one day
71	1	14	hr. min.

9. Birthplace Md (Town, county and state)
10. Usual Occupation Retired
11. Industry or business Laborer

FATHER
12. Name Edward C. Stambaugh
13. Birthplace Pa.

MOTHER
14. Maiden Name Sarah Stubbs
15. Birthplace Pa.

16 (a) Informant Ella K. Stambaugh
(b) Address 3856 Quarry Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26/42 (month) (day) (year)
(c) Cemetery or crematory Poplar
Location Balto Co. Md.

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Eastern Ave

19 (a) Date received by registrar OCT 29 1942 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1942, at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 7 1942 to Oct 23 1942, and that I last saw h/m alive on Oct. 22 1942.

Immediate cause of death	Duration
Cancer of Liver	1 month
Due to Metastases from Cancer of Colon	1 year
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Simon D. S. Marshall M. D.
Address 900 N. 32nd St. Date signed 10-24-42

F 96941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1942

F 96941 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 708 Brune St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Victoria Hough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 2, 1893

8. AGE: Years	Months	Days	If less than one day
49	8	21	hr. min.

9. Birthplace Bethune S. Carolina (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jake Williams
13. Birthplace S. Carolina

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Rosie Lee
(b) Address 708 Brune St.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 25, 1942 (month) (day) (year)

(c) Cemetery or crematory
Location Bethune S. Carolina

18 (a) Funeral director Mrs. L. G. Elliott Dept
(b) Address 1129 N. Carlton St

19 (a) OCT 25 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23 1942 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1942 to 10-23 1942 and that I last saw h&r alive on 10-23 1942.

Immediate cause of death: (a) Acute Coronary Occlusion — Duration: 2 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature D. P. Musser M. D.
Address 844 N. Carey St Date signed 10-28-42

VS 8

F 96942

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1832

Registered No. F 96942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1914 Eutaw Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME DAIYIEL AXTON

3 (b) If veteran, name war: W. W. #1
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace Spencer Co., Ind. (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Dan'l. X.
13. Birthplace Rockport, Ind.

MOTHER
14. Maiden Name Jezak Abney
15. Birthplace Ky.

16 (a) Informant —
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Rockport
Location Rockport, Ind.

18 (a) Funeral director A. Lee Adr
(b) Address 4644 York Road

OCT 25 1942 (Date rec'd by Registrar)
(b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1942, at 5 55 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Cerebral hemorrhage — Duration
Due to —
Due to —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Z. Wallenmeyer M.D. Asst. Medical Examiner
Date signed 10-[illegible]-42

VS 6

AB-77254 F 96943

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 F

F 96943 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 50 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3416 Gough St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent Valastro

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Frances
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18-1852

8. AGE: Years	Months	Days	If less than one day
90	3	3	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Toni Valastro
13. Birthplace Italy

MOTHER
14. Maiden Name ?
15. Birthplace Italy

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26. 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Newell & Lippel
(b) Address 312 S. Highland Ave

19 (a) OCT 25 1942 (Date received by registrar) (b) Information for Medical Data by

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-21 1942 at 7.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-7 1942 to 10-21 1942, and that I last saw him alive on 10-21 1942.

Immediate cause of death Pulmonary emboli — Duration 5 hrs.

Due to Carcinoma of pancreas with biliary duct

Due to

Other Conditions Generalized arteriosclerosis.
(Include pregnancy within 3 months of death)

Date of operation 10/12/42 - 10-16-42

Major findings of operation: Ca of pancreas, Cholecystectomy and 10-16-42

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Hoard M. D.
Address 3416 Gough St Date signed 10-11-42

VS 180

F 96944

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (479)

F 96944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1935 Baltimore St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1935 W. Baltimore St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Houff

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillie May Houff NEE Barlow
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Oct. 4, 1872

8. AGE: Years	Months	Days	If less than one day
70	—	19	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Lumber merchant
11. Industry or business Lumber yard

FATHER
12. Name Gustav Houff
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Stumpf
15. Birthplace Germany.

16 (a) Informant Mrs Lillie M. Houff
(b) Address 1935 W. Baltimore, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Easton Sons
(b) Address Ellicott City, Md.

19 OCT 25 1942 (Date Rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23, 1942, at 11:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1941 to Oct 23 1942
and that I last saw h[illegible] alive on Oct 23 1942.

Immediate cause of death Carcinoma of Lung. — Duration 2 yrs.?
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard G. Bogorad, Asst.
Address 1905 W. Baltimore St. Date signed 10/26/42 M. D.

VS 8

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PRINT PLAINLY, WITH UNFADING INK.

F 96945

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1107

F 96945 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED!
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1512 Mulliman Pl. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joan Thompson Birth F. 51414-15 TW

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Female

5. Color or race: Negro

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-42

8. AGE: Years | Months: 4 | Days: 7 | If less than one day: hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation —

11. Industry or business

FATHER 12. Name Lawrence Cornick

13. Birthplace Md -

MOTHER 14. Maiden Name Beulah Thompson

15. Birthplace Md. -

16 (a) Informant Records -

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1000 Eastlayan

19 OCT 25 1942 (Date received by Registrar) (b) Huntington Potter Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 22, 1942 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942 to Oct 22 1942 and that I last saw her alive on Oct, 22 1942

Immediate cause of death: respiratory failure — Duration: 6 days

Due to: bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M. D.

Address Johns Hopkins Hosp. Date signed 10/28/42

F 96946

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13a

F 96946 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1308 St Mathews St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 12 (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary McClure

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex F | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife Edd McClure
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12 - 1885

8. AGE: Years 57 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name Henry Johnson
13. Birthplace Va.

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Rosie Turner
(b) Address 1308 St Mathews St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Elroy Wilson
(b) Address 900 Bland St

19 OCT 25 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21, 1942, at 12 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 8, 1942 to Oct. 21 1942 and that I last saw h[illegible] alive on Oct 20, 1942

Immediate cause of death Hypertension Cardio Renal Arteriosclerosis — Duration ?
Due to
Due to
Other Conditions Laparotomy for Bleeding
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Marie Adams M. D.
Address 32 E 23rd Date signed 10-21-42

VS 180

F 96947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96947
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 12 N. Bond St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Robinson 77416

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 27, 1878

8. AGE: Years	Months	Days	If less than one day
64	3	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation laborer

11. Industry or business

FATHER
12. Name Henry Robinson
13. Birthplace Md.

MOTHER
14. Maiden Name Harriet ?
15. Birthplace ?

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Thos W Dixon
(b) Address 600 Brand Ave

19 (a) OCT 25 1942 (b)
(Date received by Registrar) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 21 1942, 11:20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 42 to Oct. 21 1942, and that I last saw him alive on Oct. 21 19 42.

Immediate cause of death	Duration
Pulmonary tuberculosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H S Hayte M. D.
Address Balto City Hosp Date signed 10/24/42

F 96948 ~~24631~~

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 950

F 96948 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DO NOT WRITE IN SPACES RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 22
(e) Length of stay in Baltimore (yrs., mos., or days) 5 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 31 Spring St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Johnsie Bare (Janet Sue Bare

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~

6 (b) Name of husband or wife Ownie Bare

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27, 1922

8. AGE: Years 20 | Months 5 | Days 25 | If less than one day hr. min.

9. Birthplace N. C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Isaac Peny
13. Birthplace N. C.

MOTHER
14. Maiden Name Sarah Rankin
15. Birthplace N. C.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 25-42 (month) (day) (year)
(c) Cemetery or crematory Wilkesboro N.C.
Location

18 (a) Funeral director Charles P Powell
(b) Address 2427 E Monument St Balto

19 (a) OCT 25 1942 (Registrar) Huntington Williams, M. D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30 1942 to 10-22 1942, and that I last saw h alive on 10-22 1942.

Immediate cause of death	Duration
Subacute bacterial endocarditis	7 mos.
Due to Rheumatic heart lesions	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: no

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. H. Rathbun M. D.
Address Balto. City Hosp Date signed 10-25-42

F 96949

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 1579

F 96949

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1d.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RUR. and give town)
(d) Street No. 303 S Washington St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary LUI (Birth F 60137)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12-42

8. AGE: Years	Months	Days	If less than one day
		5 12	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Lui
13. Birthplace Honolulu

MOTHER
14. Maiden Name Carmella Espinoza
15. Birthplace Baltimore

16 (a) Informant Mrs. Carmella
(b) Address 303 S Washington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Carmel.
Location Baltimore, Md.

18 (a) Funeral director Fred W. Ozarowski
(b) Address 1930 Eastern Ave

19 Date received Oct 26 1942 Wm. H. Williams, M.D. Registrar

VS 380

MEDICAL CERTIFICATION

20. DATE OF DEATH 19..., at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22 1942 to Oct 24 1942 and that I last saw her alive on Oct 24 1942.

Immediate cause of death Tuberculosis. — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Morgenroth, M. D.
Address 1213 Light Street Date signed

F 96950
423682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96950
Registered No. 46a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 yr
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1211 N. Gilmor St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Betty Miller (Elizabeth)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9/21/92
8. AGE: Years 50 | Months 1 | Days 2 | If less than one day hr. min.
9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Richard Miller
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Parker.
15. Birthplace Va

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 10/27/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location E. on County
18 (a) Funeral director Adolphus Halstead
(b) Address 764 Druid Hill Ave.
19 (a) OCT 26 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct-23- 1942, at 5:15 P M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 11- 1942, to Oct-23 1942, and that I last saw h[illegible] alive on Oct-23 1942

Immediate cause of death Hypertensive cardiovascular disease — Duration 8 hours

Due to — Duration 10 yrs

Due to

Other Conditions Myomata uteri

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations

of autopsy: Cardiac enlargement, Myoma, Ca. of [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold F. C. Zbanthin
Address Johns Hopkins Hosp. Date signed 10/24/42 M. D.

F 96951

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96951 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town Same (If outside city or town limits, write RURAL and give town)
(d) Street No. 14-2 (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joshua Glover

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	S

6 (b) Name of husband or wife Single

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9

8. AGE: Years	Months	Days	If less than one day
41	4		hr. min.

9. Birthplace A C (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business

FATHER 12. Name James Glover
13. Birthplace St Matthews Co, S.C.

MOTHER 14. Maiden Name Maticy Israelbaum
15. Birthplace S C

16 (a) Informant James T Glover Jr.
(b) Address Highland Md.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10 26 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Cush
Location

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Hill Ave

19 (a) OCT 26 1942 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1942 at 1 25 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1942, to Oct. 22 1942, and that I last saw him alive on Oct 22 1942.

Immediate cause of death	Duration
Intestinal Obstruction	
Due to	
Due to	
Other Conditions Uremia	

(Include pregnancy within 3 months of death)

Date of operation 10-20-42

Major findings of operation: Intestinal Obstruction

Date of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. S. Jackson M. D.
Address 600 Arlington Ave Date signed 10-23-42

VS 3

F 96952

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96952 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 948 Webb Court
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Essex
(If outside city or town limits, write RURAL and give town)
(d) Street No. 705 Frankfurt Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Pauline Sandell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife John H.
(c) If alive, give age 1896

7. Birth date of deceased (mo., day, yr.) Aug. 29-1896

8. AGE: Years	Months	Days	If less than one day
46	1	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Samuel N. Prance
13. Birthplace Balto. Co.

MOTHER
14. Maiden Name Lenora Lunnigan
15. Birthplace Harford Co.

16 (a) Informant John W. Sandell
(b) Address Essex, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Cem.

18 (a) Funeral director John A. Connelly
(b) Address 418 Eastern Ave. Essex

19 (a) OCT 26 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

YS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/23 1942, at 2.20 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to natural death on the day stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to	
Due to	
Other Conditions Hypertensive Cardiovascular Disease (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Hugh A. McNally, M.D. Medical Examiner.
Date signed 10/23/42.

(over)

F 96953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96953

Registered No. 61

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution:
Church Home and Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 W. Mt Royal Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Lee Turner (TURNER)

3 (b) If veteran, name war: World War I

3 (c) Social Security Account No. 220-12-4223

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 2, 1887

8. AGE: Years	Months	Days	If less than one day
55	6	22	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business Shipbuilding

FATHER
12. Name Joseph Turner
13. Birthplace Md.

MOTHER
14. Maiden Name Virginia Mumford
15. Birthplace Virginia

16 (a) Informant Hospital Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto Md

18 (a) Funeral director Henry W. Jenkins Sons Co
(b) Address 2nd & Gallow Pine & Washington Sts

19 (Date rec'd by registrar) Registrar

OCT 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1942, at 5:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 8 1942 to Oct 24 1942 and that I last saw him alive on October 21 1942

Immediate cause of death	Duration
Staphylococcus Septicemia	5 days
Due to	
Due to	
Other Conditions Diabetes Mellitus	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address Church Home and Infirmary Date signed 10/24/42 M. D.

VS 3

Correct name of informant should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. USE INDELIBLE PENCIL, WITH UNFADING INK. Every item of information should be entered.

F 96954

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 96954 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Preston Apts
(b) Street address Preston & Gulford ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Preston & Gulford (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANCIS EDWARD PEGRAM SR.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Ida Catherine Gary
6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Jan 24 1865

8. AGE: Years	Months	Days	If less than one day
79	9	1	hr. min.

9. Birthplace Balto Md (Town, county, and state)
10. Usual Occupation Lawyer
11. Industry or business

FATHER
12. Name Wm M. Pegram
13. Birthplace Norfolk Va.

MOTHER
14. Maiden Name Margaret Aldrichs
15. Birthplace Balto Md

16 (a) Informant Mrs. F.E. Pegram Sr.
(b) Address Preston Apts

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry W. Jenkins & Sons
(b) Address McCulloh & Orchard Sts.

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

OCT 26 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1942, at 11 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 11 1942 to Oct 24 1942 and that I last saw h[illegible] alive on Oct 24 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 hrs
Due to Uremia - Sclerosis	
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Michael A. Shaw
Address 2360 Eutaw Pl Date signed 10/26/42 M/D.

F 96955

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61A

F 96955 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 da
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1035 Aiquntrie Gardens
(If rural give location)
(e) Citizen of foreign country? Entitled Mail (Yes or No)
If yes, name country

3 (a) FULL NAME Robert Charles SOIKA (Birth F 58205)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 19 1942

8. AGE: Years	Months	Days	If less than one day
0	1	7	hr. min.

9. Birthplace Johns Hopkins Hospital (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Albert F. Soika
13. Birthplace Pa.

MOTHER 14. Maiden Name Mary Doyle
15. Birthplace Pa.

16 (a) Informant Albert F. Soika
(b) Address 1035 Quantrie Way

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 42 (month) (day) (year)

(c) Cemetery or crematory Masontown Cemy Pa
Location Masontown Pa.

18 (a) Funeral director Johns O. Mitchell Sons
(b) Address 1966 Eutaw Place

19 (a) OCT 26 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26, 1942, at 7.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1942, to Oct 26, 1942 and that I last saw h[illegible] alive on Oct 26 1942.

Immediate cause of death

a. Atelectasis ; congen.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul O. Mangano M. D.
Address 1213 Light Street Date signed

96956

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96956

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 926 Watson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Samuel Kleckner

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife Minnie

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Rumania (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Jacob Kleckner
13. Birthplace Rumania

MOTHER
14. Maiden Name Unknown
15. Birthplace Rumania

16 (a) Informant Louis Kleckner Son
(b) Address 240 E Baywater Ave N.Y.

17 Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Mt Hebron Cem Queens Co. N.Y.
Location

18 (a) Funeral director Jack Louis Inc
(b) Address 1439 E Baltimore St

(b) Huntington Williams M.D. Registrar

OCT 26 1942 (Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1942 at 3 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardio-vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Eastman M.D. Medical Examiner
Date signed Oct. 25 1942

VS 6

F 96957

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 M F 96957 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 Broadmoor Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 306 Broadmoor Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILBUR S. PHILIPS [PHILLIPS]

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 212-05-6614

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mildred B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1908

8. AGE: Years 34 | Months 1 | Days 86 | If less than one day: hr. min.

9. Birthplace Salisbury, Md. (Town, county, and state)

10. Usual Occupation Service Dept.

11. Industry or business Gas & Electric Co.

FATHER
12. Name William S. Phillips
13. Birthplace Delaware

MOTHER
14. Maiden Name Annie Lee Phillips
15. Birthplace Delaware

16 (a) Informant: Mrs. Mildred B. Phillips
(b) Address 306 Broadmoor Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/42 (month) (day) (year)
(c) Cemetery or crematory Parsons Cemetery
Location Salisbury, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md

19 (a) OCT 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1942 at 9 10/2 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~Autopsy~~ (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death: Carbon monoxide poisoning — Duration:
Due to:
Due to:
Other Conditions: no
(Include pregnancy within 3 months of death)
Date of operation: no
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence Oct 24, 1942 at M
(c) Where did injury occur? Garage in rear of above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no (Specify type of place)
(e) Means of injury auto exhaust gas

23. Signature H. L. Wallenmeyer M.D. Asst Medical Examiner.
Date signed 10-26-42

VS 6

F 96958

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42d

F 96958 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3305 Walbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3305 Walbrook Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE R. I. LEILICH

3 (b) If veteran, name war --

3 (c) Social Security Account No. 705-05-6713

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Lillie K. Leilich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/3/1863

8. AGE: Years	Months	Days	If less than one day
79	6	21	hr. min.

9. Birthplace Frederick, Md. (Town, county, and state)
10. Usual Occupation retired Supt. Prntg. Dept.
11. Industry or business B. & O. R. R.

FATHER
12. Name Michael Leilich
13. Birthplace Germany

MOTHER
14. Maiden Name Mary --
15. Birthplace Alsace Lorraine

16 (a) Informant Mr. Robert Leilich
(b) Address 3305 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Frederick, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) OCT 26 1942 (Date received by Registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24, 1942 at 3:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1942 to Oct 24 1942 and that I last saw h[illegible] alive on Oct 23 1942

Immediate cause of death Myocarditis — Duration 3 days

Due to advanced arterio-sclerosis — Duration 3 yrs.
Cardio-vascular disease (about 3 yrs)

Due to

Other Conditions Hypertension arterio sclerosis — 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Walter Stubblett M. D.
Address 2 2 20 Harrison Blvd Date signed Oct 24/42

Physicians: please write the causes of death clearly and legibly. The

F 96959

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 96959

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 909 Lorst
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 909 Lor St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martha Bayer

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F. | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 20th 1886

8. AGE: Years 55 | Months 11 | Days 5 | If less than one day ___ hr. ___ min.

9. Birthplace Balto Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Susie Clemens

(b) Address 909 Lor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27-1942 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location A. A. Co Md

18 (a) Funeral director Bason & Francis H. Wright

(b) Address 72 Walnut St

19 (a) 10/26/42 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1942; at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942 to Oct 25 1942 and that I last saw h[illegible] alive on Oct 24 1942

Immediate cause of death

Acute Hemiplegia

Due to Hypertension Oct 1942

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo L Allen

Address [illegible] Date signed 10/26/42

VS 8

F 96960

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96960

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 - Forrest St.
(c) Hospital or institution: Maryland Penitentiary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 mos 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs 8 mos 17 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Easton
(If outside city or town limits, write RURAL and give town)
(d) Street No. ....
(If rural give location)
(e) If foreign born, how long in U. S. A.? .... years

3 (a) FULL NAME Chaney Wilkins

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife ....
6 (c) If alive, give age .... years

7. Birth date of deceased (mo., day, yr.) July 22, 1916

8. AGE: Years 26 | Months 3 | Days 1 | If less than one day .... hr. .... min.

9. Birthplace Easton, Md. (Town, county, and state)
10. Usual Occupation Farm hand
11. Industry or business ....

FATHER
12. Name Harvey Wilkins
13. Birthplace Eastody, Md.

MOTHER
14. Maiden Name Sarah Perkins
15. Birthplace Easton, Md.

16 (a) Informant Records
(b) Address ....

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-42 (month) (day) (year)
(c) Cemetery or crematory New Town
Location Eastern, Md.

18 (a) Funeral director R. Ellis Clark
(b) Address Denton, Md.

19 (a) OCT 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 1942, at 6:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 18 1942, to Oct. 23 1942, and that I last saw him alive on Oct. 23 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration ....
Due to ....
Due to ....
Other Conditions ....
(Include pregnancy within 3 months of death)
Major findings:
Of operations ....
Of autopsy ....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ....
(b) Date of occurrence ....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury ....

23. Signature H. Searcy G
Address 1123 - St. Paul St. Date signed 10-23-42 M. D.

VS 3

F 96961

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 96961 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Carrollton, Ave.
(c) Hospital or institution:
N. M. Carroll Age Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Carrollton Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE STEWARD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1864

8. AGE: Years	Months	Days	If less than one day
78			hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Joseph Steward
13. Birthplace Md.

MOTHER
14. Maiden Name Julia ?
15. Birthplace Md.

16 (a) Informant Miss Estelle Hooper
(b) Address 1303 W. Lanvale St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 26 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24, 1942, at 3P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9 1942 to 10-24 1942 and that I last saw h[illegible] alive on 10-24 1942.

Immediate cause of death Bronchopneumonia — Duration 2 wks

Due to

Due to

Other Conditions Senility Interinclusive
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. P. Massenden M. D.
Address 844 N. Carey St. Date signed 10-24-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 96962

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43E

F 96962 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 588 W. Preston St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 588 W. Preston St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGIANNA WILLIAMS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1883

8. AGE: Years 59 | Months 1 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Charles Hodges
13. Birthplace Md.

MOTHER
14. Maiden Name Georgianna
15. Birthplace Md.

16 (a) Informant Mrs Helen Gibson
(b) Address 588 W. Preston St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) OCT 26 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23, 1942 at 1:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-23 19 42 to 10-23 19 42 and that I last saw h[illegible] alive on 10-23 19 42

Immediate cause of death Myocardial failure — Duration 1 minute
Due to Hypertension — Duration ?
Due to — Duration
Other Conditions Arteriosclerosis — Duration ?
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature G. B. Macaulay M. D.
Address 824 N. Carey St Date signed 10-27-42

VS 8

F 96963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 96963

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. TEMPLE GARDEN APTS St. 13 Ward) 1126

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME MINNIE L. LINDEMAN

If U. S. Veteran specify WAR _____

(a) Residence: No. TEMPLE GARDEN APTS 102-A St., _____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOW

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of JULIUS

6. DATE OF BIRTH (month, day, year) JULY 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	79	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) U. S. A.

FATHER

13. NAME NORMAN GREEN

14. BIRTHPLACE (city or town) (State or country) U. S. A

MOTHER

15. MAIDEN NAME VIRGINIA

16. BIRTHPLACE (city or town) (State or country) U. S. A.

17. INFORMANT Mrs. MARY V. THALHEIMER
(Address) TEMPLE GARDEN APTS

18. BURIAL, CREMATION, OR REMOVAL
Place HEBREW FRIENDSHIP Date 10-27- 19 42

19. UNDERTAKER Jack Lewis Inc
(Address) 1739 E. Balto St

20. FILED OCT 26 1942 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 24 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Oct 24 1942

I last saw him alive on Oct 22 1942 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Adenoma	1938
Myocarditis	1940
Aortic Dilatation	1942
Other contributory causes of importance:	
Gall + Common duct Stones	1940

Was an operation performed? Yes Date of June 19 42

For what disease or injury? Gallstones

Name of operation Cholecystostomy + Choledostomy

What test confirmed diagnosis? Op Was there an autopsy? NA

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) A Samuels M. D.

(Address) 1928 Eutaw Place

VS 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Degree or kind of OCCUPATION is very important. See instructions on back of certificate.

F 96964

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 96964

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2204 Allendale Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2204 Allendale Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Bessie Kalik

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nathan Kalik

6 (c) If alive, give age 6 Dyears

7. Birth date of deceased (mo., day, yr.) 1881

8. AGE: Years 61 | Months | Days | If less than one day: hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Harry Fisher
13. Birthplace Russia

MOTHER
14. Maiden Name Dora —
15. Birthplace Russia

16 (a) Informant Nathan Kalik
(b) Address 2204 Allendale Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Pikesville Rd.

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto. St

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 3 OCT 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-25-42 19 at 6A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 19 42 to Oct 25 19 42 and that I last saw alive on Oct 25 19 42.

Immediate cause of death: arteriosclerosis Coronary arteries — Duration: ?

Due to

Due to

Other Conditions Diabetes mellitus — ?
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Quentin Bikus
Address 2904 Reed Rd Date signed 10/27/42

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

96965

HEALTH DEPARTMENT—CITY OF BALTIMORE

SOCIAL SECURITY NO. 705-10-8165

CERTIFICATE OF DEATH

9HA F 96935

1. PLACE OF DEATH West Baltimore General Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James W. Jasper — If U. S. Veteran specify WAR .....

(a) Residence: No. 3500 Elliott St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of E. Dorothy Jasper

6. DATE OF BIRTH (month, day, year) MAY. 9-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60 ~~60~~ 59	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME NOT KNOWN

14. BIRTHPLACE (city or town) (State or country) - - -

MOTHER

15. MAIDEN NAME - - -

16. BIRTHPLACE (city or town) (State or country) - - -

17. INFORMANT MRS. E. D. JASPER
(Address) 3500 ELLIOTT ST

18. BURIAL, CREMATION, OR REMOVAL
Place MT. CARMEL Date 10/28 19 42

19. UNDERTAKER CLARENCE F. HOFFMANN
(Address) 639 N. BROADWAY

20. FILED OCT 26 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 10/24, 1942.

22. I HEREBY CERTIFY, That I attended deceased from 10/24, 1942 to 10/24, 1942.

I last saw h[illegible] alive on 10/24 1942. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Coronary Thrombosis	
Other contributory causes (importance):	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Vernon M. Cheeket M. D.

(Address) WBGH

OCCUPATION is very important. See instructions on back of certificate.

F 96966

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 f

F 96966 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4819 O, Donnell St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4819 O, Donnell St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Becker

3 (b) If veteran, name war

3 (c) Social Security Account No. 082-14-6912

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Elizabeth Doulong
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 29, 1869

8. AGE: Years	Months	Days	If less than one day
72	10	23	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Henry Becker
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Drake
15. Birthplace Germany

16 (a) Informant Henry Becker
(b) Address Box 312 Dundalk Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/26/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway

19 (a) (Date received by registrar) (b) Registrar

10 20 1942
VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/22/42 19 , at 10 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 15 1942 to Oct 22- 1942 and that I last saw h wf alive on Oct 22- 42

Immediate cause of death Carcinoma Liver — Duration 1 yr

Due to

Due to

Other Conditions none

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. F. Hoffmann M. D.
Address 1710 E. 32nd St Date signed 10/24/42

F 96967

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 ✓ F 96967 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & 33rd St.
(c) Hospital or institution: Union Memorial Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos 23 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3920, Norfolk Ave
(If rural give location)
(e) Citizen of foreign country? Yes — 5 (Yes or No)
If yes, name country Germany

3 (a) **FULL NAME** Lilly Hanauer

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. S

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1897

8. AGE: Years 45 | Months 9 | Days 21 23 | If less than one day — hr. — min.

9. Birthplace Frankfurt — Germany (Town, county, and state)

10. Usual Occupation Teacher

11. Industry or business

FATHER 12. Name William Hanauer
13. Birthplace Germany

MOTHER 14. Maiden Name Julia Adelsteine
15. Birthplace Germany

16 (a) Informant Mrs. Walter Silverberg (sister)
(b) Address 4012 Springdale Ave, City

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location Balto

18 (a) Funeral director Hamburger Inc
(b) Address 1402 Eutaw Pl

19 (a) OCT 26 1942 (Registered by Registrar) Huntington Williamsville, N.Y.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1942, at 12:00 noon

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 4 1942, to Oct 25 1942, and that I last saw her alive on Oct 25 1942.

Immediate cause of death Cardio-respiratory failure — Duration
Due to Carcinomatosis
Due to Ca breast
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation July 6, 1942
Major findings of operation: Carcinoma breast, metastases
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature James McC. Feeney M. D.
Address Union Memorial Hosp. Date signed 10-25-42

Correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS 8

96968 This Pen

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 176

Registered No. E 96968

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 203 N. Pearl Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James J Shipperson

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
World War #1	578-09-1377	Male	Negro	S.

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1897

8. AGE: Years	Months	Days	If less than one day
45			hr. min.

9. Birthplace [illegible] Miss. (Town, county, and State)
10. Usual Occupation Porter
11. Industry or business Somebody Else

FATHER
12. Name James Shipperson
13. Birthplace Jacksonville, Fla.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Jacksonville Fla

16 (a) Informant Hank Smith (Cousin)
(b) Address 2364 Druid Hill Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-42 (month) (day) (year)
(c) Cemetery or crematory Bells. National Cem
Location Baltimore Md

18 (a) Funeral director Charles S. Cooper
(b) Address 514 N. Calhoun St.

19 (a) OCT 26 1942 (Date rec'd by registrar) (b) Huntington Wi[illegible]

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-20- 1942, at 9:40 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Postmortem (Autopsy or Inquiry) thereon and from the evidence obtained by said Postmortem (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushed Chest — Duration:
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy: Yes

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/2
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-20-42 at 8.20 A M
(c) Where did injury occur? Somebody Building (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? Yes
(e) Means of injury Crushed by elevator shaft

23. Signature Howard J. Madeira M.D. Medical Examiner.
Date signed 10-20-42

F 96969

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 96969 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 413 S Ann St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 413 S. Ann St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Andrew Lewandowski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife –

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Joseph Lewandowski
13. Birthplace Poland

MOTHER
14. Maiden Name Josephine ?
15. Birthplace Poland.

16 (a) Informant George Lewandowski
(b) Address 413 S Ann St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave

19 (a) (Date received by local registrar) (b) Huntington Williams, M.D. Registrar

VS 3 OCT 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1942 at 3 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 19 – to 19 –
and that I last saw h – alive on 19 .

Immediate cause of death Coronary Thrombosis — Duration Oct 21 days
Due to Chronic Nephritis — Duration Yrs 1 Mos
Due to Hypertensive Cardio Vascular Disease — Duration Mos 1 Days

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J Rymer M.D.
Address 801 N Eutaw St Date signed Oct 26 1942

Howard J. Madden, M.D.

Please answer all questions. Physicians: please write the causes of death clearly and legibly.

SINGMAN

96970

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 V

Registered No. F 96970

1. PLACE OF DEATH:

(a) Baltimore City, Maryland V

(b) Street address 1773 Montpelier St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1773 Montpelier St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Margaret F Brady Singiman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4 Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1888

8. AGE: Years 54 | Months 2 | Days 22 | If less than one day hr. min.

9. Birthplace Baltimore Md

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER

12. Name Thomas J Brady

13. Birthplace Ireland

MOTHER

14. Maiden Name Mary Roddy

15. Birthplace Baltimore Md

16 (a) Informant Mrs. Walter Harig

(b) Address 3047 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-1942 (month) (day) (year)

(c) Cemetery or crematory Cathedral Cemetery

Location

18 (a) Funeral director Mary M Wiedefeld

(b) Address 521 E. 22nd St.

19 (a) OCT 26 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 23 / 1942 at 7:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21st 1942, to Oct 23 / 1942 and that I last saw h[illegible] alive on Oct 23 / 1942

Immediate cause of death: Carcinoma Breast

Duration: 45 Months

Due to —

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature [illegible] M. D.

Address 4016 Roland Ave Date signed 10/24/42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 8

M. D. H. 1206-9

F 96971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1570 F 96971

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Lexington Ave St., ...Ward) 10

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jerry Joseph Klapka

(a) Residence: No. 3307 Lexington Ave St., ... Ward. (Birth F 40353)

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 9/41

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Jerry Klapka

14. BIRTHPLACE (city or town) (State or country) Czechoslovakia

MOTHER

15. MAIDEN NAME May Stork

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Jerry Klapka
(Address) 3307 Lexington Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date Oct 28/42 19

19. UNDERTAKER Philip Herrick Sons
(Address) 2230 Eutaw Place

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Octob. 25, 1942

22. I HEREBY CERTIFY, That I attended deceased from March, 1942, to Octob. 25, 1942

I last saw him alive on Octob. 25, 1942 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	1/20/42

Other contributory causes of importance:

Name of operation Brain operation Date of 3/25/42

What test confirmed diagnosis? Path. Ex. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. G. Rosenblatt M. D.

(Address) 3018 O'Donnell St.

State CAUSE OF DEATH in plain terms, so that it may be understood by the layman. OCCUPATION is very important. See instructions on back of certificate.

F 96972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 93D

F 96972 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2613 Francis St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 24 yrs 10 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2613 Francis St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elwell Cross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Emma Cross

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/25/1862

8. AGE: Years	Months	Days	If less than one day
79	11	29	hr. min.

9. Birthplace Alexander Ind. (Town, county and state)

10. Usual Occupation Retired

11. Industry or business Carpenter

FATHER
12. Name Perry Cross
13. Birthplace Ind.

MOTHER
14. Maiden Name Unknown
15. Birthplace U.S.

16 (a) Informant Mrs. Dorothy Mastenz
(b) Address 2613 Bradford Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Balto. County

18 (a) Funeral director E. W. Lamborn
(b) Address 1003 W. Baltimore St.

19 (a) OCT 26 1942 (Date rec'd by registrar) (b) Huntington Whitehill, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1942, at 5:55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 25th 1942.

VS 6

Cover page is especially important. Physicians: please write the causes of death clearly and legibly.

F 96973

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 F 96973 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as far as known. Physicians: please write the causes of death clearly and legibly. Be correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 239 E. Grindall St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Eid 77096

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-8389

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widowed

6 (b) Name of husband or wife Catherine E. Harper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1884

8. AGE: Years	Months	Days	If less than one day
57	10	21	hr. min.

9. Birthplace La. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Hospital records
(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem.
Location Govans Maryland

18 (a) Funeral director John J. Baker Funeral Home
(b) Address 1318 Light St.

19 (a) Filed 10/28/42 (b) Registrar's signature Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1942 at 9:00P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1 1942, to Oct. 23 1942 and that I last saw him alive on Oct. 23 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	3 mos.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Hartz M. D.
Address Balto City Hosp. Date signed 10/27/42

424139 F 96974

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

562 F 96974 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. 1365 HAMILTON ST NW (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Kate MICHALSON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	MARRIED

6 (b) Name of husband or wife BEN
6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) 4-30-90

8. AGE: Years	Months	Days	If less than one day
52	5	26	hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name SAM HURWITZ
13. Birthplace RUSSIA

MOTHER
14. Maiden Name Cynthia MAYFIS
15. Birthplace RUSSIA

16 (a) Informant RECORDS
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Brian Israel Cem (Burial, cremation, or removal) Date thereof 10 27 42 (month) (day) (year)
(c) Cemetery or crematory Brian Israel Cem
Location Rock Hill Rd Brian Israel

18 (a) Funeral director B Dangansky
(b) Address 3501-14th St NW

19 (a) OCT 26 1942 (Date received by registrar)
Huntington W Registrar, M

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1942, at 1505 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942 to Oct 26 1942, and that I last saw her alive on Oct 26 1942.

Immediate cause of death	Duration
Cerebral Edema	
Due to Operation	
Due to Pituitary tumor	
Other Conditions (all)	

(Include pregnancy within 3 months of death)
Date of operation 10-22-42 10-24-42
Major findings of operation: 10-25-42
Pituitary tumor
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Irving J Sherman M. D.
Address Johns Hopkins Hosp Date signed 10-26-42

VS 180

F 96975

T.N 77575

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51b

F 96975 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 820 Hollins St (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George Grottendick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	S

6 (b) Name of husband or wife Cecilia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 24th, 1863

8. AGE: Years	Months	Days	If less than one day
79	4 3	1 29	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER 12. Name Arnold Grottendick

13. Birthplace Germany

MOTHER 14. Maiden Name Philippina Herzog

15. Birthplace Germany

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Cem. Location Belair Rd.

18 (a) Funeral director John J. Keenan & Son

(b) Address 901 Hastings St.

19 Filed OCT 26 1942 (Registrar) Hamilton Foo Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23 1942 at 11:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1941 to 10-23 1942 and that I last saw him alive on 10-23 1942.

Immediate cause of death Carcinoma of prostate & multiple metastases. — Duration

Due to — Duration

Due to — Duration

Other Conditions Fractured right pt. humerus Pathologic — 24 hrs.

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation: none

of autopsy: none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harry J. Haas M. D.

Address 901 Hastings St. Date signed 10-24-42

H.L. Wollenweber M.D. Per Robert L. Lintner M.D.

F 95976

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 96976

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Broadway & Monument St
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 Wildwood Parkway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME WERNER JOHN LAUINGER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8998

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mary V. Lauinger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8, 1888

8. AGE: Years	Months	Days	If less than one day
54	2	16	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation mechanical instructor
11. Industry or business Motor Base School - Holabird

FATHER
12. Name Geo. Lauinger
13. Birthplace Germany

MOTHER
14. Maiden Name — Fitzpatrick
15. Birthplace — unknown

16 (a) Informant Mrs. Mary V. Lauinger
(b) Address 700 Wildwood Pkwy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd

18 (a) Funeral director Harry H. Witzke
(b) Address 4101 Edmondson Ave.

19 (a) OCT 26 1942 (Date received by registrar) Huntington Williams, M.D. (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1942, at 7:30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions ha	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: ho
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wolfenmeyer M.D. Attending Medical Examiner.
Date signed 10-24-42

VS 6

F 96977

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 96977

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkins Ave
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 500 E Lynn Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eunice Falaher (Birth F. 50596)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 4 1942

8. AGE: Years X | Months 5 | Days 21 | If less than one day ... hr. ... min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Alfred Falaher
13. Birthplace Md.

MOTHER
14. Maiden Name Louise Leis
15. Birthplace Md

16 (a) Informant Mrs. Alfred Falaher
(b) Address 500 East Lynn Ave.

17 (a) Burial (b) Date thereof Oct 27/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western
Location 2801 Edmondson Ave.

18 (a) Funeral director Henry H. Hirtzler
(b) Address 4101 Edmondson Ave.

19 (a) (b)
(Date rec'd by registrar) Registrar

OCT 26 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/25 1942 at 12:45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25 1942 to 10/25 1942 and that I last saw h. alive on 10/25 1942

Immediate cause of death Bronchopneumonia — Duration 4 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Devyr M.D.
Address St Agnes Hosp Date signed 10/26/42

Ht to Mrs. Williams H.D.

Please write as especially important. Physicians: please write the causes of death clearly and fully.

F 96978

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43d F 96978 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Green Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 N. Pearl St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES MILES

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	widower

6 (b) Name of husband or wife Margaret Miles

6 (c) If give, give age years

7. Birth date of deceased (mo., day, yr.) May 25, 1863

8. AGE:	Years	Months	Days	If less than one day
78	77	4	28	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and State)

10. Usual Occupation Retired

11. Industry or business

FATHER 12. Name Samuel Miles

13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Elizabeth McElroy

15. Birthplace Baltimore Md.

16 (a) Informant Mrs. Ada L. Gelbingham

(b) Address 3201 Westwood Ave.

17 (a) Burial (b) Date thereof Oct 27/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Baltimore
Location East North Ave.

18 (a) Funeral director Henry H. Wilke

(b) Address 4101 Edmondson Ave

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 19 , at 9P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Arteriosclerotic cardiovascular	
Due to disease	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H L Wollenweber M.D.
Medical Examiner.

Date signed

VS 6

F 96979

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 167

F 96979 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 339 St. Paul Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Arthur James Dennis

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Naomi Dennis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 8, 1907

8. AGE: Years	Months	Days	If less than one day
35	6	15	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Porter Office Building
11. Industry or business

FATHER
12. Name George Dennis
13. Birthplace Maryland

MOTHER
14. Maiden Name Lefra White
15. Birthplace Va

16 (a) Informant Naomi Dennis
(b) Address 339 St Paul Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof October 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Arlington Memorial Park
Location Baltimore County Md

18 (a) Funeral director Joseph A. Direly
(b) Address 409 North Mount Street

OCT 26 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-23-1942, at 2.50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Stab wound of Heart — Duration

Due to

Due to

Other Conditions Multiple incised wounds of head, face & chest (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 10-23-42 at 2.40 A M
(c) Where did injury occur? Pimmit, front 1670 W. Franklin (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Outside (Specify type of place) While at work? No
(e) Means of injury Sharp instrument

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 10-23-42

VS 6

F 96930

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93d

Registered No. F 96980

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison + Linden Ave.
(c) Hospital or institution Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days
(e) Length of stay in Baltimore (yrs., mos., or days) 43 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Cecil
(c) City or town Perryville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sarah B. Founds

3 (b) If veteran, name war

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr. H. H. Founds
6 (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Jan. 10, 1872

8. AGE: Years	Months	Days	If less than one day
70	9	17	hr. min.

9. Birthplace Cecil Co., Md. (Town, county, and state)
10. Usual Occupation House wife
11. Industry or business

FATHER
12. Name John McMullen
13. Birthplace Maryland.

MOTHER
14. Maiden Name Amelia Ann McMullen
15. Birthplace Cecil Co. Md.

16 (a) Informant Henry H. Founds
(b) Address Perryville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 30, 194 (month) (day) (year)
(c) Cemetery or crematory St. Marks cem.
Location Perryville, Md. Rural

18 (a) Funeral director W. A. Patterson & Son
(b) Address Perryville, Md

19 (a) Oct 30 1942 (Date received by registrar) (b) Registrar's signature Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1942, at 4.15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/4, 1942, to 10/26, 1942, and that I last saw her alive on 10/26, 1942.

Immediate cause of death Terminal pneumonia — Duration

Due to

Due to

Other Conditions (none)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. McMullen M.D.
Address Md. Rte. 1 Perryville Date signed 10/26/42

VS 3

Physicians: please write the causes of death clearly and legibly. Age is especially important.

F 95931

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. F 96981

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2914 Glenmore Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City of Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2914 Glenmore Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine F. Ziegfeld

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Oliver C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 26 1873

8. AGE: Years 68 | Months 9 | Days 27 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name ? Cavanaugh
13. Birthplace Ireland

MOTHER
14. Maiden Name ?
15. Birthplace Ireland

16 (a) Informant Oliver C. Ziegfeld
(b) Address 2914 Glenmore Ave

17 (a) Cremation (b) Date thereof Oct. 27, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 Eutaw Pl

19 OCT 27 1942 Sutting for Williams, M.D.
(Date rec'd by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 23 1942, at 10:05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18, 1942, to Oct. 23, 1942, and that I last saw her alive on Oct. 22, 1942.

Immediate cause of death Cerebral hemorrhage — Duration 5 days

Due to Arterial hypertension — Duration ?

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Pessagno M. D.
Address 514 Drury Lane Date signed 10/26/42

Physicians: please write the causes of death clearly and legibly. Answers especially important.

96982

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 Registered No. E 9698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saint & Saratoga Sts.
(c) Hospital or institution Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 27 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1626 Lamont Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jeanne Gabriel Clark

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Charles E Clark

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1886

8. AGE: Years	Months	Days	If less than one day
56	3	12	hr. min.

9. Birthplace France
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Gallerine
13. Birthplace France

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Administrator
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 26 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore Md

18 (a) Funeral director Williams Cook Co
(b) Address 1217 St. Paul St.

19 OCT 27 1942 (Date received by registrar) Huntington Williams MD (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25 1942, at 7:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1942 to Oct 25 1942, and that I last saw her alive on Oct 25 1942.

Immediate cause of death	Duration
Myocardial failure	
Due to Carcinoma of the cardia w/ metastasis	
Due to	
Other Conditions Generalized fibrillation & embolic pneumonia	

(Include pregnancy within 3 months of death)

Date of operation October 5, 1942

Major findings of operation: Cancer of left breast

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William G Thom M.D.
M. D.
Address Mercy Hospital Date signed 10/25/42

VS 2

96955 MER 69669

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 F 96933 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 25
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 32 Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3200 Rosekamp Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mary Wolfe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife George LeeWolfe (d)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1857

8. AGE: Years	Months	Days	If less than one day
85	1	18	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Florence Monogham
13. Birthplace Ireland

MOTHER
14. Maiden Name Ellen ?
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Woodlawn Md

18 (a) Funeral director Williams Cook, Inc
(b) Address 1217 St. Paul St.

19 (a) Huntington Williams M.D.
(Date filed by registrar) (Signature of registrar)
OCT 29 1942
VS 1st

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26 1942, at 2 18 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-31 1941, to 10-26 1942, and that I last saw h alive on 10-26 1942.

Immediate cause of death: Cardiac failure — Duration 3 days
Due to: Hypertensive C.V. disease — ?
Due to: Chronic interstitial nephritis — ?
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: Do above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Pathman M.D.
Address Balto. City Hosp. Date signed 10-26-42

96984

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96984

AB-15951

Registered No. 107

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 4 & 3
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. No Home (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John H. Miller

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Divorced

6 (b) Name of husband or wife Laura
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 3-1880

8. AGE: Years	Months	Days	If less than one day
62	6	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name John Miller
13. Birthplace Md.

MOTHER
14. Maiden Name Kate Minnick
15. Birthplace Baltimore, Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28-42 (month) (day) (year)
(c) Cemetery or crematory St Mathews
Location Baltimore

18 (a) Funeral director William Corbo Jnr.
(b) Address 217 St Paul St.

19 (a) Oct 27 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-24 1942, at 7 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-15 1941 to 10-24 1942 and that I last saw h~~im~~ alive on 10-24 1942.

Immediate cause of death Bronchopneumonia
Antecedent causes Coronal arteriosclerosis
Duration 3 days
Due to Coronal arteriosclerosis ? ?
Hypt. arteriosclerosis ?
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Pathison M. D.
Address Balto. City Hosp Date signed 10-25-42

F 96985

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

Registered No. E 96985

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1948 W. Pratt St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1948 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Katharina M. Hoerl

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Henry Hoerl
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 31 - 1868

8. AGE: Years 73 | Months 9 | Days 24 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and State)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John R. Thomas
13. Birthplace Germany

MOTHER
14. Maiden Name Augusta Born
15. Birthplace Pa

16 (a) Informant Matilda L. M. Horn
(b) Address 1948 W. Pratt St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27 - 1942 (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md

18 (a) Funeral director George L. Lefevre
(b) Address 2101 Frederick Ave.

19 (a) Date received by registrar OCT 27 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 1942, at 4:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1936 to Oct 24 1942 and that I last saw h[er] alive on Oct. 23 1942

Immediate cause of death	Duration
Arteriosclerotic heart disease	?
Due to Generalized arteriosclerosis	?
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury —

23. Signature Mary B. Schreiber M. D.
Address 545 S. Bolton Ave Date signed 10-28-42

F 96986

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 96986

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 407 N. Loudon
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Carroll Eugene Hobbs.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9-15-1918 yrs.

8. AGE: Years	Months	Days	If less than one day
24	1	10	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation U. S. Coast Guard

11. Industry or business

FATHER
12. Name George
13. Birthplace ?

MOTHER
14. Maiden Name Catherine
15. Birthplace ?

16 (a) Informant St. Agnes Hospt
(b) Address Baltimore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. Md.

18 (a) Funeral director George A. Farley
(b) Address Fulton Ave & Fayette St

19 (Date rec'd by registrar) OCT 27 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/25 1942, at 4.05 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/17 1942, to 10/25 1942 and that I last saw h alive on 10/25 1942.

	Duration
Immediate cause of death Pulm. Embolus duration 2 minutes	
Due to Indirect ing: hernia bilateral	1 yr
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 10/17/42

Major findings of operation: Bilat indirect ing hernia

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J R Dwyer
Address St Agnes Hospital Date signed 10/25/42

VS 3

96987

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106a Registered No. E 96987

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 505 Welcome alley
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 505 Welcome Alley.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Jones
3 (b) If veteran, name war
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	col	W

6 (b) Name of husband or wife unknown
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1885

8. AGE: Years	Months	Days	If less than one day
57			hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Aldridge Jones
13. Birthplace Md.

MOTHER
14. Maiden Name Mary B. Johnson
15. Birthplace Md.

16 (a) Informant Mary B. Jones
(b) Address 15 W. Lee St.

17 (a) Burial (b) Date thereof 10-27-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a Co Md

18 (a) Funeral director Isaac S. Brown & Son
(b) Address 108 W Montgomery St

19 OCT 27 1942 (Date received by Registrar) (Signature) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 23 1942 at 6:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22 1942 to Oct 23 1942, and that I last saw him alive on Oct 23 1942

Immediate cause of death	Duration
Acute Cardiac Dilatation	1 day
Due to Acute Bronchitis	1 wk.
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John W. Gaynes M. D.
Address 665 W. Barrett Date signed 10/26/42

VS 3

F 96988

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

94a F 96988 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) VA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1274 Riverside Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN R. FLOYD

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-09-6332

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Loretta Mayd Floyd
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) June 28-1883

8. AGE: Years	Months	Days	If less than one day
59	3	26	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Electrician
11. Industry or business Sugar Refinery

FATHER
12. Name John R. Floyd
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Sarah S. Haynie
15. Birthplace Virginia

16 (a) Informant Mrs. Loretta Floyd
(b) Address 1274 Riverside Ave.

17 (a) Buried (b) Date thereof Oct. 27-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or ~~crematory~~ Parkwood
Location 3310 Taylor Ave.

18 (a) Funeral director Elizabeth Hark Fne.
(b) Address 45 E. West St.

19 (a) OCT 27 1942 (b) Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24 19 42 at 12 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Ho	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: Ho
of autopsy: Ho

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wohlermuth M.D.
Acting Medical Examiner.
Date signed 10-24-42

VS 6

F 96989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96539
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Bw
City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 Whittier Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Isaac Kobin

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mollie Kobin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 65 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Nathan Kobin
13. Birthplace Russia

MOTHER
14. Maiden Name Lach-
15. Birthplace Russia

16 (a) Informant Ben D. Kobin
(b) Address 2017 Edmondson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Wash. Ltd
Location Wash. Ltd

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto. St.

19 (a) OCT 27 1942 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1942 at 6 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1942 to Oct 26 1942 and that I last saw h[illegible] alive on Oct 25 1942.

Immediate cause of death Pulmonary Edema, acute fibrillation, Congestive heart failure — Duration ?
Due to Myocardial fibrosis, coronary Sclerosis.
Due to Contributory Cerebral Vascular disease
Other Conditions Arterial Embolism Hemiplegia, gangrene of leg.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alexander E. Bordley M.D.
Address Sinai Hospital Date signed 10/26/42

VS 3

F 96990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937 Registered No. F 96990

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address MONUMENT ST
(c) Hospital or institution: SINAI HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1707 N. APPLETON ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME FANNIE GRABUSH

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife HYMAN
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace POLAND (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name MORTON APPLEROIT
13. Birthplace POLAND

MOTHER
14. Maiden Name NOT KNOWN
15. Birthplace POLAND

16 (a) Informant HOSPT. RECORDS
(b) Address

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-29-42 (month) (day) (year)
(c) Cemetery or crematory ROSEDALE
Location PHIL. PO. T HAMILTON MD

18 (a) Funeral director Jack Levin Jr.
(b) Address 1439 E. BALTO ST

19 (a) OCT 27 1942 (Date received by registrar) Registrar
Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1942, at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1942 to Oct 26 1942, and that I last saw her alive on Oct 26 1942.

	Duration
Immediate cause of death: Coma	4 days
Due to: Respiratory depression.	4 days
Due to: Cerebral Hemorrhage	??
Due to: Hypertension	??
Other Conditions: Hypertensive CVD Heart	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Arthur Klatz M. D.
Address Sinai Hospital Date signed 10-26-42

VS 8

F 96991

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

47d

F 96991 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive
(c) Hospital or institution:
U. S. Marine Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mo. 16 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 68 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1334 Hanover St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Basil Emory Owings

3 (b) If veteran, name war: Spanish American
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1874

8. AGE: Years	Months	Days	If less than one day
68	1	28	hr. min.

9. Birthplace Woodbine, Maryland (Town, county, and state)
10. Usual Occupation Railroad worker
11. Industry or business

FATHER
12. Name Albin Owings
13. Birthplace ? Maryland

MOTHER
14. Maiden Name Marjory Plummer
15. Birthplace Jewell, Md.

16 (a) Informant Records
(b) Address U. S. Marine Hospt.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/1942 (month) (day) (year)
(c) Cemetery or crematory Morgan Chapel
Location Catonsville, Md.

18 (a) Funeral director A. Poteet Evans
(b) Address 1400 Eutaw St.

19 (a) OCT 27 1942 Registrar
Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/24/42 19 42, at 6:33 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/15/42 19 , to 10/24/42 19 , and that I last saw him alive on 10/24 19 42.

	Duration
Immediate cause of death: Lobular pneumonia, bilateral	2 wks.
Due to: Brain Tumor and pulmonary infarction	?
Due to: (a)	
Other Conditions: Generalized arterio-sclerosis with art-scl. heart disease	10 yrs.?

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Brain tumor

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. S. Bean / C. B. Mayer M. D.
Address Baltimore, Md. Date signed 10/25/42

Use typewriter or pen and ink. Physicians: please write the causes of death clearly and legibly. Statements are necessary important.

F 96992

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830

F 96992 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address B 118 Redbird ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. Redbird ave (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME John F. Kramer

3 (b) If veteran, name war No

3 (c) Social Security Account No. No

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Harriett Kramer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 21, 1873

8. AGE: Years	Months	Days	If less than one day hr.	min.
69	2	5		

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Retired Jeweler

11. Industry or business Polisher

FATHER 12. Name Christopher Kramer

13. Birthplace Md

MOTHER 14. Maiden Name Mary Osem

15. Birthplace Md

16 (a) Informant Mrs Elizabeth Kramer

(b) Address B 118 Redbird ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Pk

Location Balto City

18 (a) Funeral director C. Gaylord Evans

(b) Address 1466 W. Lanvale St

19 (a) OCT 27 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1942 at 10 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1942 to Oct 26 1942 and that I last saw h alive on Oct 26 1942

	Duration
Immediate cause of death Cerebral Hemorrhage	2 days
Due to Arteriosclerosis	3 Months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Howard Evans M.D.

Address [illegible] Date signed Oct 27 1942

VS 3

Physicians: please write the causes of death clearly and legibly. Ages, if especially important.

F 96993

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 96993 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3130 Greenmount Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3130 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Sweeney

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
World War	None	M	W	married

6 (b) Name of husband or wife Florence T.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 28, 1890

8. AGE: Years	Months	Days	If less than one day hr.	min.
51 years	9	27		

9. Birthplace Baltimore, Md.
(Town, county and state)
10. Usual Occupation Hotel Business
11. Industry or business Self

FATHER
12. Name Luke A. Sweeney
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary Gunning
15. Birthplace Mokelton, Md.

16 (a) Informant Florence T. Sweeney
(b) Address 3130 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-42 (month) (day) (year)
(c) Cemetery or crematory New U.S. National
Location Baltimore Md

18 (a) Funeral director Wilson Lord Inc
(b) Address 1217 E. Fayette St.

19 (a) OCT 27 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/25 1942 at 9:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to school death on the day stated above.

Immediate cause of death Hypertensive Cardio-vascular disease — Duration
Due to
Due to
Other Conditions Chronic Alcoholism
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 10/26/42.

VS 6

F 96994

Dr Barber 1224 Hanover St

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

F 33954

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1740 Light St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1740 Light St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME William J. Clark

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	M	W	Married

6 (b) Name of husband or wife Addie May Clark
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1886

8. AGE: Years	Months	Days	If less than one day
56	1	29	hr. min.

9. Birthplace Howard Co. Md. (Town, county and state)
10. Usual Occupation Barber
11. Industry or business Own Shop

FATHER
12. Name Alexander Clark
13. Birthplace Md

MOTHER
14. Maiden Name Emma Floyd
15. Birthplace Md.

16 (a) Informant Addie M. Clark
(b) Address 1740 Light St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St

19 (a) OCT 27 1942 (Date rec'd by registrar)

Registrar

VS 8

Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1942, at 10 1/2 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25/42, to 10/26/1942, and that I last saw him alive on 10/26/42.

Immediate cause of death: Coronary thrombosis — Duration 3 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Weibel M. D.
Address 1226 Hanover St. Date signed 10/27/1942

F 96995

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

F 96995 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2301 W. Mosher Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME AMORY KINNEY JOHNSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Janet Bassett
6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) August 24, 1874

8. AGE: Years	Months	Days	If less than one day
68	2	00	hr. min.

9. Birthplace New Orleans, Louisiana
(Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name Henry Clay Johnson
13. Birthplace Illinois

MOTHER
14. Maiden Name Lillian Rose
15. Birthplace New Orleans, Louisiana

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Final (Burial, cremation, or removal) (b) Date thereof 10/27/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
18 (a) Funeral director William Cook Inc
(b) Address 121 E. Saratoga Street
19 (a) OCT 27 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 24, 1942, at 2:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21, 1942 to Oct. 24, 1942, and that I last saw him alive on Oct. 24, 1942.

Immediate cause of death	Duration
Bronchial pneumonia, rt. lung	3 days
Due to Cerebral hemorrhage	3 days
Due to Hypertensive heart disease	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Carlow M. D.
Address US Marine Hospital Date signed 10/26/42
Baltimore, Maryland.

F 96996

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1942 ✓ F 96996 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2221 N. Fulton Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2221 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jane Virginia Booker (Birth F 5 1388)

3 (b) If veteran, name war no

3 (c) Social Security Account No. no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1942

8. AGE: Years	Months	Days	If less than one day
	4 3	6 16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name George C. Booker
13. Birthplace Baltimore

MOTHER
14. Maiden Name Jane O. Cost
15. Birthplace Westminster, Md.

16 (a) Informant Mrs. Margaret Booker
(b) Address 2221 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-42 (month) (day) (year)

(c) Cemetery or crematory Mt. Hope Chapel
Location Baltimore Co. Md.

18 (a) Funeral director Wilson & Son Inc
(b) Address 1211 E. Fayette St.

19 (a) OCT 27 1942 (Date rec'd by registrar) (b) Hunter Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1942 at 11, 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Infantile diarrhea,

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 25 1942.

VS 6

F 96997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 96997 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1422 Argyle Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Jerome E. Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1932

8. AGE: Years	Months	Days	If less than one day
10			hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Brigice Moore
13. Birthplace S. C.

MOTHER
14. Maiden Name Hattie McCutchen
15. Birthplace S. C.

16 (a) Informant Sarah McCutchens
(b) Address 1422 Argyle Avenue

17 (a) Burial (b) Date thereof 10-28-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A. Jackson
(b) Address 916 Penna ave

19 (a) OCT 27 1942 (b) Huntington Williams
(Date rec'd by registrar) Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1942, at 5-50 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquest) (Autopsy or Inquiry)

Immediate cause of death Purpura — Duration

Due to Acute septicemia, organism unknown,

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Oct. 25 1942.

F 96998

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

RR-WOODLAWN F 96998

107

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2553 Flora st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2553 Flora St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ethel Hammond Shaw

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-15-1890

8. AGE: Years	Months	Days	If less than one day
52	4	10	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation House work
11. Industry or business

FATHER
12. Name Geo Hammond
13. Birthplace Va.

MOTHER
14. Maiden Name Sarah Moore
15. Birthplace Va.

16 (a) Informant Albert Hammond
(b) Address 2553 Flora St

17 (a) Burial (b) Date thereof 10-29-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location Baltimore Md

18 (a) Funeral director William A Jackson
(b) Address 916 Penna ave

19 (a) (Date received by registrar) (b) [illegible] for Williams, M.D.
Registrar

OCT 27 1942

VR-4

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1942, at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1942 to October 29 1942, and that I last saw h[illegible] alive on October 25 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	10 hrs
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 561 Park Ave Date signed 10/29/42

F 96999

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

DR. COAKLEY

F 96999

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 722 Penna ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 722 Penna ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Sanders

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4 - 1897

8. AGE: Years	Months	Days	If less than one day
45.	7 6	-	hr. min.

9. Birthplace Benson N. C.
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Chas Williams
(b) Address 722 Penna ave

17 (a) Burial (b) Date thereof 9-27-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location A. A. County Md.

18 (a) Funeral director William A Jackson
(b) Address 916 Pennsylvania ave

19 (a) OCT 27 1942
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 20 1942, at 7. P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1942 to Oct 20 1942, and that I last saw him alive on Oct 20 1942.

Immediate cause of death
(a) Cardiac Coma — Duration 2 hr

Due to
(b) Diabetes Mellitus — 9 yr

Due to
(c) — 1 yr

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed Oct 27 42

VS 3

F 97000

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 81 da.

(e) Length of stay in Baltimore (yrs., mos., or days) 19 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1036 Druid Hill Ave. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Julian Julius Hughes 75850

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-0064

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	black	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 1, 1904

8. AGE: Years	Months	Days	If less than one day
38	6	24	hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation Constructor

11. Industry or business

FATHER

12. Name Willie Hughes

13. Birthplace N.C.

MOTHER

14. Maiden Name Mary Riggs

15. Birthplace N.C.

16 (a) Informant Hospital records

(b) Address Baltimore City Hospitals

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/42 (month) (day) (year)

(c) Cemetery or crematory Rocky Mt. Location North Carolina

18 (a) Funeral director Geo. H. Pelham

(b) Address 1203 Pennsylvania Ave.

19 (a) OCT 27 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1942, at 9:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 5 1942 to Oct. 25 1942 and that I last saw him alive on Oct. 25 1942

Immediate cause of death

(a) Tuberculous Pulmonary tuberculosis — Duration 6 Mos.

Due to

Due to

Other Conditions Peptic Ulcer

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: none

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature A. J. Hall, M.D.

Address Balto City Hosp. Date signed 10/27/42

F 97001 19

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

166

Registered No. F 97001

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be answered; if unknown, so stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1816 E. Madison St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 1816 E. Madison St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Williams

3 (b) If veteran, name war
3 (c) Social Security Account No. 218-07-3025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 23, 1912

8. AGE: Years	Months	Days	If less than one day
30	1	1	hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Doc Lucas Williams
13. Birthplace N. C.

MOTHER
14. Maiden Name Hattie Blackwood
15. Birthplace N. C.

16 (a) Informant Allen Williams
(b) Address 1019 North Gay Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location Balto County

18 (a) Funeral director Mrs. P. A. Gilbert Daughter
(b) Address 1129 N. Caroline St.

19 (a) OCT 27 (b) 1942 (Date received by Registrar) Registrar

MEDICAL CERTIFICATION 30

20. DATE OF DEATH Oct. 24 1942 at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Bullet wound of chest.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence Oct. 24 1942 at 11:10 P M
(c) Where did injury occur? 1403 E. Madison St. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury Shot in chest

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 25 1942

VS 6

F 97002

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

16

F 97002

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Hanerauty Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 40

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (Brooklyn)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Brooklyn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Harry Cairns Cairns

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-03-0931

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Ida M
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 1896

8. AGE: Years	Months	Days	If less than one day hr.	min.
46	2	6		

9. Birthplace ~~Baltimore~~ Del
(Town, county, and state)

10. Usual Occupation Pipefitter

11. Industry or business

FATHER
12. Name Harry K Cairns
13. Birthplace Del

MOTHER
14. Maiden Name Lillian Clayton
15. Birthplace New Castle Del

16 (a) Informant Mrs Ida M Cairns
(b) Address 3704 Brooklyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn Md

18 (a) Funeral director William M Mareck
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) OCT 27 1942 Huntington William Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/26 1942 at 6.57 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/2 1942 to 10/26 1942 and that I last saw h[illegible] alive on 10/26 1942

Immediate cause of death Respiratory failure — Duration

Due to Cervical Potts Disease

Due to

Other Conditions Cystitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature R K Thompson M.D.
Address Univ. Hosp. Baltimore Date signed 10/26

F 97003

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97003

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNPADING INK. Every item of information should be given, or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2919 White Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2919 White Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country (Birth F 60669)

3 (a) FULL NAME Margaret Muriel Urie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F M	W	child.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12,

8. AGE: Years	Months	Days	If less than one day
		12	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name William F. Urie
13. Birthplace Rock Hall, Md.

MOTHER
14. Maiden Name Lulah S. Reed
15. Birthplace Balto Md.

16 (a) Informant William F. Urie
(b) Address 2919 White Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 · 27 · 42 (month) (day) (year)
(c) Cemetery or crematory Mountland
Location Taylor Ave

18 (a) Funeral director Leonard J. Rusk
(b) Address 5300 Harford Rd

19 (a) OCT 27 1942 (Date received by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1942 at 12:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 12 1942 to Oct. 24 1942, and that I last saw her alive on Oct 24 1942.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S. A. Alma M. D.

Address 6217 Harford Rd Date signed 10/27/42

VS 3

F 97004

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 97004 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore Parkville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8217 Westerly Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William H. Remmett

3 (b) If veteran, name war —
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife VIOLET C. REMMETT
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 12-1875

8. AGE: Years	Months	Days	If less than one day
67	9	14	hr. min

9. Birthplace London, England (Town, county, and state)
10. Usual Occupation Salesman
11. Industry or business Barber Supplies

FATHER
12. Name Philip Remmett
13. Birthplace [illegible]

MOTHER
14. Maiden Name Mary —
15. Birthplace England

16 (a) Informant Violet C. Remmett
(b) Address 8217 Westerly Rd Parkville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-42 (month) (day) (year)
(c) Cemetery or crematory Pachmayr
Location Bel Air Md

18 (a) Funeral director Forrest Rinehart
(b) Address 5305 Harford Road

19 (a) OCT 27 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26- 1942, at 8:35 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy - Inquiry thereon and from the evidence obtained by said Autopsy - Inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary Occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 10-26-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

VS 6

F 97005

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46 b

F 97005 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo3da
(e) Length of stay in Baltimore (yrs., mos., or days) 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3614 E. Hamilton Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EDWIN CHARLES KRETCHMAN

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 215-10-3063

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Nora McGuire
6 (c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) November 1, 1899

8. AGE: Years	Months	Days	If less than one day
42	11	25	hr. min.

9. Birthplace New York City
(Town, county, and state)
10. Usual Occupation Albright & Friel
11. Industry or business Engineers

FATHER
12. Name Charles Kretchman
13. Birthplace Germany

MOTHER
14. Maiden Name Celia Stoltz
15. Birthplace New York City

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28 '42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Elmira, N.Y.

18 (a) Funeral director A. Lee Oden
(b) Address 4644 Yorkwood Road

19 (a) OCT 27 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26, 1942, at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 29, 1942, to Oct. 26, 1942, and that I last saw h im alive on Oct. 26, 1942.

Immediate cause of death	Duration
Bronchopneumonia, bilateral	2 days
Empyema, left	
Due to Esophago-jejunostomy, 1st. Stage	14 da.
Esophago-jejunostomy, 2nd Stage	3 days
Due to Adeno carcinoma of stomach	10 mo.
with stricture of esophagus -	
Other Conditions metastases to liver and	
mesentery nodes.	

(Include pregnancy within 3 months of death)

Date of operation 10-12-13-17-20-22-23/42

Major findings of operation: Expl.lap;esophago-jejunostomy,1st.and2nd Stages

Veroclysis;cannalization

Findings of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. S. Dean, Medical Officer in Charge
Address US Marine Hospital, Baltimore, Maryland. Date signed 10/26/42

F 97006

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 97006

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 522 Wyanoke Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 522 Wyanoke Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Chester C. Biggio

3 (b) If veteran, name war

3 (c) Social Security Account No. 454-18-6481

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Marie Beggod
6 (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Nov 23, 1916

8. AGE: Years	Months	Days	If less than one day
26 27	11	3	hr. min.

9. Birthplace Laredo, Texas (Town, county, and state)
10. Usual Occupation Engineer
11. Industry or business

FATHER
12. Name C. C Biggio
13. Birthplace Texas

MOTHER
14. Maiden Name Blossom
15. Birthplace Texas

16 (a) Informant Mrs Marie Biggio
(b) Address 522 Wyanoke Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location Laredo Texas

18 (a) Funeral director A Reilly Slade
(b) Address 4907 York Road

19 (a) OCT 27 1942 (Date received by registrar) Huntington Williams M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/26 1942 at 3.40 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration
Coronary Occlusion
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 10-26-42

F 97007

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 131 F 97007

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 804 Calow Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 804 Calow Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Michael J. Browne

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-0808

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Sarah A. Cox

6 (c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) Oct 15, 1874

8. AGE: Years	Months	Days	If less than one day
68	0	10	hr. min.

9. Birthplace Ireland (Town, county, and state)

10. Usual Occupation Retired motorman

11. Industry or business

FATHER

12. Name Henry Browne

13. Birthplace Ireland

MOTHER

14. Maiden Name ?

15. Birthplace Ireland

16 (a) Informant John Browne

(b) Address 804 Calow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28 1942 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore

18 (a) Funeral director Geo Wiedefeld

(b) Address 914 Greenmount Ave

19 (a) OCT 27 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Md.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1942, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1 1942 to Oct. 25 1942, and that I last saw him alive on Oct. 24 1942.

Immediate cause of death	Duration
Acute dilatation of heart	1 day
Due to Chronic Nephritis (Syndf.)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature R. O. Cawood M. D.

Address 1644 Hanover St. Date signed 10-26-42

F 97608

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1637 F 97008 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. Use only correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2442 Eutaw Place (If rural give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3 (a) FULL NAME Dr Morris H. Goodman

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Gertrude H. Harris
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 11/2/00

8. AGE: Years	Months	Days	If less than one day
42	9	23	..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Physician
11. Industry or business

FATHER
12. Name Israel Goodman
13. Birthplace Russia

MOTHER
14. Maiden Name Tusa Fox
15. Birthplace Russia

16 (a) Informant Alexander Goodman
(b) Address 2442 Eutaw Place

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-27-42 (month) (day) (year)
(c) Cemetery Shomre Mishmorah
Location Rosedale

18 (a) Funeral director Jack Levin Inc
(b) Address 2417 E. Baltimore St

19 (a) OCT 27 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 50

20. DATE OF DEATH Oct. 26 1942 at 10 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Uremia	Duration
Due to	Bichloride of mercury poisoning	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Oct. 21 1942 at 7 M
(c) Where did injury occur? 2442 Eutaw Place (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Took 7 bichloride tablets

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 27 1942.

VS 6

F 97069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 91

F 97069 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
Edgewood Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6000 Bellona Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK F. DREW

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8/7/1854

8. AGE: Years	Months	Days	If less than one day
88	2	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Retired Dentist
11. Industry or business Self

FATHER
12. Name Silas S. Drew
13. Birthplace unknown

MOTHER
14. Maiden Name Amanda Williams
15. Birthplace unknown

16 (a) Informant Mr. Triplett Haxall, Jr.
(b) Address 300 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (month) (day) (year)
(c) Cemetery or crematory Greenmount Cem.
Location Balto., Md.

18 (a) Funeral director W. J. TICKNER & SONS
(b) Address Balto., Md.

OCT 27 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26, 19 42 at 5:55P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 5 1942 to Oct 26 1942 and that I last saw h alive on Oct 26 1942.

Immediate cause of death: General arteriosclerosis. — Duration: 7 yrs.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry D. McCarty M. D.
Address 57 W. Preston Date signed

F 97010

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1642 F 97010 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore Gen'l. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2269 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith LaRue Miller

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	214-14-4979	F	W	married

6 (b) Name of husband or wife: Edward C. Miller
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 30, 1904

8. AGE: Years	Months	Days	If less than one day
38 ~~27~~	3	26	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Telephone Operator
11. Industry or business Edgewood Arsenal

FATHER
12. Name Lewis Worley
13. Birthplace Md.

MOTHER
14. Maiden Name Daisey Burley
15. Birthplace Md.

16 (a) Informant Mrs. Emma Adams
(b) Address 2210 Whittier Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa., Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1942, at 1:15 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & autopsy thereon and from the evidence obtained by said inquiry & autopsy found that said deceased came to her death on the day stated above.

Immediate cause of death Fracture of 5th cervical Vertebra — Duration
Due to fall
Due to
Other Conditions Mental despondency
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Oct. 26 1942 at ? M
(c) Where did injury occur? 2269 Reisterstown Rd (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? (Specify type of place)
(e) Means of injury Jumped out of window

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Oct 26 1942

F 97011

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97011 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Please correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2623 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles E. Barnett

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217-16-6172

4. Sex: M

5. Color or race: W.

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Lydia Barnett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 1863

8. AGE: Years 79 | Months 9 | Days | If less than one day hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Handy Man

11. Industry or business

FATHER
12. Name -- Barnett
13. Birthplace Md

MOTHER
14. Maiden Name -- Partridge
15. Birthplace Md

16 (a) Informant Mrs. Clara Kaupps
(b) Address 2855 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/42 (month) (day) (year)
(c) Cemetery or ~~Crematory~~ Woodlawn
Location Woodlawn Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC
(b) Address North & Pa Aves.

19 (a) (Date rec'd by registrar) OCT 27 1942 (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1942, at 2 Hours

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) Inquest & Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. Gratton M.D. Medical Examiner.
Date signed Oct. 26 1942.

F 97012

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

F 97012 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Linden + Madison

(c) Hospital or institution: Md. General Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16

(e) Length of stay in Baltimore (yrs., mos., or days) 1 Mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 2505 Harlem Ave.

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Mrs. Elsie K. Walker

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Paul Walker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-3-1879

8. AGE: Years	Months	Days	If less than one day
63	4	23	hr. min.

9. Birthplace Penn. (New Oxford)

(Town, county, and state)

10. Usual Occupation HW

11. Industry or business

FATHER

12. Name Geo. A. Klingel

13. Birthplace Gettysburg, Pa.

MOTHER

14. Maiden Name Rebecca Holzworth

15. Birthplace Pa.

16 (a) Informant Mr. Paul Walker

(b) Address 2505 Harlem Ave.

17 (a) Burial (b) Date thereof 10/28/42

(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory New Oxford, Pa.

Location New Oxford, Pa.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) Oct 27 1942 (b) Huntington, W. Va. Registrar

(Date received by registrar)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1942, at 9:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 4 1942, to Oct. 26 1942, and that I last saw her alive on Oct. 25 1942.

Immediate cause of death	Congestive Failure	
Due to	Chr. Myocarditis	
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?

(Specify type of place)

(e) Means of injury

23. Signature H. W. Taylor M. D.

Address Md. Gen. Hosp. Date signed 10/26/42

F 97013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97013 Registered No. 931

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2367 McCulloh St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2367 McCulloh St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary C. Bradford

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex Female | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 9, 1844

8. AGE: Years 98 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housekeeper

11. Industry or business

FATHER
12. Name Thomas Bradford
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Mary Cromwell
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Florence Wright
(b) Address 2367 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Mrs. Geo. A. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) Filed OCT 27 1942 (b) Huntington Williams, MD Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 19 42 at 3 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 19 42 to Oct 24 19 42, and that I last saw her alive on Oct 23 19 42.

Immediate cause of death Chronic Myocarditis — Duration 5 years

Due to

Due to

Other Conditions Senility + Exhaustion

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. R. Slusher
Address 825 N. Fremont Ave Date signed 10/27/42

F 97014

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97014 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1118 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1118 S. East Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Guy

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	W.	Widowed

6 (b) Name of husband or wife Ellen Guy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 26 - 1867

8. AGE: Years	Months	Days	If less than one day
75	7	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Merchant

FATHER
12. Name James H. Guy
13. Birthplace Ireland

MOTHER
14. Maiden Name Sarah Guy
15. Birthplace Ireland.

16 (a) Informant Wm. Guy
(b) Address Essex Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave & Rt

18 (a) Funeral director John F. Connelly
(b) Address Essex Md.

19 (a) OCT 27 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1942, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939 to Oct 24 1942
and that I last saw him alive on Oct 24 1942

Immediate cause of death — Duration
Arterio Sclerosis & Hypertension. Many yrs
Due to Acute Dilatation of Heart
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Schmidlin Jr M. D.
Address 3508 Bank St Date signed Oct 24-42

VS 160

F 97015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97015

Registered No. ____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins & Caton Ave.
(c) Hospital or institution:
St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County ____
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2218 Ashton St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country ____

3 (a) FULL NAME Mrs. Catherine Cowell

3 (b) If veteran, name war ____ | 3 (c) Social Security Account No. ____

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	divorced

6 (b) Name of husband or wife Walton Cowell
6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 31, 1887

8. AGE: Years	Months	Days	If less than one day hr.	min.
55	8	24		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation nurse
11. Industry or business

FATHER
12. Name John W. Ewald
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sarah Weaver
15. Birthplace Baltimore

16 (a) Informant Mrs Edna Foster
(b) Address 2518 Ashton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28-42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Baltimore

18 (a) Funeral director Albert V Dingey
(b) Address 470 E North Ave

OCT 27 1942 Hunting to Williams
(Date rec'd by registrar) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25, 1942 at 10 A PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23, 1942 to Oct 25, 1942 and that I last saw her alive on Oct 25, 1942.

Immediate cause of death	Duration
Congestive failure, heart	1 week
Due to Luetic heart disease	10 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation ____
Major findings of operation: ____
of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ____ at ____ M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature J R Dungan MD
Address St Agnes Hosp Date signed 10/28/42 M. D.

97016

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

183N

Registered No. E 97016

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 6001 Bel Air Road

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 6001 Bel Air Road
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Steyer

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Anton Steyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26th 1863

8. AGE: Years	Months	Days	If less than one day
78	11	0	hr. min.

9. Birthplace Austria
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Pete Daleken

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Peter Steyer

(b) Address 6001 Belair Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28 1942 (month) (day) (year)

(c) Cemetery or crematory Bekwood

Location Baltimore, Md.

18 (a) Funeral director Lauenstein Funeral Home

(b) Address 7401 Belair Road

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26- 1942, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage, Apoplexy	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner

Date signed 10-26-42

VS 6

F 97017

BALTIMORE CITY HEALTH DEPARTMENT

T.N 76992

CERTIFICATE OF DEATH

Registered No. 932

F 97017

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 month
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Lemon St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie Carroll

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Moses
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct, 13th 19 2

8. AGE: Years	Months	Days	If less than one day
40	0	11	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George North
13. Birthplace Pa.

MOTHER
14. Maiden Name Caroline French
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem
Location

18 (a) Funeral director Mr. Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) 27 1942 (b) Registrar
(Date rec'd by Registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-24-42 1942 at 9:10 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25 1942 to 10-24 1942.
and that I last saw her alive on 10-24 1942

Immediate cause of death: Pulmonary congestion
Hypostatic pneumonia
Due to arteriosclerotic Cardiac

Due to

Other Conditions Ulceration of leg.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Magee M. D.
Address Balto. City Hosp. Date signed 10-24-42

F 97018

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83W

F 97318 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished, if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: President Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 261 Schroeder St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lawrence Williams

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-07-0181

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Col	Married

6 (b) Name of husband or wife Lenever Williams
6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug. 2, 1890

8. AGE: Years	Months	Days	If less than one day
52	2	22	hr. min.

9. Birthplace Balto Md. (Town, county and state)
10. Usual Occupation Public Waiter
11. Industry or business

FATHER
12. Name Athony Williams
13. Birthplace Berryville Va

MOTHER
14. Maiden Name Rosa Williams
15. Birthplace Berryville Va

16 (a) Informant Charles Williams
(b) Address 261 N Schroeder St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-24 1942, at 4:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1942 to 10-24 1942 and that I last saw him alive on 10-24 1942.

Immediate cause of death: Cerebral Vascular Accident

Duration: 4 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. F. Brunsenden M. D.
Address 844 N. Carey St Date signed 10-24-42

VS 2

F 97019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1943

Registered No. F 97019

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be entered. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 836 Bradley Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 836 Bradley Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Sparkes

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Negro	Widow

6 (b) Name of husband or wife Abbey Sparks

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day: hr.	min.
55				

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Mary Crowe
15. Birthplace Maryland

16 (a) Informant Percy Dotson
(b) Address 716 N. Lafayette Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27-43 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-22- 1943 at 2 30 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by said Autopsy or Inquiry find that said deceased came to her death on the day stated above

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D. Medical Examiner
Date signed 10-23-43

VS 6

HENNING.

F 97020

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93N

Registered No. F 97020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Lindon Ave
(c) Hospital or institution: Maryland Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3004 Frisby St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Violet R. Henning

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife John P.
(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30, 1894

8. AGE: Years	Months	Days	If less than one day hr.	min.
51	9	26		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Brewster
13. Birthplace Md.

MOTHER
14. Maiden Name K. Ahearn
15. Birthplace Md.

16 (a) Informant John P. Henning
(b) Address 3004 Frisby St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Taylor Ave

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1942 at 9:35 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1942 to Oct. 26 1942 and that I last saw her alive on Oct. 26 1942

Immediate cause of death	Duration
Cardiac decompensation	
Due to Hypertensive cardio vascular disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. T. McGorgan M. D.
Address Maryland Gen. Hosp. Date signed 10/26/42

VS 3

F 97021

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1830

F 97021 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully applied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hosp
(c) Hospital or institution: Green & Redwood St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2239 Annapolis Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Doody

3 (b) If veteran, name war: C D
3 (c) Social Security Account No. C D

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife: William A Doody
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1925

8. AGE: Years	Months	Days	If less than one day
17	6	20	hr. min.

9. Birthplace Lynchburg, Va. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business at home

FATHER
12. Name John L. Brankaun
13. Birthplace Va.

MOTHER
14. Maiden Name Ella L. Beverly
15. Birthplace

16 (a) Informant William A Doody
(b) Address 2239 Annapolis Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Natl.
Location Frederick Ave.

18 (a) Funeral director John J. Leary Son
(b) Address 2a Hollins St.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26 1942 at 9 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1942 to 10-26 1942 and that I last saw her alive on 10-26 1942

Immediate cause of death	Duration
Intracranial hemorrhage	
Due to	
Due to	
Other Conditions Pregnancy Para 0000 (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W H Townsend M. D.
Address Kennedy Hospital Date signed 10-26

VS 150

F 97022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 97022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) – 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State N. J. (b) County
(c) City or town Linden (If outside city or town limits, write RURAL and give town)
(d) Street No. 1658 St. George Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) FULL NAME Bernard (Bartholomew) Rafferty
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 24, 1922

8. AGE: Years	Months	Days	If less than one day
20	2	2	hr. min.

9. Birthplace Seattle, Washington (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Bernard Rafferty
13. Birthplace England

MOTHER
14. Maiden Name Adna Burke
15. Birthplace New York

16 (a) Informant Patrick J. Devine
(b) Address Newark, New Jersey

17 (a) Remove (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore, Md.

18 (a) Funeral director [illegible]
(b) Address [illegible]

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26-42 at 2:45 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Fractured Skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-25-42 at 7 P.M.
(c) Where did injury occur? Entrance Rd at Cells Oak Dairy (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Auto-Struck crashed into tree Passenger

23. Signature Howard J. Madden M.D.
Medical Examiner
Date signed 10-26-42

VS 6

F 97023

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170 C

Registered No. 97023

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 N. Mount St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JERRY MEREDITH Jr.

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-18-9818

4. Sex: M | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rosa Meredith

6 (c) If alive, give age: 18 years

7. Birth date of deceased (mo., day, yr.): July 9, 1923

8. AGE: Years: 19 | Months: 2 | Days: 15 | If less than one day: hr. min.

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual Occupation: Laborer

11. Industry or business

FATHER
12. Name: Jerry M. Meredith
13. Birthplace: New York N.Y.

MOTHER
14. Maiden Name: Bessie Robinson
15. Birthplace: Balto. Md

16 (a) Informant: Rosa Meredith
(b) Address: 414 N Mount St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 28, 1942 (month) (day) (year)
(c) Cemetery or crematory: Arbutus Memorial
Location

18 (a) Funeral director: Mrs Katie R Williams
(b) Address: 322 N. Schroeder St

19 (a) OCT 27 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 24 1942 at 1 05 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Fracture of skull — Duration:
Due to
Due to
Other Conditions: no
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence: 10-24-42 at 12 30 PM
(c) Where did injury occur? Montford Ave + Oakland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto While at work? no (Specify type of place)
(e) Means of injury: Collision of two autos
23. Signature: H. L. Wollenweber M.D. Medical Examiner.
Date signed: 10-24-42

VS 6

F 97024

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97024 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4506 Gabland Av (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Gertrude Banda

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-10-6614

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Wt.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 31, 1899

8. AGE: Years	Months	Days	If less than one day
43	9	23	~~11~~ hr.s ~~10~~ min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Saleslady

11. Industry or business Department Store

FATHER
12. Name Mr. James Banda
13. Birthplace Czecho-Slovakia

MOTHER
14. Maiden Name Barbara Klima
15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Banda
(b) Address 4506 Gabland Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md

18 (a) Funeral director Frank Grach & Son
(b) Address 900 W. Chester St

19 (a) OCT 27 1942 (Date filed by registrar) Huntington for Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-24 1942, at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1942, to 10-24, 1942, and that I last saw h~~er~~ alive on 10-24 1942.

Immediate cause of death: Cardio-respiratory failure — Duration

Due to Toxemia

Due to Generalized Carcinomatosis

Due to ovarian carcinoma

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature I. Levine M. D.
Address Union Memorial Hosp signed 10/24/42

VS 8

F 97025

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97025 / 107

Registered No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3406 Ramona ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3406 Ramona
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Mary J. Kloffke

3 (b) If veteran, name war None
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Charles F.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 29, 1942

8. AGE: Years	Months	Days	If less than one day
68	9	27	..... hr. 1173 min.

9. Birthplace Petersburg Va.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Thomas Peter
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Williams
15. Birthplace [illegible] Va

16 (a) Informant Mary L. Pate
(b) Address 3406 Ramona Ave

17 (a) Burial (b) Date thereof Oct 29 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore, Md.

18 (a) Funeral director Williams Cook & Sons
(b) Address 1217 St. Paul st

19 (a) OCT 27 1942 (b) [illegible] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1942, at 9 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1942 to Oct 26 1942 and that I last saw her alive on Oct. 28 1942.

Immediate cause of death	Duration
Broncho Pneumonia	
Due to	
Due to	
Other Conditions Right Hemiplegia	

(Include pregnancy within 3 months of death)

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Walter A. Anderson M. D.
Address 3001 Shannon Drive Date signed 10/27/42

VS 3

F 97026

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97026 92D

Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3308 Walbrook Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City of Balto
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3308 Walbrook Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter T. Wills

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Mary H. Wills

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11 1859

8. AGE: Years 83 | Months 7 | Days 15 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Manufacturing

11. Industry or business Self & Retired

FATHER
12. Name Joseph W. Wills
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary A Caldwell
15. Birthplace Baltimore Md

16 (a) Informant Walter Bruce Wills
(b) Address 3308 Walbrook Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28 42 (month) (day) (year)

(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director William Cook
(b) Address 217 S. Paul St

19 (a) OCT 27 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1942 at 8:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to Oct. 26, 1942 and that I last saw h~~im~~ alive on Oct. 24, 1942

Immediate cause of death	Duration
Coronary Thrombosis	1 day
Due to Chronic Myo-Endocarditis	3+ years
Due to Arteriosclerosis	3+ years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Maurice E. Shannon M. D.
Address 3700 W. Lanvale Ave Date signed 10/27/42

VS 3

F 97027

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97027 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be furnished. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Talbot
(c) City or town Easton
(If outside city or town limits, write RURAL and give town)
(d) Street No. 215 South St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Moore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/8/1913

8. AGE: Years	Months	Days	If less than one day
28	10	19	hr. min.

9. Birthplace Talbot Co., Md
(Town, county, and state)

10. Usual Occupation Machinist

11. Industry or business

FATHER
12. Name William Moore
13. Birthplace Md.

MOTHER
14. Maiden Name Cecelia Holden
15. Birthplace Easton, Md.

16 (a) Informant
(b) Address

17 (a) Burial, cremation, or removal Centerfield Cemetery
(b) Date thereof 10/30/42 (month) (day) (year)
(c) Cemetery or crematory Centerville Easton Md
Location

18 (a) Funeral director Ellis R Clark
(b) Address Easton Md.

19 (a) (Date rec'd by registrar) (b) Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1942 at 6 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death: Acute copper sulphate poisoning — Duration

Due to Third degree burns of legs

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence October 21, 1942 M
(c) Where did injury occur? Easton, Md
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial place While at work?
(Specify type of place)
(e) Means of injury Burned by gasoline

23. Signature Robert Ed Hastings M.D.
Medical Examiner.

Date signed Oct. 27 1942

F 97028

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1190 N

F 97028 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5458 Frederick Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5458 Frederick Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Linda K. Melvin (Birth F 5818 H)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 17, 1942

8. AGE: Years	Months	Days	If less than one day
	1	10	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Wm G. Melvin
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine B. Hanley
15. Birthplace Baltimore, Md.

16 (a) Informant Mr Wm G. Melvin
(b) Address 5448 Frederick Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/28/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Leowans Son
(b) Address 901 Hollins St.

19 (a) (Date received by registrar) (b) Huntington Williams, M.D. Registrar

OCT 30 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27th 1942, at 5m P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 17 1942 to Oct 27 1942 and that I last saw h alive on Oct 26 1942.

	Duration
Immediate cause of death: Congenital debility	3 wks
Due to	
Due to	
Other Conditions: Prematurity	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hudson E. Stacy M. D.
Address 3803 Edmondson Ave Date signed 10/29/42

F 97029

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97029 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given as fully as possible. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 Berry St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 624 Berry St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth B. Atkinson.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow.

6 (b) Name of husband or wife James E. Atkinson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 28, 1876

8. AGE: Years	Months	Days	If less than one day
66	5	28	hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER 12. Name John Warner.
13. Birthplace Md.

MOTHER 14. Maiden Name Margaret Russell.
15. Birthplace Md.

16 (a) Informant Nellie E. Stevens.
(b) Address 624 Berry St.

17 (a) Burial. (b) Date thereof Oct 29/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Salem Lutheran
Location Catonsville.

18 (a) Funeral director Chenoweth & Donovan
(b) Address 3615-17 Chestnut Ave.

19 (a) OCT 28 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26, 1942 at 9 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1942, to Oct. 26 1942, and that I last saw her alive on Oct. 26 1942.

	Duration
Immediate cause of death Coronary Thrombosis	5 hours
Due to Arteriosclerosis of Heart	6 months
Due to Hypertension	5 years
Other Conditions Chronic Myocarditis	5 years

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vernon F. T. Hamblen M. D.
Address 900 W 39th St. Date signed 10-27-42.

VS 3

F 97030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97030 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 907 W 37th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 907 W 37th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edgar W. Law.

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-03-7163

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minerva Law
6 (c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Dec 11, 1903

8. AGE: Years	Months	Days	If less than one day
38	10	16	hr. min.

9. Birthplace Md
(Town, county, and state)
10. Usual Occupation Telegraph Operator
11. Industry or business Western Union

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Margaret L. Law
15. Birthplace Pa

16 (a) Informant Margaret L. Law
(b) Address 907 W 37th St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville Md

18 (a) Funeral director Ehrenwerth & Donovan
(b) Address 3615-17 Chestnut Ave

19 (a) Oct 29 1942 (Date received by registrar) (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27, 1942, at 9 15 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17, 1942, to Oct 27 1942 and that I last saw him alive on October 27 1942.

Immediate cause of death	Duration
Pulmonary Hemorrhage	unknown
Due to Bronchogenic Carcinoma	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Leonard Wallenstein M. D.
Address 878 W. 36 St. Date signed Oct 29/42

FORM WRITE PLAINLY, WITH UNFADING INK. Every item of information should be given if correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97031

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 97031

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4604 Kavon Av
(c) Hospital or institution:
South Baltimore General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) over 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4604 Kavon Avenue
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Eyring

3 (b) If veteran, name war

3 (c) Social Security Account No 215-18-8395

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mamie Eyring
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 15, 1889

8. AGE: Years	Months	Days	If less than one day
53	4	11	hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation Handy Man

11. Industry or business

FATHER
12. Name John Chas Eyring
13. Birthplace Balto.

MOTHER
14. Maiden Name Margaret Elzel
15. Birthplace Balto

16 (a) Informant Wife Mamie Eyring
(b) Address 4604 Kavon Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-42 (month) (day) (year)

(c) Cemetery or crematory Oaklawn Cem
Location Caslon Pa

18 (a) Funeral director John Keary
(b) Address 1211 Fremont Ave

(c) OCT 29 1942 (Date rec'd by registrar) (b) Burying Com. William Gallagher

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1942 at 1:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 9 1942 to Oct. 26 1942, and that I last saw him alive on 10/26 1942.

Immediate cause of death Uremia. — Duration

Due to Chronic Nephritis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed

F 97032

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97032 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2023 Walbrook Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 Walbrook Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA V. BENCHOFF

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Robert W. Benchoff
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/5/1864

8. AGE: Years	Months	Days	If less than one day
78	6	21	hr. min.

9. Birthplace Hagerstown, Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business none

FATHER
12. Name William Gossman
13. Birthplace Hagerstown, Md.

MOTHER
14. Maiden Name Sarah
15. Birthplace Hagerstown, Md.

16 (a) Informant Mrs. Sarah Espey
(b) Address 2023 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (month) (day) (year)
(c) Cemetery or crematory ROSE HILL CEM.
Location Hagerstown, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) OCT 28 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26, 1942, at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1942 to 10/26 1942 and that I last saw h[illegible] alive on 10/26 1942

Immediate cause of death Arteriosclerotic cardio renal disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thurston E Stacy M. D.
Address 3803 Edmondson Date signed 10/27/42

VS 3

The physician in charge of case is required to fill in all items which he has knowledge. Every item of information should be given if obtainable. Please write plainly with indelible pencil. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

797033.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 797033

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3401 Mt. Pleasant Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3401 Mt. Pleasant Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph Bialek

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife ?

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 16 - 1875

8. AGE: Years 66 67 | Months 11 | Days 11 | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name ?
13. Birthplace Poland.

MOTHER
14. Maiden Name ?
15. Birthplace Poland.

16 (a) Informant Walter Bialek
(b) Address 3401 Mt. Pleasant Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary.
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1930 Eastern Ave.

19 (a) OCT 28 1942 (Date rec'd by registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 3 1940, to Oct 27 1942 and that I last saw h[illegible] alive on Oct 26 1942.

Immediate cause of death
Generalized atrophy Arteriosclerosis
Chr myocarditis
Due to Acute Coronary Occlusion

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:

of autopsy: None.

Duration
1-3-40
10-26-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None, at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury None

23. Signature Ed Schmunk M. D.
Address 842 S. Ed Ave Date signed Oct 28-42

VS 3

Please write plainly, with pen and ink. Every item of information should be given. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97034

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97034 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eutaw & Williams
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3027 Belmont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mark O Bibby

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex: M | 5. Color or race: W | 6 (a) ~~Single~~, married, ~~widowed~~, or divorced

6 (b) Name of husband or wife: Nora M. Briley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29, 1864

8. AGE: Years 78 | Months 3 | Days 28 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Retired - salesman

11. Industry or business

FATHER
12. Name George E. Bibby
13. Birthplace Md. (Dorchester Co.)

MOTHER
14. Maiden Name Angie Insley
15. Birthplace Md. (Dorchester Co.)

16 (a) Informant Mr. John R. Bibby
(b) Address 3027 Belmont Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (month) (day) (year)
(c) Cemetery or crematory Cambridge, Md.
Location

18 (a) Funeral director WILLIAM J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) OCT 28 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1942, at 9:30 AM

21. I certify that death occurred on the date above stated, that I attended deceased from Oct. 23 1942 to Oct. 27 1942 and that I last saw him alive on Oct. 27 1942

Immediate cause of death: Cerebral Thrombosis — Duration

Due to: Arteriosclerosis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Arthur Bonsey, M.D.
Address St. Agnes Hosp. Date signed 10/29/42

VS 8

F 97035

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1517 N

F 97035 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home & Infirmary
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) New Born

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (Brooklyn)
(If outside city or town limits, write RURAL and give town)
(d) Street No. 911 Jack St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Williams (Birth F 60740)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 27, 1942

8. AGE: Years	Months	Days	If less than one day
New Born Infant			2 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Ralph Joshua Williams
13. Birthplace Roca, Nebraska

MOTHER
14. Maiden Name Ruth Ida Deats
15. Birthplace Bennet Nebraska

16 (a) Informant Ralph Williams
(b) Address 911 Jack St, Brooklyn

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL OCT 28 1942

18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams, M.D.

19 OCT 28 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1942 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27, 1942, to October 27 1942, and that I last saw [illegible] alive on Oct 27 1942.

Immediate cause of death: Hydrocephalus — Duration New Born

Due to

Due to

Other Conditions Congenital Club feet bi-lateral Talipes - RT
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Hydrocephalus as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. M. Cullen Jr M. D.
Address Church Home & Infirmary Date signed 10/28/42

VS 3

9520

F 97036

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N

F 97036 Registered No.

The entries on this certificate must be typewritten or made with unfading ink. Every item of information should be given if obtainable. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 634 N. Kenwood Ave.,
(c) Hospital or institution: 1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 634 N. Kenwood Ave., (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Usklander

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife Carl (deceased)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 25 1868

8. AGE: Years	Months	Days	If less than one day
73	10		hr. min.

9. Birthplace Sweeden (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace "

MOTHER
14. Maiden Name "
15. Birthplace "

16 (a) Informant Ida Parrott (Daughter)
(b) Address 634 N. Kenwood Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 28, 1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.,

18 (a) Funeral director Charles E. Schimunek.
(b) Address 2601-03 E. Madison Street.

19 (a) OCT 28 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1942 at 5 45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1936 to Oct. 25 1942 and that I last saw her alive on Oct. 24 1942

Immediate cause of death	Duration
Coronary Thrombosis	6 wks
Due to Chr. Myocarditis Hypertrophy of Heart	6 yrs
Due to Hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature Vincent W. Doska M.D. M. D.
Address 845 N. Patterson Park Date signed 10/26/42

Huntington Williams, M.D.

VS 3

797037

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9402 797037

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 S. Newkirk St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 S. Newkirk St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Charles Filliaux

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-7064

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 14, 1900

8. AGE: Years	Months	Days	If less than one day
42	7	12	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Ship Worker
11. Industry or business Beth. Steel Corp.

FATHER
12. Name William Filliaux
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Margaret Hartman
15. Birthplace Baltimore, Md

16 (a) Informant Margaret Filliaux
(b) Address 625 S. Newkirk St

17 (a) Burial (b) Date thereof Oct 30 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loyed Heights
Location Germantown Rd. Md.

18 (a) Funeral director Dunward L. Coppage
(b) Address 21 W. 25th St.

19 (a) OCT 28 1942 (b) Huntington Ave. Md.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1942 at 4:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & no autopsy thereon and from the evidence obtained by said inquiry & no autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 27 1942

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 9703

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940

F 9703

Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Kedwood & Greene

(c) Hospital or institution: University Hosp

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balto (If outside city or town limits, write RURAL and give town)

(d) Street No. 218 W. Hamburg (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country (Both F 58 76)

3 (a) FULL NAME Charles Collins

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife Sept 29-142

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days 27 | If less than one day hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Charles Collins

FATHER 13. Birthplace Balto

MOTHER 14. Maiden Name Theresa Moore

MOTHER 15. Birthplace Balto.

16 (a) Informant Charles Collins

(b) Address 218 W. Hamburg

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (month) (day) (year)

(c) Cemetery or crematory Mt Auburn

Location

18 (a) Funeral director James A Stamps

(b) Address 142 Hatiel St

19 (d) OCT 28 1942 (Date rec'd by registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-26 1942, at 6100 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-24 1942 to 10-26 1942, and that I last saw h.[illegible] alive on 10-26 1942.

Immediate cause of death Gastro Enteritis — Duration 3-5 days

Due to

Due to

Other Conditions Mild degree of Intussusception (Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: Gastroentestinal inflammat[illegible]

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide None

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. E. Bird M. D.

Address Univ. Hosp Date signed Oct 26 '42

VS 150

797039

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1920

797039 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 316 N. Hilton St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ALBERT O LEASE

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife Sarah K Lease
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 7-1860

8. AGE: Years	Months	Days	If less than one day
82	2	21	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown

MOTHER
14. Maiden Name Elizabeth Banton
15. Birthplace unknown

16 (a) Informant Mrs Sarah K. Lease
(b) Address 316 North Hilton St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30 42 (month) (day) (year)
(c) Cemetery or crematory Shrewsbury Pa
Location Shrewsbury Pa Lutheran

18 (a) Funeral director Wm Grayson Cook Inc
(b) Address 1217 St Paul St

19 (a) OCT 28 1942 (Date rec'd by registrar) (b) Huntingtown Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1942 at 1 20 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said 4 find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Valvular heart disease — Duration
Aortic & mitral stenosis
Due to
Due to
Other Conditions Locomotor ataxia
self-complicated by senility
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 10-29-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97040

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97040 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3503 Walbrook Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3503 Walbrook Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country (Certif F 59478)

3 (a) FULL NAME KERMITH ROBERT THOMAS

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 15, 1942

8. AGE: Years | Months | Days 12 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Laurence O. Thomas
13. Birthplace Booker, W. Va.

MOTHER
14. Maiden Name Hazel E. Conaden
15. Birthplace Grist Pleasant, W. Va.

16 (c) Informant Laurence O. Thomas
(b) Address 3503 Walbrook Ave

17 (a) Removal (b) Date thereof 10-28-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory
Location Centerville W. Va.
via B&O R.R.

18 (a) Funeral director J. Howard Strong
(b) Address 3207 W. North Ave

19 (a) 10-29-42 (b) Huntington Mitchell Registrar
(Date rec'd by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1942 at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
(a) Laceration, membrane of cerebrum	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 10-29-42

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97041
AB-72903

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97041 Registered No. 950

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9-& 29 (Mo.) 29 Da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 727 Pierce St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Widowed

6 (b) Name of husband or wife Evelyn (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 17-1897

8. AGE: Years	Months	Days	If less than one day
45	4	2	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name John Washington (D)
13. Birthplace Va.

MOTHER
14. Maiden Name Susie Brown (D)
15. Birthplace Va.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a.a. County

18 (a) Funeral director Adolphus Halstead
(b) Address 918 Druid Park Drive

OCT 28 1942 (Date rec'd by registrar)
(b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19 1942 at 7 1/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-30 1942 to 10-19 1942 and that I last saw him alive on 10-19 1942

Immediate cause of death	Duration
Cardiac failure	1 mon.
Due to Rheumatic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. A. Rathbun M. D.
Address Balt. City Hosp. Date signed 10-27-42

F 97042

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97042
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Today
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 20 Maple Drive
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth E. Rahn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Dr. Ernst H.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 28 1905

8. AGE: Years 37 | Months 1 | Days 29 | If less than one day ... hr. ... min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Self

FATHER
12. Name George B. Reynolds
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Elizabeth M Kennett
15. Birthplace Baltimore Md

16 (a) Informant Dr Ernst H. Rahn
(b) Address 20 Maple Drive Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29-42 (month) (day) (year)

(c) Cemetery or crematory Loraine Cemetery
Location Woodlawn Md

18 (a) Funeral director William Cook Inc
(b) Address 1217 St. Paul Street

19 (a) 7-46 1942 (b) Huntington Williams
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/27 1942, at 5:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/20 1942 to 10/27 1942, and that I last saw h CX alive on 10/27 1942.

Immediate cause of death: Pulmonary Embolism — Duration: 1 day

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 10/22/42

Major findings of operation: Uterine fibroid & Disseminated

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A Tuttle M. D.
Address Md. Gen. Hosp. Date signed 10/27/42

VS 3

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 37043

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83N F 37043 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 22 N. Pressman St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 26
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 N. Pressman St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah C Lindeman

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex F | **5. Color or race** W | **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife John H. Lindeman

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) July 23, 1866

8. AGE: Years 76 | Months 3 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Henry Rutter
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace England

16 (a) Informant John H. Lindeman
(b) Address 22 N. Pressman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-30-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Ave.

18 (a) Funeral director Williams Cook Inc
(b) Address 227 St Paul Street

19 (a) ... (Date rec'd by registrar) (b) ... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1942 at 9:00 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Cerebral hemorrhage, spontaneous

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Oct. 27 1942.

VS 6

Fold along this line. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 9704 | F 9704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

944W Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 Whitridge Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM L. DENTON

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Marie E. Denton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5 - 1880

8. AGE: Years: 62 | Months: 4 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Calvert Co Md
(Town, county and state)

10. Usual Occupation: Carpenter

11. Industry or business: Curtis Bay Towing Co

FATHER
12. Name: John. Denton
13. Birthplace: Calvert Co Md

MOTHER
14. Maiden Name: Lenkoop
15. Birthplace: Calvert Co Md

16 (a) Informant: Mrs Marie E Denton
(b) Address: 302 Whitridge Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30 42 (month) (day) (year)
(c) Cemetery or crematory: Moreland Park
Location: Parkville Md

18 (a) Funeral director: William Cook Inc
(b) Address: 1217 N Paca St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 19 42 at 8 50 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions: No
(Include pregnancy within 3 months of death)

Date of operation:
Major findings of operation: No

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: H. L. Wallenweber M.D.
City Medical Examiner.
Date signed 10-27-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 97045

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97045
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write Gibson's Run)
(d) Street No. 2914 [redacted] Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John David Hoover, Sr.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Osa
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27, 1882

8. AGE: Years	Months	Days	If less than one day
60	2	0	hr. min.

9. Birthplace Hagerstown, Md. (Town, county, and state)
10. Usual Occupation Weight Master
11. Industry or business Sparrows Pt. Steel

FATHER
12. Name Unknown
13. Birthplace Hagerstown Md

MOTHER
14. Maiden Name Unknown
15. Birthplace unknown

16 (a) Informant John D. Hoover Jr.
(b) Address 2910 Clifton Pk. Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29-42 (month) (day) (year)
(c) Cemetery or crematory Parkwood Cemetery
Location Catonsville Md

18 (a) Funeral director William Cook Inc
(b) Address 217 St Paul Street

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1942 at 6 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry of investigation thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquiry of investigation (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Emerson M.D. Medical Examiner.
Date signed Oct. 27 1942

VS 4

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

797046

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 797046

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1625 McCulloh St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1625 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Willard E. Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Kate Randolph Taylor

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 5, 1893

8. AGE: Years 49 | Months 1 | Days 9 | If less than one day hr. min.

9. Birthplace Lancaster Co. Va.
(Town, county, and state)

10. Usual Occupation Fisherman

11. Industry or business

FATHER 12. Name John H. Taylor

13. Birthplace Lancaster Co. Va.

MOTHER 14. Maiden Name Annie Lewis

15. Birthplace Northumberland Co. Va.

16 (a) Informant Kate Randolph Taylor

(b) Address 1625 McCulloh St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1942 (month) (day) (year)

(c) Cemetery or crematory

Location Old Point Comfort Va.

18 (a) Funeral director Mrs. Ed. H. Wyatland

(b) Address 1631 Druid Hill Ave.

19 (a) OCT 28 1942 (Date rec'd by registrar) (b) Hunting Town Hollow Va. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/27/42 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15/42 to 10/27 19 42.
and that I last saw h alive on 10/26 19 42

Immediate cause of death: Lobar Pneumonia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. M. R. Curtis M. D.

Address 1139 Druid Hill Ave. Date signed

VS 2

Please write the causes of death clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97047

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97047 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 E Biddle St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JOHN HENRY SWANNER

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-5385

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Bessie Swanner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years 55 | Months | Days | If less than one day hr. min.

9. Birthplace Edgecomb N. C. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER 12. Name Steward Swanner

13. Birthplace N. C.

MOTHER 14. Maiden Name Angeline ?

15. Birthplace N. C.

16 (a) Informant Bessie Swanner

(b) Address 1876 E. Biddle st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location

18 (a) Funeral director Elroy Wilson

(b) Address 1900 Pleasant Ave

19 (a) OCT 28 1942 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1942 at 12 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Sarcoma of left femur with

Due to metastases to heart

Due to

Other Conditions hs

(Include pregnancy within 3 months of death)

Date of operation hs

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmaier M.D. Medical Examiner.

Date signed

V8 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

33 N

F 97048 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 710 S. Dunham st. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME JOHN A. Kosciolski (BRAATZ)

3 (b) If veteran, name war: No.

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife Mrs. Anna Kosciolski

6 (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Jan. 7, 1888

8. AGE: Years	Months	Days	If less than one day
54	9	21	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation Foreman

11. Industry or business Standard Oil Co.

FATHER
12. Name Frank Kosciolski
13. Birthplace Poland

MOTHER
14. Maiden Name Michaelina
15. Birthplace Poland.

16 (a) Informant Patient
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Hartford Rd

18 (a) Funeral director Peter & Zabala
(b) Address 908 S. Bond St. Baltimore, Md.

19 (a) OCT 28 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1942 at 7:50 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1942 to Oct 28 1942, and that I last saw him alive on Oct 28 1942

Immediate cause of death Possible Embolism (Pulmonary) — Duration

Due to ?

Due to

Other Conditions Gastral Infection (Include pregnancy within 3 months of death) — 2 Days

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Patrick J. Sheehan M.D.
Address Mercy Hosp. Date signed 10/28/42

VS 8

F 97049

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N F 97049 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 N. Kenwood Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 N. Kenwood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary A. Strecker
3 (b) If veteran, name war (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	widow

6 (b) Name of husband or wife Ernest E.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 2, 1862

8. AGE: Years	Months	Days	If less than one day
80	9	25	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mrs
(b) Address 822 N. Kenwood Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (month) (day) (year)
(c) Cemetery or crematory Schwartz's Cem.
Location Trap Rd.
18 (a) Funeral director John J. Keenan & Son
(b) Address 901 Hoffman St
19 (a) Filed (b) Registered Washington for William A. Hyatt

OCT 28 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/27/1942 at 8:00 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1942 to Oct 27 1942 and that I last saw h alive on Oct 27 1942.

Immediate cause of death
(a) Myocarditis
Due to Arterio Sclerosis

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
(a) June 1942
1942

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature William J. Bauer M.D.
Address 901 N Kenwood Ave Date signed Oct 28 1942

correct age is especially important. Physicians; please write the causes of death clearly and legibly.

97050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 97050

1. PLACE OF DEATH:
(a) Baltimore City, Maryland ✓
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town Kansas City
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pvt. Samuel Coutz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Rose Morris Coutz

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Bet 9-1904

8. AGE: Years 38 | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace Kansas City Mo
(Town, county, and state)

10. Usual Occupation Waiter Operator

11. Industry or business

FATHER
12. Name Sam L. Coutz
13. Birthplace

MOTHER
14. Maiden Name ✓
15. Birthplace ✓

16 (a) Informant 3rd Corp Area
(b) Address Post Office Balto Md

17 (a) Burial
(Burial, cremation, or removal)
(b) Date thereof 10/28/42
(month) (day) (year)

(c) Cemetery or crematory Western Maryland
Loudon Park
J. H. Pruit Funeral Director
Walter Banks Harding
1922 W. North Ave

(d) Address

19 (a) (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 26 1942 at 10:15 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death Asphyxiation
due to hanging

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Oct. 26 1942 at 10 M
(c) Where did injury occur? Central police station Baltimore
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? in jail While at work? no
(Specify type of place)
(e) Means of injury Hanged self

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 29 1942

OCT 28 1942 Huntington Williams M.D.

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly. 97050

F 97051

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13B

Registered No. F 97051

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 W. Biddle
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 625 W. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara A. Smith.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4 1939

8. AGE: Years	Months	Days	If less than one day
3	6	22	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Vernon Smith
13. Birthplace Accomac C. Va

MOTHER
14. Maiden Name Virginia Smith
15. Birthplace Mackinburg Co. Va

16 (a) Informant Virginia Smith
(b) Address 625 W Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) (Date received by registrar) Oct 28 1942 Interment or Removal

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/26 1942, at 2 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came to natural death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Pulmonary Tuberculosis (Primary)	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner.
Date signed 10/26/42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1358

F 97052 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 18 N. Mount St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 18 N. Mount St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Edward Henson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Annie Henson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1899

8. AGE: Years	Months	Days	If less than one day
43	8	14	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace ?

MOTHER
14. Maiden Name Clara ?
15. Birthplace Unknown

16 (a) Informant Annie Henson
(b) Address 18 N. Mount Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

19 (a) OCT 28 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 24 1942, at 11 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest and inquiries (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Anemia — Duration
Due to Paralysis of bladder.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 25 1942

VS 6

F 97053

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 97053 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 609 Pratt St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 609 Pratt St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Richard Henderson

3 (b) If veteran, name war

3 (c) Social Security Account No. 247-07-8602

4. Sex: Male
5. Color or race: Colored
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6 1908

8. AGE: Years 34 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Winnsboro, S C (Town, county, and state)

10. Usual Occupation Truck Helper

11. Industry or business

FATHER
12. Name Alex Henderson
13. Birthplace Winnsboro, S. C.

MOTHER
14. Maiden Name Martha Nelson
15. Birthplace Winnsboro, S.C.

16 (a) Informant Solomon Henderson
(b) Address 529 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location

18 (a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St

19 (a) OCT 28 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 25 1942 at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1942 to Oct 25 1942. and that I last saw h— alive on Oct 25 1942.

Immediate cause of death: Uremia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration: 4 Days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address Date signed Oct 29 42

Physicians: please write the causes of death clearly and legibly. The age is especially important. Any item of information should be supplied. The

VS 3

F 97054

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

✓F 97054 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1512 W. Fayette St

(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL and give town)

(d) Street No. 1512 W. Fayette St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Joyce Elizabeth Youngblood

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Arnie

6 (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Dec 21 1904

8. AGE: Years	Months	Days	If less than one day
37	3	7	hr. min.

9. Birthplace London, Laurel, Kentucky

(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Jos. Hall

13. Birthplace Kentucky

MOTHER 14. Maiden Name Nora Ann Warren

15. Birthplace Kentucky

16 (a) Informant Arnie Youngblood

(b) Address 1512 W. Fayette St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Harlan

Location Kentucky

18 (a) Funeral director The J. Kearney

(b) Address 600 Hollins St.

OCT 28 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1942, at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1942 to Oct 28 1942, and that I last saw h er alive on Oct 28 1942.

Immediate cause of death Cardio-vascular renal disease — Duration

Due to —

Due to —

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Albert Kermond M. D.

Address 1934 W Lanvale St Date signed 10/28/42

VS 180

HAROLD BROTMAN

F 97055

BALTIMORE CITY HEALTH DEPARTMENT ✓ 1190

CERTIFICATE OF DEATH

F 97055 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Calvert St
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2135 W. North ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Brotman (Birth F 5721) ✓

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex male

5. Color or race white

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 16 1942

8. AGE: Years | Months 1 | Days 12 | If less than one day hr. min.

9. Birthplace Balto, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Jacob Brotman
13. Birthplace Balto. Md.

MOTHER 14. Maiden Name Katherine Edlovitch
15. Birthplace Balto Md.

16 (a) Informant Jacob Brotman
(b) Address 2135 W. North ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29/42 (month) (day) (year)

(c) Cemetery or crematory Harizion Bay Cemetery
Location Hamilton ave & Philia Rd

18 (a) Funeral director Arth. Levinson & Bro
(b) Address 1124-26 W. North ave

19 (a) OCT 29 1942 (Date rec'd by registrar) (b) Huntington Hillcoate, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1942 at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1942 to Oct. 28 1942, and that I last saw h— alive on Oct. 28 1942.

Immediate cause of death Circulatory Collapse — Duration —

Due to Nutritional Diarrhea — Duration 3 wks.

Due to — Duration —

Other Conditions — Duration —

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thomas E. Ramier M. D.
Address Mercy Hosp. Date signed 10/28/42

VS 8

F 97056

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 1a

Registered No. E 97056

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 E 26th St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Naomi Cohen

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
35			hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation

11. Industry or business Saleswoman Girl

FATHER
12. Name Charles Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Rose Saltz
15. Birthplace Russia

16 (a) Informant Samuel J Cohen
(b) Address 514 N. 26th Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship Cemetery
Location E Baltimore St.

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 (a) (Date received by registrar) (b) Huntington Williamsport, Pa.

OCT 29 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28 1942 at 1 08 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/24 1942 to 10/28 1942 and that I last saw her alive on 10/28 1942

Immediate cause of death	Duration
Uremia	
Due to Malign. Nephrosclerosis	
Due to	
Other Conditions Cerebro-Hemorrhage accident ?? Hemorrhage	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. O. Goldstein M. D.
Address Sinai Hospital Date signed 10/29/42

correct age is especially important. Physicians: please write the causes of death clearly and legibly

F 97057

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 97057 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2546 Woodbrook Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2546 Woodbrook Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Percy Chase

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race Col | 6 (a) Single, married, widowed or divorced. Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12-1887

8. AGE: Years 55 | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Calvert Co Md.
(Town, county, and state)

10. Usual Occupation Laborer.

11. Industry or business

FATHER 12. Name Richard Chase.
13. Birthplace Calvert Co Md

MOTHER 14. Maiden Name Grace Thomas
15. Birthplace Calvert Co Md

16 (a) Informant Ethel Dorsey
(b) Address 2546 Woodbrook Ave

17 (a) Burial (b) Date thereof 10-29-42
(burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Auburn Cemetery
Location Baltimore Md

18 (a) Funeral director Williams & Jackson
(b) Address 916 Penna ave

19 (a) OCT 29 1942 Huntington Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26, 1942 at 5:45 M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 19 1942 to Oct 26 1942 and that I last saw him alive on Oct 25 1942.

Immediate cause of death

Lobar Pneumonia

Duration 7 Days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. C. Lank, M.D.
Address North Point Md Date signed Oct 26 42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 97058

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97058 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2117 Denison St.
(c) Hospital or institution:
Crawford
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2117 Denison St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME
WILHELMINA FREINSHEIM

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 17, 1854

8. AGE: Years	Months	Days	If less than one day
88	9	10	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Edward Freinsheim
13. Birthplace Md.

MOTHER
14. Maiden Name Minnie Kloman
15. Birthplace Md.

16 (a) Informant Mrs. Lucy Davis
(b) Address 4302 Rugby Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) OCT 29 1942 (Registrar's signature) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/27/ 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 1942, to Oct 27 1942, and that I last saw h.w. alive on Oct 25 1942.

Immediate cause of death: Cerebral hemorrhage — Duration: 5 yrs. 2 days
Due to: Arterio-sclerosis
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide?
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. G. Jones
Address 2818 Pennsylvania Ave Date signed 10/29/42

VS 3

F 97059

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 932

F 97059 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W Cold Spring Lane
(c) Hospital or institution: Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Howard
(c) City or town Ellicott City
(If outside city or town limits, write RURAL, and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph P. Mullen

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 4 1873

8. AGE: Years	Months	Days	If less than one day
69	910	27	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Howard Co Welfare Board
(b) Address Ellicott City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 29, 1942 (month) (day) (year)
(c) Cemetery or crematory St Johns Cem.
Location Ellicott City Md.

18 (a) Funeral director Easton Bros
(b) Address Ellicott City

19 (a) OCT 29 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1942 at 6:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1942, to Oct 28 1942, and that I last saw h[illegible] alive on Oct 27 1942.

Immediate cause of death: Myocarditis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. N. Patterson M.D.
Address 7324 Rainetown Rd Date signed 10/28/42

VS 8

F 97060

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97060 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1m10d
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1408 Carroll Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME JAMES ADAMS

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Katie Johnson
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) March 11, 1886

8. AGE: Years	Months	Days	If less than one day
56	7	14	hr. min.

9. Birthplace BALTIMORE, MARYLAND
(Town, county, and state)
10. Usual Occupation BRICKYARD
11. Industry or business

FATHER
12. Name William Adams,
13. Birthplace West River, Maryland.

MOTHER
14. Maiden Name Grace White,
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records, US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29-1942 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs Katie P. Williams
(b) Address 922 N. Eutaw St

19 (a) (Date received by Registrar) OCT 29 1942 Huntington W. Williams M.D.
VS Address US Marine Hospital Baltimore, Maryland.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 25, 1942, at 1:00 a.m. P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 15, 1942 to Oct. 25 1942 and that I last saw him alive on Oct. 25, 1942.

Immediate cause of death	Duration
Aneurysm, aortic	6 months
Due to Syphilis, tertiary, cardiovascular	Unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. W. Williams M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 10/25/42

F 97061

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

92 16

F 97061 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 718 N. Arlington Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 718 N. Arlington Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Susie Broughton Robinson

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	Col.	Married

6 (b) Name of husband or wife Caleb Robinson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 - 1880

8. AGE: Years	Months	Days	If less than one day
62	7	26	hr. min.

9. Birthplace Brooklyn D.C. Brooklyn N.Y. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Oliver Henry
13. Birthplace N. C.

MOTHER
14. Maiden Name Julia ?
15. Birthplace N. C.

16 (a) Informant Caleb Robinson
(b) Address 718 N. Arlington

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-42 (month) (day) (year)
(c) Cemetery or crematory Hampton
Location Wash. D. C.

18 (a) Funeral director Samuel W. Edmondson
(b) Address 638 N. Eutaw St.

19 (a) Date received OCT 30 1942 Huntington Williamsport Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1942, at 5.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1942 to Oct 27 1942, and that I last saw her alive on Oct 25 1942.

Duration

Immediate cause of death Valvular Disease of Heart (over)
Due to
Due to
Other Conditions Hypertension
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. D. Woolridge M.D.
Address 7037 Lafayette Date signed 10-28-42

F 97062

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 97062

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Church Home + Infirmary Bendum BB.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day.
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Pr. Georges
(c) City or town Nottingham
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr Thomas Waters

3 (b) If veteran, name war No
3 (c) Social Security Account No. No

4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married
6 (b) Name of husband or wife Ada Waters.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) April 1870
8. AGE: Years 72 Months 6 Days If less than one day hr. min.
9. Birthplace Nottingham Md. (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business Farmer.

FATHER
12. Name William C Waters.
13. Birthplace Md.

MOTHER
14. Maiden Name Sarah Paget
15. Birthplace Md.

16 (a) Informant Church Home + Infirmary.
(b) Address Baltimore Md.
17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10-29-42 (month) (day) (year)
(c) Cemetery or crematory St. Pauls
Location Baden, Md.
18 (a) Funeral director Gibbs Bros.
(b) Address Gaither Sharrtown, Md.
19 (a) (Date received by registrar) OCT 29 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1942, at 12:40 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 28 1942, to Oct 29 1942, and that I last saw him alive on Oct 28 1942.

Immediate cause of death: Intestinal Obstruction — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr David Bachrach M.D.
Address Church Home + Infirmary Date signed 10/29/42

VS 3

F 97063

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61 ✓

F 97063 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 633 N. Castleot
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 633 N. Castleot (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emma E. Cole (Fields)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife John L. Cole

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4 - 1873

8. AGE: Years 69 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER 12. Name Robert Fields

13. Birthplace Baltimore

MOTHER 14. Maiden Name Unborn

15. Birthplace "

16 (a) Informant John L. Cole

(b) Address 633 N. Castleot

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)

(c) Cemetery or crematory Mt. Carmel

Location Baltimore

18 (a) Funeral director Philip Herring Sons

(b) Address 2024 Orleans St

19 (a) (Date received by Registrar) (b) Huntingtown Williams, Md. Registrar

OCT 29 1942

VS

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1942 at 5:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from February 1941 to Oct. 28 1942, and that I last saw h[illegible] alive on Oct. 28 1942.

Immediate cause of death Disease of coronary arteries — Duration 1 yr. 1 mo.

Due to Arteriosclerosis — Duration 1 yr. 1 mo.

Due to —

Other Conditions Diabetes Mellitus Senility — 10 yrs.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Leopold Brill M. D.
Address 826 N. Washington St. Date signed Oct. 29, 1942

F 97064

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 97064

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3102 Reisterstown Road
(c) Hospital or institution: —
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3102 Reisterstown Rd
(If rural give location)
(e) If foreign born, how long in U. S. A.? 42 years

3 (a) FULL NAME Gerson Cohen

3 (b) If veteran, name war —

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Sophia
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years	Months	Days	If less than one day
98	—	—	hr. — min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation Schochet (Ritual Killing
11. Industry or business (of animals for food)

FATHER
12. Name Zalmon Cohen
13. Birthplace Russia

MOTHER
14. Maiden Name Shania Dishia
15. Birthplace Russia

16 (a) Informant Isaac Cohen
(b) Address 3102 Reisterstown Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-42 (month) (day) (year)
(c) Cemetery or crematory Mt Carmel
Location Garrison Hills Baltimore Md

18 (a) Funeral director Jack Davis
(b) Address 1429 E. Balto. St

19 (a) OCT 29 1942 (Date rec'd by registrar) (b) Huntington for Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 19 42 at 5 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Oct 28 1942 and that I last saw h alive on Oct 28 1942

Immediate cause of death Bronchopneumonia and myocarditis — Duration

Due to —

Due to —

Other Conditions Pulmonary Edema

(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Benjamin Kaden M. D.
Address 2306 Eutaw Pl Date signed 10-29-42

VS 3

F 97065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C

F 97065

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 801 Buren St

(c) Hospital or institution: Balto City Jail

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Arthur W. Blackburn

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1892

8. AGE: Years	Months	Days	If less than one day
50			hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Vagrant

11. Industry or business

FATHER 12. Name Luther W. Blackburn

13. Birthplace Md.

MOTHER 14. Maiden Name Bessie J. Johnston

15. Birthplace Md.

16 (a) Informant Ben Blackburn

(b) Address 4B E 28th St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Md. Oliver

Location Baltimore

18 (a) Funeral director John F. Seyfert Son

(b) Address 801 W. Fayette St

19 (a) (Date of burial, cremation, or removal) OCT 29 1942 Hunting Town, Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1942 at 5:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19..., to 19..., and that I last saw h... alive on 19...

Immediate cause of death Acute dilatation of the heart

Due to

Due to (or)

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature J. N. MacMurdy M. D.

801 Buren St Date signed 10/27/42

VS 3

J. N. MacMurdy

F 97066

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

151 F 97066 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1912 Bolton St
(c) Hospital or institution Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 mo 1 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) ~~County~~ City of Balto
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1912 Bolton St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? Life years

3 (a) FULL NAME James Douglas Hunter. (Birth F-56857)

3 (b) If veteran, name war: Not

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or~~ divorced
Male	White	

6 (b) Name of husband or wife: not married

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 27/42

8. AGE: Years	Months	Days	If less than one day
	2	1	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation none infant

11. Industry or business

FATHER
12. Name Carl Hunter
13. Birthplace Asheville N.C

MOTHER
14. Maiden Name Mary Lou Buck
15. Birthplace Blacksburg Va

16 (a) Informant Carl Hunter
(b) Address 1912 Bolton St

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Blacksburg, Va.
Location Blacksburg, Va.

18 (a) Funeral director Stewart & Mourand Co.
(b) Address 198 So. North Ave.

19 (a) OCT 29 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1942; at 9 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from Augt 27 1942 to Oct 28 1942; and that I last saw him alive on Oct 30 1942.

Immediate cause of death Premature birth — Duration: life

(1) "Blue baby". Spina Bifida etc.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J W Keeton
Address 1938 Linden Ave. Date signed 10/28/42

VS 3

F 97067

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93N F 97067 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. & John St.
(c) Hospital or institution:
Hosp. for Women of Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13d.
(e) Length of stay in Baltimore (yrs., mos., or days) 67yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County —
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 35 E. 25th St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Mary Alexander Smith

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife Layton F. Smith
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8/20/1875

8. AGE: Years	Months	Days	If less than one day
67	1	29	hr. min.

9. Birthplace Louisville, Ky.
(Town, county and state)

10. Usual Occupation None.

11. Industry or business —

FATHER
12. Name William H. Baskey
13. Birthplace Kentucky

MOTHER
14. Maiden Name Mary Anderson
15. Birthplace Kentucky

16 (a) Informant Mr. Robert H. Baskey (nephew)
(b) Address 311 Highland - Parkton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/42 (month) (day) (year)
(c) Cemetery or crematory St. Johns
Location Waverly

18 (a) Funeral director Sinick Memorial Co.
(b) Address 1000 Mondawmin Ave.

19 (a) OCT 29 1942 (Date rec'd by registrar) Huntington Williams Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1942, at 4:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 16 1942 to Oct. 28 1942 and that I last saw her alive on Oct. 28 1942.

Immediate cause of death Cerebral hemorrhage — Duration 9d.
Due to Hypertensive Cardiovascular Disease. 10 yrs.
Due to Essential Hypertension 7
Other Conditions —

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Carl S. Hellings M. D.
Address Hosp. for Women Date signed 10/29/42

F 97068

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94N

F 97068 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5311 Edmondson Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5311 Edmondson Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grayson Ray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Olivia League
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) June 13, 1866

8. AGE: Years	Months	Days	If less than one day
76	4	15	hr. min.

9. Birthplace Wash. D.C.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name Wm. G. Ray
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Sopia Cross
15. Birthplace Balto. Md.

16 (a) Informant Mrs. Grayson Ray
(b) Address 5311 Edmondson Ave.

17 (a) Burial (b) Date thereof 10/30/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemy.
Location Fred. Ave. Balto. Md.

18 (a) Funeral director John O. Mitchell Funeral Home
(b) Address 1900 Eutaw Place

19 (a) (b) Huntington-Wilkinson Co. Baltimore, Md.
(Date rec'd by Registrar) OCT 29 1942

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1942 to Oct 28 1942
and that I last saw him alive on Oct 27 1942

Immediate cause of death Coronary Embolism — Duration ?
Due to Arteriosclerosis
Due to
Other Conditions Prostate Carcinoma
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Walter Ray Fisk M. D.
Address 20 S. Poston St Date signed 10/24/42

F 97069

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97069 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 822 Clintwood Court
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 822 Clintwood Court (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William G. Bailey (Birth F 60722)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct. 21, 1942
8. AGE: Years | Months | Days 7 | If less than one day hr. min.
9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name William G. Bailey
13. Birthplace Fairchance, Pa.

MOTHER
14. Maiden Name Marie E. Getz
15. Birthplace Baltimore, Md.

16 (a) Informant William G. Bailey
(b) Address 822 Clintwood Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A.A. County, Md.

18 (a) Funeral director Frederick P. Cole
(b) Address 1200 W. Lombard St.

19 (a) OCT 28 1942 Huntingtown Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28/42 19 at 11:15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 19 42 to Oct 28 19 42 and that I last saw h alive on Oct 28 19 42

Immediate cause of death	Duration
Patent Ovale Foramen	7 day
Due to	
Due to Asphyxia Neonatorum	7 day
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Darrie Miller M. D.
Address 1500 N Broadway Date signed 10/29/42

F 97070

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97070 Registered No. 160a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Eden & Wilkens Ave
(c) Hospital or institution St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 304 S Calhoun St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

19-3

3 (a) FULL NAME Baby Boy Tucker (Birth F 60948)
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age ___ years
7. Birth date of deceased (mo., day, yr.) 10/29-42
8. AGE: Years | Months | Days | If less than one day: 8 hr. min.
9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Bernard Tucker
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Bentley
15. Birthplace Balto. Md.

16 (a) Informant Bernard Tucker
(b) Address 304 S. Calhoun St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.
18 (a) Funeral director Frederick A Tyler
(b) Address 1600 W Lanvale St
19 (a) OCT 29 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1942, at 3 10 A. M
21. I certify that death occurred on the date above stated; that I attended deceased from 10·28·1942 to 10·29·1942, and that I last saw him alive on 10·29·1942

Immediate cause of death	Duration
Supra-cranial Hemorrhage	
Due to Quick birth.	
Due to	
Other Conditions Mild trauma of mother.	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Dudley P. Bonsz M. D.
Address 2 W. Read St. Date signed

VS 250

F 97071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 16HA F 97071

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 622 N Carrollton Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 622 N. Carrollton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John D. Ruder.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 2, 1885

8. AGE: Years	Months	Days	If less than one day
57	4	16	hr. min.

9. Birthplace Greenville, Miss.
(Town, county, and state)

10. Usual Occupation Pullman Porter

11. Industry or business

FATHER
12. Name Daniel Ruder
13. Birthplace Greenville, Miss.

MOTHER
14. Maiden Name Mary E. Martin
15. Birthplace Greenville, Miss.

16 (a) Informant Lena Ruder
(b) Address 622 N. Carrollton ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 29, 1942 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.

18 (a) Funeral director Wm. Chas. A. Holland
(b) Address 1631 Druid Hill Ave.

19 (a) Oct 29 1942 (Date rec'd by Registrar) (b) Huntington Williams (Registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1942 at 2:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest & Autopsy thereon and from the evidence obtained by said Inquest & Autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Asphyxiation due to Hanging.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Oct. 25 1942 at 2 A.M
(c) Where did injury occur? 622 N. Carrollton Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury Hanged self with rope

23. Signature Robert E. Gladden M.D. Medical Examiner.
Date signed Oct 25 1942.

F 97072

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

930 Registered No. F 97072

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5607 Roland Ave.,
(c) Hospital or institution: Melrose,
(d) Length of stay in hospital or inst. (~~hrs., mos.,~~ or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days) 65 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 908 E. Biddle St., (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ambrose J. Kennedy, Sr.

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Widowed

6 (b) Name of ~~husband~~ or wife Annie M. Kennedy
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1859

8. AGE: Years	Months	Days	If less than one day
83			hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Patrick Kennedy
13. Birthplace Ireland

MOTHER
14. Maiden Name Unknown
15. Birthplace Ireland

16 (a) Informant Ambrose J. Kennedy
(b) Address 914 E. Biddle street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location

18 (a) Funeral director Edward J. Graves Funeral Home
(b) Address 118 N. Mt. Royal Ave

19 (a) (Registrar's signature) (b) Nov 2 1942 Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28/42 19 42 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/9 1942 to 10/28 1942 and that I last saw h[illegible] alive on 10/27 1942.

Immediate cause of death Cardio Vascular Disease

Duration: 3 Yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature N. B. Wheeler M. D.
Address 4309 York Road Date signed 10/29/42

F 97073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

13/a F 97073 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 W. Fayette st. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John J. Sullivan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68 67			hr. min.

9. Birthplace Baltimore Md. (Town, county and state)
10. Usual Occupation Helper
11. Industry or business Sewerage Dept.

FATHER
12. Name John Sullivan
13. Birthplace Ireland

MOTHER
14. Maiden Name Johanna Burns
15. Birthplace Ireland

16 (a) Informant Jos. Sullivan
(b) Address Gregory Ave., Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/29/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cemetery
Location Old Frederick Rd.

18 (a) Funeral director Leo F. Kenny
(b) Address 1600 Hollins St.

19 (a) OCT 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

V8 6

MEDICAL CERTIFICATION

20. DATE OF DEATH October 26 1942, at 1.20 P.M.

21. I HEREBY CERTIFY, That I took charge of ~~above~~ remains described above, held an inquest thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardio-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Oct. 26 1942

F 97074

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 F 97074 Registered No.

Please write plainly with ink or indelible pencil. Do not use abbreviations. All questions must be answered or the certificate will be returned. Underline the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 247 Mowdell Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 247 Mowdell Road
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Daniel Vaeth

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-01-6547

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Dora M. Vaeth

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/11/1882

8. AGE: Years	Months	Days	If less than one day
60	3 4	1 7	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Clerk in Court House

11. Industry or business

FATHER
12. Name Geo F Vaeth
13. Birthplace Baltimore

MOTHER
14. Maiden Name Sophia Mengel
15. Birthplace Baltimore

16 (a) Informant Mrs Dora Vaeth
(b) Address 247 Mowdell Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director J. J. Fahey & Sons
(b) Address 23 Light St.

OCT 29 1942

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1942 at 6:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1942 to Oct 28 1942, and that I last saw h[illegible] alive on Oct 28 1942.

Immediate cause of death	Duration
Coronary Thrombosis	1 year
Due to Coronary occulsion	2 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hart Bonelli M.D.
Address 413 Frederick Rd Date signed 10/29/42

VS 3

F 97075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 d F 97075 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1515 Battery Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1515 Battery Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Peter John Schemm

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
WW.	215-05-7766	Male	White	Married

6 (b) Name of husband or wife Mary Ward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/15/1874

8. AGE: Years	Months	Days	If less than one day
67	11	12	hr. min.

9. Birthplace Baltimore.
(Town, county, and state)
10. Usual Occupation Engineer Court
11. Industry or business House Bldg.

FATHER
12. Name Christopher Schemm
13. Birthplace Md.

MOTHER
14. Maiden Name Catherine Enrich
15. Birthplace Germany.

16 (a) Informant Mrs Mary Schemm
(b) Address 1515 Battery Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Baltimore

18 (a) Funeral director J. J. Foley Sons
(b) Address 121 E. Eight St.

19 (a) OCT 29 1942 (b) Huntington, W. Va.
(Registrar's signature)

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-27, 1942, at 7:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-20, 1942, to 10-27, 1942, and that I last saw him alive on 10-26, 1942.

Immediate cause of death Chronic Myocardial Degeneration
Due to Arteriosclerosis

Duration
6d
7y

Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. L. Sollod M. D.
Address 2075 Fortune Date signed 10-28-42

Typed legibly. Both surname and given names to be underlined.

97076

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154 Registered No. E 97076

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2306 Brehms Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Longridge (Birth F-60969)
3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 19 1942

8. AGE: Years	Months	Days	If less than one day
—	—	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

FATHER 12. Name Herman Longridge
FATHER 13. Birthplace Baltimore Md.
MOTHER 14. Maiden Name Bertie Gable
MOTHER 15. Birthplace Baltimore, Md.

16 (a) Informant Mrs. Bertie Longridge
(b) Address 2306 Brehms Lane

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL OCT 29 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) OCT 29 1942 Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 25 1942 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 1942 to Oct 25 1942 and that I last saw h[illegible] alive on Oct. 25 1942

Immediate cause of death Respiratory failure
Due to Prematurity - 2 lb. 12 oz.
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert J Bryan M. D.
Address Univ. Hosp. Date signed 10/25

VS 8

9523

97077

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1-54

Registered No. E 97077

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Redwood & Greene

(c) Hospital or institution: University Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Howard

(c) City or town Ellicott City (near)
(If outside city or town limits, write RURAL and give town)

(d) Street No. Dunloggin Farms
(If rural give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Welsh

3 (b) If veteran, name war	3 (c) Social Security Account No.
0	0

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 27, 1942

8. AGE: Years	Months	Days	If less than one day
			4 hr. 0 min.

9. Birthplace: Howard County, Md.
(Town, county, and state)

10. Usual Occupation: none

11. Industry or business: 0

FATHER
12. Name: Robert Welsh
13. Birthplace: Md.

MOTHER
14. Maiden Name: Florence ?
15. Birthplace: Md.

16 (a) Informant: Public Health Nurse
(b) Address: Howard Co. Md.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-28-42 (month) (day) (year)

(c) Cemetery or crematory: City Dispensary
Location: JOHN HOPKINS HOSPITAL OCT 29 1942

18 (a) Funeral director: Commissioner of Health
(b) Address

19 (a) OCT 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

9524

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1942, at 1:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1942 to Oct 27 1942, and that I last saw h.m. alive on Oct 29 1942.

Immediate cause of death: Prematurity — Duration:

Due to

Due to

Other Conditions: none

(Include pregnancy within 3 months of death)

Date of operation: none

Major findings of operations:

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: none

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature: J. Y. Bird M. D.

Address: University Hosp. Date signed 10-28-42

F 97078

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

F 97078
Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2021 Orleans St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2021 Orleans St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma K. Lindsay

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: No

4. Sex: F.
5. Color or race: W.
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Harry T
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 27, 1867

8. AGE: Years 75 | Months 2 | Days 1 | If less than one day: hr. min.

9. Birthplace Balto. (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name Adam Trabandt
13. Birthplace Germany

MOTHER
14. Maiden Name Christina Schmutz
15. Birthplace Germany

16 (a) Informant Catherine Hoffstetter
(b) Address 33 S. Carroll St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. end North Ave.

18 (a) Funeral director M. W. E. Dippel & Sons
(b) Address Lombard & Ann Sts.

19 (a) OCT 29 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1942 at 11.20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from May 1942 to Oct 28 1942
and that I last saw h[illegible] alive on Oct. 28 1942

Immediate cause of death
Cardio-respiratory Arrest
Due to Cerebral apoplexy
Due to Chronic arteriosclerosis

Other Conditions Carcinoma of
H. West
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

Duration: acute / 10 hrs / 6 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature]
Address 700 E. Pratt St Date signed Oct 29 1942

F 97079

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

97079

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town: Baltimore
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 2613 McElderry St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 6 wks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: ~~Baltimore~~ Parkville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3023 Woodside Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Laura Virginia Ruff

3. (b) Social Security Number:

4. Sex	5. Color or race	6. Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife: Washington B. Ruff

6(c) If alive, give age: ——— years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1871

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
70	10	15	——	——

9. Birthplace: Brooklynville, Balto. Co., Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: William N. Lee
13. Birthplace: Md.

MOTHER
14. Maiden name: Elizabeth Coale
15. Birthplace: Md.

16. Informant: William S. Ruff
Address: 2618 McElderry St., Balto., Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 10/31/42 (month) (day) (year)

Cemetery or crematory: Baltimore Cem.

Location: Balto., Md.

18. Funeral director: John Burns' Sons

Address: Towson, Md.

OCT 29 1942 19
(Date rec'd by registrar)

Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct. 28, 1942 at 9:15 A.M.

21. I CERTIFY, that death occurred on the date above stated: that I attended deceased from Nov. 27 1940 to Oct 28, 1942 and that I last saw h-er alive on Oct. 23, 1942

Immediate cause of death	DURATION
Heart disease, chronic myocarditis	10 yrs+
Valvular heart disease, mitral, decomp.	10 yrs+
Due to Senile changes	Unk.
Due to	
Due to	
Other conditions Arteriosclerosis, Paroxysmal tachycardia	Unk. 2 Yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: No

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Rollin E. Hudson M.D.
M. D. or other

Address: Towson, Md. Date signed: Oct 29, 1942

F 97080

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97080 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2876 Kentucky Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2876 Kentucky Ave
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph W. Santora

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Santora
6 (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) April 28, 1870

8. AGE: Years	Months	Days	If less than one day
72	6		hr. min.

9. Birthplace Bohemia
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business Retired

FATHER
12. Name Frank Santora
13. Birthplace Bohemia

MOTHER
14. Maiden Name Theresa Linka
15. Birthplace Bohemia

16 (a) Informant Mary Santora
(b) Address 2876 Kentucky ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Balto. Md
18 (a) Funeral director Frank Evach & Son
(b) Address 900 N. Chester St
19. OCT 29 1942 (Date rec'd by registrar) (b) Huntington Williamsport, Pa.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28, 1942 at 7 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1938, to Oct 28 1942 and that I last saw h alive on 19

Immediate cause of death	Duration
Coronary Thrombosis	Sudden
Due to Coronary arteriosclerosis	4 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edmund A. Keeney M. D.
Address 1201 N. Calvert St. Date signed 10/29/42

VE 3

F 97081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97081 Registered No. 935

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3702 2nd St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore Co.
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 - 2nd St. (If rural give location)
(e) Citizen of foreign country? U.S. (Yes or No) If yes, name country (Nationality)

3 (a) FULL NAME Margaret J. McKee.

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	W.

6 (b) Name of husband or wife Thomas D. McKee
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April ?, 1871

8. AGE: Years	Months	Days	If less than one day
71	6	—	hr. min.

9. Birthplace Ireland. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name ?
13. Birthplace Ireland.

MOTHER
14. Maiden Name ?
15. Birthplace Ireland.

16 (a) Informant Family
(b) Address 3702 2nd. St. Bklyn

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-42. (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Ritchie Highway

18 (a) Funeral director E. I. McCully
(b) Address 30 E. Fort Ave.

19 (a) OCT 29 1942 (Date rec'd by registrar) (b) Registrar for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1942 at 2:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1942 to Oct 28 1942, and that I last saw h[illegible] alive on Oct 28 1942.

Immediate cause of death: Pneumonia (Duration 2 days)
Due to Arterio-Sclerosis
Cardio-Vascular Disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hazel Lantum M.D.
Address 320 Cathedral St. Date signed 10/29/42

VS 2

F 97082

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97082 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wilkins & Caton Ave.
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1805 McHenry
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Augusta Howe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M.

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 13, 1881

8. AGE: Years	Months	Days	If less than one day
60	10	14	hr. min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name John Roberts
13. Birthplace Md

MOTHER
14. Maiden Name Margaret ?
15. Birthplace Md.

16 (a) Informant Family
(b) Address 1805 McHenry St.

17 (a) Burial (b) Date thereof 10-31-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Catholic
Location Old Frederick Rd.

18 (a) Funeral director D. F. McGrath
(b) Address 1308 E. Fort Ave

OCT 29 1942
(Date rec'd by registrar)

(c) Filed by William Schaffer

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27, 1942 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/21/ 1942 to 10/27/ 1942, and that I last saw her alive on 10/27/ 1942

Immediate cause of death Pulmonary embolism

Duration 10 days

Due to

Due to

Other Conditions Related pregnancy of post & puerperium

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James M. Cousins M. D.
Address St. Agnes' Hosp. Date signed 10/27/42

VS 150

F 97083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1710 Registered No. F 97083

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Died
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore Town Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Hill St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME SEMUEL MORTON

3 (b) If veteran, name war

3 (c) Social Security Account No. 224-14-5532

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	Married

6 (b) Name of husband or wife Virginia

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
29			hr. min.

9. Birthplace prince Edw. Co Va (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name pleazy morton
13. Birthplace prince Edw. Co Va

MOTHER
14. Maiden Name Ellen Reed
15. Birthplace prince Edw. Co Va

16 (a) Informant Clarence morton
(b) Address 216 South St. Farmville Va

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 1-1942 (month) (day) (year)
(c) Cemetery or crematory
Location prince Edw. Co Va

18 (a) Funeral director Robert E. Williams
(b) Address 1515 McElderry St

19 (a) OCT 30 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 24 1942 at 5 PM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Drowning	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accidental
(b) Date of occurrence Oct 24/1942 at 1 PM
(c) Where did injury occur? Bens Creek Bridge Boat Canal (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? no (Specify type of place)
(e) Means of injury struck by street car and fell into canal + drowned

23. Signature H. J. Wollenmeber M.D. Medical Examiner.
Date signed 10-25-42

VS 6

F 97084

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

12 B

F 97084 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals 9-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 652 E. 35th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Roselie Parr 77229

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Augustus
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 8, 1867

8. AGE: Years	Months	Days	If less than one day
75	7	20	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Stevens
13. Birthplace Va.

MOTHER
14. Maiden Name Virginia Anthony
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore Md.

18 (a) Funeral director Williams Book Inc
(b) Address 217 St Paul Street

19 (a) OCT 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1942 at 4:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 7 1942 to Oct. 28 1942, and that I last saw her alive on Oct. 28 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	10 mos?
Due to	
Due to	
Other Conditions: Generalized arteriosclerosis (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Hatt M.D.
Address Balto City Hosp Date signed 10/29/42

42R 85085

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97085

Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7-5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County HOWARD
(c) City or town ELKRIDGE (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Phillip McDowell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-36

8. AGE: Years 6 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name William McDowell

13. Birthplace N.C.

MOTHER 14. Maiden Name Hannah Gellert

15. Birthplace Md

16 (a) Informant RECORDS

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31, 1942 (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge

Location Dorsey Maryland

18 (a) Funeral director William Cook, Inc.

(b) Address 1217 St. Paul St. Phone LE 7400

19 (a) OCT 30 1942 (Date received by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1942 at 5:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 7 1942 to Oct 29 1942, and that I last saw him alive on Oct 29 1942

	Duration
Immediate cause of death: Tuberculous Meningitis	
Due to: with Miliary Tbc. (not Pulmonary)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Manner of injury

23. Signature Frank W. Kibbe M.D.

Address Johns Hopkins Hosp. Date signed 10/29/42

VS 180

F97086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 940

Registered No. F97086

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 632 S. Curley St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2
(e) Length of stay in Baltimore (yrs., mos., or days) 25 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 632 S. Curley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Emilia Stokowski

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Stanislaus
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
70			hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business at Home

FATHER
12. Name
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Mrs. Stokowski
(b) Address 632 S. Curley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2 (month) (day) 42 (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Boyd W. Ozazewski
(b) Address 1900 Eastonsdale

19 (a) Date received OCT 30 1942 (b) Registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 1942, at 7:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1942, to Oct 28, 1942, and that I last saw her alive on Oct. 28 1942.

Immediate cause of death	Duration
Coronary Heart Disease	
Heart Failure.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Christopher G. Stamkos M. D.
Address 2537 Eastern Ave, Date signed 10/30/42

VS 3

F 97087

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 194a

Registered No. F 97087

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 615 S Lehigh St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 1
(e) Length of stay in Baltimore (yrs., mos., or days) 49

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 615 S Lehigh (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Christina Christ

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Chas A Christ

6 (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Mar 5 1869 2

8. AGE: Years 99 | Months 7 | Days 22 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER
12. Name Peter Fooks
13. Birthplace Germany

MOTHER
14. Maiden Name Catherine Ritter
15. Birthplace Pa

16 (a) Informant Chas A Christ
(b) Address 615 S Lehigh

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 30/42 (month) (day) (year)
(c) Cemetery or crematory Schwantz's Comm.
Location O'Donnell St Balto

18 (a) Funeral director John Uhlmann
(b) Address 2008 Orleans St

19 (a) (Signature of local registrar) Huntington Williams M.D.

OCT 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1942 at 12 noon M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1942 to Oct 27 1942 and that I last saw her alive on Oct 27 1942

Immediate cause of death
Coronary Thrombosis — Duration: 3 days
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene Zeller, M.D.
Address 2739 Eastern Ave Date signed 10/27/42

F 97083

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 97083 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3038 Edmondson Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3038 Edmondson Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph F. Kerhart

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-03-3579

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Emma V. Kerhart

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1885

8. AGE: Years	Months	Days	If less than one day
56	11	13	hr. min.

9. Birthplace Philadelphia, Pa.
(Town, county, and state)

10. Usual Occupation Clothing Salesman

11. Industry or business

FATHER
12. Name Joseph F. Kerhart
13. Birthplace Unknown

MOTHER
14. Maiden Name Katherine Spitzes
15. Birthplace Unknown

16 (a) Informant Mrs. Emma V. Kerhart
(b) Address 3038 Edmondson Avenue

17 (a) Burial (b) Date thereof 10/30/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Baltimore, Maryland

18 (a) Funeral director Morris Cook Leyton
(b) Address 1600 W North Ave.

19 (a) OCT 29 1942 (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 27 1942, at 1:30P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jun. 6 1941 to Oct. 27 1942, and that I last saw him alive on Oct. 27 1942

Immediate cause of death	Duration
Coronary Thrombosis	2 hours
Due to Arterial Hypertension	
Due to Generalized Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George A. Kapp
Address 3030 Edmondson ave. Date signed 10/30/42

VS 3

F 97089

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1124 B

F 97089 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1309 Jefferson St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Jefferson St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME THOMAS KANTY (Canty)

3 (b) If veteran, name war

3 (c) Social Security Account No. 718-12-2231

4. Sex M | 5. Color or race Col | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Jennie

6 (c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1885

8. AGE: Years 57 | Months 2 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace South Carolina (Town, county, and state)

10. Usual Occupation Boiler Washer

11. Industry or business A. & C. Railroad

FATHER
12. Name Junaqua Kanty
13. Birthplace South Carolina

MOTHER
14. Maiden Name Henrietta Thomas
15. Birthplace South Carolina

16 (a) Informant Jennie Kanty
(b) Address 1309 Jefferson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location a. a. County, Md.

18 (a) Funeral director Joseph L. Locke Jr.
(b) Address 1304 N. Central Ave

19 (a) OCT 30 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1942, at 2 05 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said " find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Carcinoma of Liver
Due to
Due to
Other Conditions no
(Include pregnancy within 3 months of death)

Duration

Date of operation
Major findings of operation: no
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
Where did injury occur? (City or town) (County) (State)
Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(c) Means of injury

22. Signature H. L. Williams M.D.
Medical Examiner.
Date signed 10-29-42

VS 6

F 97090

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a Registered No. 423541

F 97090

TYPING OR WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1506 N. Wolfe Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Stripling

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-6-23

8. AGE: Years	Months	Days	If less than one day
19	2	22	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name Thomas Stripling

13. Birthplace Tenn.

MOTHER 14. Maiden Name Elizabeth Horn

15. Birthplace Md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31st 1942 (month) (day) (year)

(c) Cemetery or crematory Morelands Memorial Pk. Location Dayton Ave.

18 (a) Funeral director Leo B. Loock

(b) Address 1701-03 N. Patterson Park Ave.

19 (a) (Date rec'd by registrar) (b) Registrar

OCT 30 1942 Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1942 at 2:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 10 1942 to Oct 28 1942 and that I last saw h[illegible] alive on Oct. 28 1942.

Immediate cause of death Cardiac arrest — Duration

Due to Myocardial Infarction — 7

Due to

Other Conditions Congenital Heart Disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Trimble Kenefick

Address Johns Hop. Hosp. Date signed 10/28

F 97091

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

Registered No. F 97091

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd street and Calvert
(c) Hospital or institution: The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) Birth Place

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL, and give town)
(d) Street No. 717 Lake Drive (Sheffield Apts) (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Abraham Oliner (Mary)

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Mr Abraham Oliner
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June twelfth, 1897

8. AGE: Years	Months	Days	If less than one day
45	4	17	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Myer Abramson
13. Birthplace Russia

MOTHER
14. Maiden Name Sarah Katz
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 Burial (Burial, cremation, or removal) (b) Date thereof 10-29-42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Friendship
Location E. Baltimore MD
18 (a) Funeral director Jos. Lowe Inc
(b) Address 1439 E. Baltimore St
19 (a) OCT 30 1942 (Must not be filled in by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October thirtieth 1942, at 5:00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from October 25 1942, to October 30 1942, and that I last saw h.R alive on October 30 1942.

Immediate cause of death	Duration
Cardio-Respiratory failure	
Due to Empyema, Meningitis	
Due to Actinomycosis & multiple abdominal sinus tracts.	
Other Conditions Fecal Fistula	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Newland Edward Day M. D.
Address Union Memorial Hospital Date signed Oct. 30/1942

VS 3

F 97092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

53

F 97092 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1907 Wilhelm St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD. (b) County

(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)

(d) Street No. 1907 Wilhelm St. (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ANTON HENRY CARSTENS

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NONE	NONE.	MALE	White	MARRIED

6 (b) Name of husband or wife HELEN L CARSTENS

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 18. 1865

8. AGE: Years	Months	Days	If less than one day hr.	min.
76	10	12		

9. Birthplace GERMANY (Town, county, and state)

10. Usual Occupation REAL ESTATE BUSINESS

11. Industry or business

FATHER 12. Name MEINT H. CARSTENS

13. Birthplace GERMANY

MOTHER 14. Maiden Name GERALDINE GERDES

15. Birthplace GERMANY

16 (a) Informant MRS. HILDA M. ROY

(b) Address 1907 Wilhelm St.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Nov. 2 1942 (month) (day) (year)

(c) Cemetery or crematory SPRING HILL

Location EASTON, MD.

18 (a) Funeral director R. ELLIS CLARK.

(b) Address EASTON MD.

19 (a) (b) Huntington Williams, M.D. Registrar

OCT 30 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942 at 2 05 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1 1942 to Oct 30 1942, and that I last saw him alive on Oct 24 1942.

Immediate cause of death Metastatic carcinoma to left lung

Due to carcinoma of skin of left cheek

Due to

Other Conditions amputation left upper extremity

(Include pregnancy within 3 months of death)

Date of operation March 21, 1942

Major findings of operation:

of autopsy:

Duration
3 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature William Roman M. D.

Address 206 S Aulena Ave. Date signed Nov 3 1942

F 97093

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 43

F 97093
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2 May St. Towson, Md
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel P. Guy

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	Col	S

6 (b) Name of husband or wife none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/22/1898

8. AGE: Years	Months	Days	If less than one day
44	8	7	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Amos W. Guy
13. Birthplace Md.

MOTHER
14. Maiden Name Harriett Kilaney
15. Birthplace Md.

16 (a) Informant Caroline Shorter
(b) Address May St. Towson Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt Zion
Location Long Green Md

18 (a) Funeral director Geo. S. Kelsey
(b) Address 1303 Pressman St

19 (a) (Entered) (by registrar) (b) Huntington Nottingham Registrar

VS: OCT 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 1942 at 4:40 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-23 1942 to 10-29 1942 and that I last saw him alive on 10-29 1942

Immediate cause of death	Duration
Carcinomatosis	
Due to Carcinomatosis of Liver	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature R. S. Jackson M. D.
Address 600 Ashley Bldg. Date signed 10-30-42

F 97094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97094 Registered No. 1378

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6810 Reisterstown Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 6810 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Millard F. Scharf (Millard Franklin Scharf)
3 (b) If veteran, name war No
3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 19 - 1867

8. AGE: Years 75 | Months 0 | Days 10 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer.
11. Industry or business

FATHER
12. Name Elisha T. Scharf
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Mary L. Houston
15. Birthplace Baltimore Md.

16 (a) Informant (Mrs) Mary F. Le Compte
(b) Address 6810 Reisterstown Road.

17 (a) Md Clerk (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) OCT 30 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1942 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Oct 29 1942 and that I last saw him alive on Oct 28 1942

	Duration
Immediate cause of death Uraemia	48 hrs
Due to Retention 3 years.	
Due to Chronic Prostatitis	?
Other Conditions Arteriosclerosis and Senility (Include pregnancy within 3 months of death)	?

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. E. Nichols M. D.
Address Pikesville Md Date signed 10/29/42

F 97095

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 97095 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3808 Woodbine Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 29
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3808 Woodbine Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CAMPBELL F. MATTHEWS

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 217-14-1219

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Anna
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/18/1888

8. AGE: Years	Months	Days	If less than one day
54	8	11	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation Bookkeeper
11. Industry or business First National Bank

FATHER
12. Name Benjamin Matthews
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Adelaide Messique
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Anna Matthews
(b) Address 3808 Woodbine Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetary
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md. Williams, M.P.

19 (a) OCT 30 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29, 1942, at 3:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1942 to Oct 29 1942 and that I last saw h~~e~~ alive on Oct 29 1942.

Immediate cause of death: Coronary Thrombosis — Duration 1 day
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. F. Abbott M. D.
Address 450 S. Ft. H. Ave Date signed 10-30-42

VS 3

F 97096

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 97096 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5006 Roland avenue
(c) Hospital or institution: ----
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27-13
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County --
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5006 Roland avenue (If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME AGNES GOLDSBOROUGH HELFRICH

3 (b) If veteran, name war ---
3 (c) Social Security Account No. -----

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Widowed

6 (b) Name of husband or wife John S. Helfrich
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1879

8. AGE: Years	Months	Days	If less than one day
63	1	23	hr. min.

9. Birthplace Ennis Texas (Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Henry Paul Goldsborough
13. Birthplace Kent Island, Md.

MOTHER
14. Maiden Name Helena McManus
15. Birthplace Balto. Md.

16 (a) Informant Felix V. Goldsborough
(b) Address Lombard street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location

18 (a) Funeral director Chas J. Tavani Son Inc
(b) Address 118 N. Mt Royal Ave

19 (a) (Date received by registrar) (b) Registrar
OCT 30 1942 Harding for Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 19 , at 42 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1941, to Oct 29 1942 and that I last saw h[illegible] alive on Oct 29 1942.

Immediate cause of death Coronary Thrombosis — Duration Unknown
Due to Arteriosclerosis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Chas J. Goldsborough M.D.
Address 2923 St Paul St Date signed 10/30/42

F 97097

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1382 F 97097 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 636 W Mulberry
(c) Hospital or institution
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 636 W Mulberry (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mildred Williams
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem	Col	married

6 (b) Name of husband or wife Clarence
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 10-14

8. AGE: Years	Months	Days	If less than one day
28	1	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation House Work.
11. Industry or business

MOTHER / FATHER
12. Name William Simms
13. Birthplace Annapolis Md
14. Maiden Name Dorothy Ennis
15. Birthplace Baltimore Md.

16 (a) Informant Mr Clarence Williams
(b) Address 636 W Mulberry St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/28/1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) (Date received by registrar) (b) Huntington Williams Registrar

VS 2 OCT 30 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1942 at 5:15 PM

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 27 1942 to Oct 28 1942 and that I last saw h[illegible] alive on Oct 28 1942.

Immediate cause of death Uremia

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration 2 Months

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. Heaney M.D.
Address 749 W Lexington St Date signed Oct 29 1942

MPR 77586 F 97098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 161C

F 97098 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W. Hill St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Baby Boy (King) (Lueberta) (Birth F. 61175)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex M | 5. Color or race C | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 24, 1942

8. AGE: Years | Months | Days 6 | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name James Bradley
13. Birthplace S. C.

MOTHER 14. Maiden Name Lueberta Hallaway King
15. Birthplace Va.

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 30 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director James A Hayes
(b) Address 1622 Whitelock St.

19 (a) (Date received by Registrar) 10-30-1942 Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29, 1942, at 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28, 1942, to Oct 29 1942, and that I last saw him alive on Oct 29 1942.

Immediate cause of death	Duration
Circulatory failure	12 hrs.
Due to C.N.S. infancy	4 days.
Due to ? Hydrops fetalis.	1 day.
Other Conditions Sclerema.	

(Include pregnancy within 3 months of death)
Date of operation None.
Major findings of operation: None.
of autopsy: None.

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. S. Cross Jr. M. D.
Address Balt City Hosp Date signed 10-30-

F 97099

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97099 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St.
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 626 N. Fremont Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John T Harper

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-0617

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Widowed

6 (b) Name of husband or wife Frances Harper
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Danville Virginia (Town, county, and state)
10. Usual Occupation Janitor
11. Industry or business

FATHER
12. Name Henry Harper
13. Birthplace Va

MOTHER
14. Maiden Name Lucy
15. Birthplace Va.

16 (a) Informant Frances Johnson
(b) Address 626 N. Fremont Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Lebanon
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N. Schroeder St

19 (a) OCT 30 1942 (Date received by Registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10 — 28 — 1942 at 8.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10 - 3 — 1942, to 10 - 28 — 1942, and that I last saw h~~im~~ alive on 10 - 28 — 1942.

Immediate cause of death Myocarditis

Duration 6 Mos.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M.D.
Address Date signed 10/26

VS 3

97-2822

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 97100
Registered No.

THIS SPACE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2320 Jefferson St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Anderson

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 9-1865

8. AGE: Years	Months	Days	If less than one day
76	10	19	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER 12. Name Oliver Anderson
13. Birthplace Maryland

MOTHER 14. Maiden Name Margaret Smith
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31/42 (month) (day) (year)
(c) Cemetery or crematory Schwartz's Lem...
Location Donnell St.

18 (a) Funeral director Johnny E. Bailey
(b) Address 2324 Jefferson St.

19 (a) [illegible] (b) Huntington Williams, M.D. Address Balto. City Hosp.

OCT 30 1942
W Bo

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28 1942 at 10 00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28 1942 to 10-28 1942 and that I last saw him alive on 10-28 1942

Immediate cause of death	Duration
Bronchopneumonia	6 days
Due to Arteriosclerotic Degeneration	
Cardiac vascular disease	
Due to	
Other Conditions Arteriosclerotic	
Carcinoma left foot	
(Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Date signed 10-29-42

F 97101

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. F 97101

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3908 FAIT AVE.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3908 FAIT AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARY RAAB

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: FEMALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: BERNARD RAAB
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): AUG. 18 1885

8. AGE: Years: 57 | Months: 2 | Days: 10 | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD.
(Town, county, and state)

10. Usual Occupation: HOUSE WIFE

11. Industry or business: AT HOME

FATHER
12. Name: HERMAN MACK

13. Birthplace: BALTO.

MOTHER
14. Maiden Name: KATHERINE WEBER

15. Birthplace: BALTO.

16 (a) Informant: BERNARD RAAB (HUSBAND)
(b) Address: 3908 FAIT AVE.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 31/42 (month) (day) (year)
(c) Cemetery or crematory: SACRED HEART CEM.
Location: GERMAN HILL ROAD

18 (a) Funeral director: Lilly & Zollickoffer
(b) Address: 4028 WOLFE ST.

19 (a) OCT 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH OCT. 28 1942 at 1/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1941 to Oct. 28 1942, and that I last saw her alive on Oct 28, 1942.

Immediate cause of death: Heart Failure - Ch. Myocarditis — Duration

Due to

Due to

Other Conditions Pernicious Anemia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hunt Williams M. D.

Address 8 S St Easton Date signed 10/31/42

VS 3

97102

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55E

F 97102

Registered No. 4777

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 100 W. University Pkwy. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Miss Margaret Packard

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1883

8. AGE: Years	Months	Days	If less than one day
59	0	7	hr. min.

9. Birthplace Baltimore City, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

FATHER
12. Name Joseph Packard
13. Birthplace Virginia

MOTHER
14. Maiden Name Meta Hanewinckel
15. Birthplace Virginia

16 (a) Informant Miss Josephine Packard
(b) Address 100 W. University Pkwy, City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Balto Md

18 (a) Funeral director Henry M. Jenkins Sons Co
(b) Address Dr. & Cylbert & Oakland Sts. Huntington Williams M.D. Registrar

OCT 30 1942 (Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1942, at 12:05 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1942 to Oct 30 1942, and that I last saw h[illegible] alive on Oct 30 1942.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Carcinomatosis	6 mo.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Oct. 24, 1942
Major findings of operation: Biopsy - Carcinoma - origin undetermined
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Meerland Edward Day
Address Union Memorial Hosp. Date signed October 30 1942

VS 8

57103 F

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93D

F 57103

Registered No. 4471

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days) all of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1604 Holbrook Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. William Wendell Bregel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/12/1873

8. AGE: Years	Months	Days	If less than one day
69	6 mos.	18	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Mr. Henry Bregel
13. Birthplace Germany

MOTHER
14. Maiden Name Louisa Schneider
15. Birthplace Maryland

16 (a) Informant Mrs. Edna L Bregel
(b) Address 1810 E Monument

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2/1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Rural

18 (a) Funeral director Ulrich Funeral Home
(b) Address 2004 E Baltimore St

19 (a) OCT 30 1942 (b) Signature of registrar Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1942, at 2:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 24 1942 to Oct. 30 1942 and that I last saw h— alive on Oct. 30 1942

Immediate cause of death	Duration
Cardio-Respiratory failure	
Due to Arteriosclerotic Heart Disease	2 yrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harland Chood Day
Address Union Memorial Hosp Date signed Oct 30 42

VS 8

97104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. E 97104

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 517 E. Cross St.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 517 E. Cross St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DOROTHEA NUETZEL

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife George Nuetzel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 19, 1859

8. AGE: Years	Months	Days	If less than one day
83	5	9	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Don' know
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant George W. Nuetzel
(b) Address 517 E. Cross St.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Woodlawn, Md

18 (a) Funeral director Leeroth Funeral Home
(b) Address 2008 Orleans St.,

19 OCT 30 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28/ 1942 at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/24/1942 to 10/28/1942 and that I last saw her alive on 10/27/1942.

Immediate cause of death	Duration
Arterio sclerotic cardio vascular disease	?
Due to - - - -	
Due to - - - -	
Other Conditions - - -	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deibel
Address 1226 Hanover St. Date signed 10/29/1942.

VS 3

F 97105

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97105 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US MARINE HOSPITAL, BALTIMORE, MARYLAND.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 138 Jackson Square
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK FRANCIS MILLER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 213-09-8216

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC. 7, 1894

8. AGE: Years	Months	Days	If less than one day
47	10	22	hr. min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual Occupation CHAUFFEUR

11. Industry or business BOND PAPER

FATHER
12. Name JOHN MILLER
13. Birthplace BALTIMORE, MARYLAND.

MOTHER
14. Maiden Name MARY MCKENA
15. Birthplace IRELAND

16 (a) Informant RECORDS*us MARINE HOSPITAL
(b) Address BALTIMORE, MARYLAND.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Lennon Son
(b) Address 901 Hollins St.

19 (a) OCT 30 1942 (Date received by Local Registrar) (b) Huntingtown Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29, 1942, at 10:50 pm

21. I certify that death occurred on the date above stated; that I attended deceased from October 26 1942 to Oct. 29, 1942, and that I last saw him alive on Oct. 29, 1942.

Immediate cause of death	Duration
Myocardial infarction	5 days
Due to Coronary thrombosis	5 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Quinn M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 10/30/42

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F 97106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97106
Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Greene
(c) Hospital or institution: University
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Howard
(c) City or town Elkridge
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5327 Maine St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John F. O'Malley

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	wh.	married

6 (b) Name of husband or wife Nellie E. O'Malley
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Oct. 9, 1879 (1872)

8. AGE: Years	Months	Days	If less than one day
70 65	0	20	hr. min.

9. Birthplace Elkridge, Md.
(Town, county, and state)
10. Usual Occupation Chief Clerk
11. Industry or business State Tax Comm.

FATHER
12. Name Patrick Omalley
13. Birthplace Ireland

MOTHER
14. Maiden Name Bridget Kennelly
15. Birthplace Ireland

16 (a) Informant Mrs Nellie E. O'Malley
(b) Address Elkridge, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/42 (month) (day) (year)
(c) Cemetery or crematory St Augustines Cem.
Location Elkridge, Md

18 (a) Funeral director John J. Dwyer Son
(b) Address 901 Hollins St.

19 (a) OCT 30 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 19 42, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 25 19 42 to October 29 1942, and that I last saw h alive on October 29 19 42.

Immediate cause of death Diffuse bronchopneumonia and bronchopleurisy — Duration days.

Due to Bronchogenic carcinoma — 5 years

Due to —

Other Conditions Diabetes mellitus noted

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. A. Palmer M. D.
Address University Hospital Date signed 10/29/42.

F 97107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 47f

F 97107 Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mercy Hospital
(c) Hospital or institution: Calvert & Saratoga St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1449 Homestead St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edward J Connell
3 (b) If veteran, name war C
3 (c) Social Security Account No. 213-10-0757
4. Sex Male
5. Color or race White
6 (a) Single, married, widowed, or divorced. Single
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 16, 1893
8. AGE: Years 49 Months 7 Days 12 If less than one day hr. min.
9. Birthplace Balt, Md. (Town, county, and state)
10. Usual Occupation Belt tromit operator
11. Industry or business
FATHER 12. Name James E Connell
FATHER 13. Birthplace Ireland
MOTHER 14. Maiden Name Mary Graham
MOTHER 15. Birthplace Baltimore, Md
16 (a) Informant Miss Margaret Connell
16 (b) Address 1001 St Paul St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
17 (c) Cemetery or crematory St Peters Cem. Location Maryland Ave.
18 (a) Funeral director John J Conlan & Son
18 (b) Address 901 Watkins St.
19 (a) (Date received by registrar) (b) Hunting for Williams, Registrar
OCT 30 1942
VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28, 1942 at 9.35 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19 1942 to Oct 28, 1942, and that I last saw him alive on Oct. 28 1942.

Immediate cause of death Cardio respiratory failure
Due to Mediastinal neoplasm ? & metastasis
Due to (over)
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Thomas E Clarke M. D.
Address Date signed

F 97108

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59B

F 97108 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2012 E Fairmount Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 2012 E Fairmount Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3 (a) FULL NAME Gussie Belligan

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W	Widow

6 (b) Name of husband or wife Ed Belligan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 24 1878

8. AGE: Years	Months	Days	If less than one day
64	2	3	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Home work at home
11. Industry or business

FATHER
12. Name Wm Teeters
13. Birthplace Germany

MOTHER
14. Maiden Name Dont Know
15. Birthplace Germany

16 (a) Informant Mr John F Neskein
(b) Address 1619 Marshall st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director William M Marecks
(b) Address 715 Light St

19 (a) OCT 30 1942 (Date filed by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1942, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1942 to Oct 29 1942 and that I last saw h alive on 10/28 1942

Immediate cause of death

Due to Hypostatic Pneumonia

Due to Coronary Thrombosis Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation X

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide X
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify)
(e) Means of injury

Signature Huntington Williams M. D.
Address 715 Light St Date signed

VS 3

F 97109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97109 Registered No. 108

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The accuracy and completeness of information should be carefully applied. The

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Light St.
(c) Hospital or institution: South Baltimore General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) 36 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (Brooklyn) (If outside city or town limits, write RURAL and give town)
(d) Street No. 511 Maud Ave (If rural give location)
(e) Citizen of foreign country? [redacted] NO (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lewis M. Puncochar

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-6727

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Sadie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 23 1906

8. AGE: Years	Months	Days	If less than one day
36		5	[redacted] hr. 16 min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)
10. Usual Occupation Rivet Tester
11. Industry or business Fairfield Shipyard.

FATHER
12. Name Joseph Puncochar
13. Birthplace Czeck.

MOTHER
14. Maiden Name Anna Hudlicka
15. Birthplace Czeck

16 (a) Informant Sadie Puncochar
(b) Address 571 Maude ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross Cem
Location Brooklyn Md

18 (a) Funeral director William M Marack
(b) Address 715 Light St

19 (a) OCT 30 1942 Huntington Williamsburg M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/28 1942, at 1.45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/27 1942, to 10/28 1942, and that I last saw h[illegible] alive on 10/27 1942.

Immediate cause of death Respiratory failure due To Severe toxemia — Duration

Due to Pneumococcus Types 1-33

Due to (Only)

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. Arnheim Zeff M. D.
Address 213 Light St. Date signed 10/28/42

VS 150

Dr Zeff

F 97110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 98

F 97110
Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 302 E. Lafayette Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 302 E Lafayette Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pietro Balagano

3 (b) If veteran, name war: –
3 (c) Social Security Account No.: –

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife: Elizabeth Balagano
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Mar. 1, 1855

8. AGE: Years	Months	Days	If less than one day
87	7	27	hr. min.

9. Birthplace: Italy (Town, county, and state)
10. Usual Occupation: none
11. Industry or business

FATHER
12. Name: unknown
13. Birthplace: Italy

MOTHER
14. Maiden Name: Maria ?
15. Birthplace: Italy

16 (a) Informant: Wm H. Hall
(b) Address: 302 E Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 30 42 (month) (day) (year)
(c) Cemetery or crematory: Sherwood Cemetery
Location: Baltimore Co.

18 (a) Funeral director: Albert N. Bruegg
(b) Address: 540 E. North Ave

19 (a) OCT 30 1942 (Registered)
Hunting for Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1942, at 11:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941 to Oct 28 1942 and that I last saw h[illegible] alive on Oct 28 1942

Immediate cause of death:	Duration
Senility;	
Arteriosclerotic gangrene	
Due to Cerebral hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: Jack J. Singer M.D.
Address: 506 E. North Ave Date signed: 10-30-42
M. D.

F 97111

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30E

Registered No. F 97111

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 1 da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 825 S. Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Isiah Williams

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C.	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1901

8. AGE: Years	Months	Days	If less than one day
41			hr. min.

9. Birthplace (Town, county and state)

10. Usual Occupation Truck helper

11. Industry or business

FATHER 12. Name Isiah Robinson

13. Birthplace S. C.

MOTHER 14. Maiden Name Jane Blake

15. Birthplace S. C.

16 (a) Informant Isiah Williams

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location UNIVERSITY MEDICAL SCHOOL OCT 30 1942

18 (a) Funeral director Commissioner of Health

(b) [redacted]

19 (c) Huntington Williams M.D. Registrar

OCT 30 1942

VS 150

9531

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13-42 19 , at 4:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-12-42 19 , to 10-13-42 19 , and that I last saw him alive on 10-13-42 19

Immediate cause of death Osteal Oclasis

Due to Lueto Cardio vascular disease.

Due to

Other Conditions Lobar pneumonia Rt base
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. L. Byerly Jr. M. D.

Address Date signed

Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

97112

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 87E

F 97112 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. THIS

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State V (b) County
(c) City or town Vagrant (Prisoner aid)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Pinkney Green

3 (b) If veteran, name war ?

3 (c) Social Security Account No. ?

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1897

8. AGE: Years	Months	Days	If less than one day
50	?	?	hr. min.

9. Birthplace Mary, La. (town, county, and state)

10. Usual Occupation Labour

11. Industry or business

FATHER
12. Name Henry Green
13. Birthplace La

MOTHER
14. Maiden Name Mary Smith
15. Birthplace La

16 (a) Informant
(b) Address Hospital Records.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL OCT 30 1942

18 (a) Funeral director Commissioner of Health
(b) Address OCT 30 1942

19 (a) [redacted] Huntington Williams, M.D.
(Date) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/20 1942 at 2 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/12 1942 to 10/20 1942 and that I last saw h. living alive on 10/20 1942

Immediate cause of death Cardiac edema (post operative)

Due to Internal hydrocephalus

Due to Chronic adhesive arachnoiditis

Other Conditions none

(Include pregnancy within 3 months of death)

Date of operation 10/14/42

Major findings of operations: Above

of autopsy: none

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R.K. Thompson M. D.
Address Univ. Hosp. Date signed 10/25

VS 150

95530

F 97113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97113
Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1521 Linden St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine V. Kinnear

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Robert A. Kinnear
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 5, 1881

8. AGE: Years	Months	Days	If less than one day
61	1	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Charles Carr.
13. Birthplace Baltimore

MOTHER
14. Maiden Name Catherine Watson
15. Birthplace Baltimore, Md

16 (a) Informant Hosp. admission sheet
(b) Address Mercy Hosp.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Baltimore, Md

18 (a) Funeral director Howard A. Burgunder
(b) Address 21 W. 25th St.

19 (a) OCT 30 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1942, at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26 1942 to Oct. 30 1942, and that I last saw her alive on Oct 30 1942.

Immediate cause of death Acute Pulmonary Edema — Duration

Due to

Due to

Other Conditions Contributing to Death Left Leg. (Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wilson A. Abson M.D.
Address Mercy Hospital Date signed 10/31/42

VS 160

F 97114

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ✓ 131a

F 97114 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 746 E. 30th St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 746 E. 30th St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles H. Scott.

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓ none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife —

6 (c) If alive, give age —years

7. Birth date of deceased (mo., day, yr.) Oct 27, 1866

8. AGE: Years	Months	Days	If less than one day
76	0	1	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Retired.
11. Industry or business

FATHER
12. Name William J. Scott
13. Birthplace Baltimore, Md

MOTHER
14. Maiden Name Mary A. McCormick
15. Birthplace Oakland

16 (a) Informant Mrs. Nellie Spicer
(b) Address 746 E. 30th St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore, Md

18 (a) Funeral director Durward D. Pennington
(b) Address 24 W. 25th St for Huntington Ave, Md

19 (a) OCT 30 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 28 1942 at 8:22 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 21, 1942 to Oct 28 1942, and that I last saw him alive on Oct 29, 1942.

Immediate cause of death Chronic Myocarditis — Duration 1 yr.
Due to Arteriosclerotic Cardio-vascular Renal Disease
Due to
Other Conditions Fracture Neck of Femur 6-21-42
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel B. Wolfe M. D.
Address 1331 E. Northaven Date signed 10-30-42

VS 2

Howard J. Walden, M.D.

F 97115

F 97115

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2709 Southern Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2709 Southern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years

3 (a) FULL NAME Margaret Kloppel nee Petri

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F M	White	Widow

6 (b) Name of husband or wife Alfred G.
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 7, 1873

8. AGE: Years	Months	Days	If less than one day
68	11	23	..... hr. ..... min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Jacob Petri
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Viola A. Gladden
(b) Address 2709 Southern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/42 (month) (day) (year)
(c) Cemetery or crematory Louden Park
Location Frederick Ave

18 (a) Funeral director Leonard J. Ruck
(b) Address 5305 Harford Rd.

19 (a) OCT 30 1942 (Signed) Hamilton for Wm. Bernard, M. D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942, at 7:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to Oct. 30 1942 and that I last saw h.. alive on Oct. 30 1942.

Immediate cause of death Coronary Thrombosis — Duration 2 days
Due to Arteriosclerosis
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature C. W. Peake M. D.
Address 4505 Harford Rd Date signed 10-30-42

F 97116

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97116 Registered No.

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2403 Garrison Blvd.

(c) Hospital or institution:

none

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County none

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2403 Garrison Blvd. (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Julia M. Dunn

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Willis F. Dunn

6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Aug. 28, 1861

8. AGE: Years	Months	Days	If less than one day
81	2	--	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name John Beckley

13. Birthplace Md.

MOTHER

14. Maiden Name Christiann Alder

15. Birthplace Md.

16 (a) Informant W. F. Dunn

(b) Address 2403 Garrison Blvd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)

(c) Cemetery ~~sepulchre~~ Asbury, Reisterstown, Md.

Location Reisterstown, Md.

18 (a) Funeral director John O. Mathews Sons, Inc.

(b) Address 1900 Eutaw Place

19 (a) OCT 30 1942 (Registered by Registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28th 1942, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 1942 to Oct. 28 1942, and that I last saw h[illegible] alive on October 28 1942.

Immediate cause of death: Chronic Hypertensive Cardiovascular Disease — Duration (?)

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Walter E. Dearmon (M. D.)

Address Med. Arts Bldg. Date signed

Dr. Dearmon

F 97117

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 97117 Registered No.

The cause of death is especially important. Physicians: please write the causes of death clearly and legibly. Be sure that all information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3212 Walbrook Avenue
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town 3212 Walbrooke Ave. (If outside city or town limits, write RURAL and give town)
(d) Street No. Baltimore (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret Jane Bledsoe

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife Robert H. Bledsoe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 21, 1851

8. AGE: Years	Months	Days	If less than one day
90 91	10	8	hr. min.

9. Birthplace Pa. (Town, county, and state)
10. Usual Occupation none
11. Industry or business

FATHER
12. Name Mathias T. Walker
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Bull
15. Birthplace Balto. County, Md.

16 (a) Informant Catherine V. Bledsoe
(b) Address 3212 Walbrook Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave., Balto., Md.

18 (a) Funeral director John O. Mistretta & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) OCT 30 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1942, at 4:46 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to Oct 1942 and that I last saw her alive on 10/29 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 years
Due to Arteriosclerosis	years
Due to Hypertension	years
Other Conditions —	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury

23. Signature Warfield Ford M. D.
Address 20 E. Preston St. Date signed

VS 180

424126 F 97118

BALTIMORE CITY HEALTH DEPARTMENT X F 97118

CERTIFICATE OF DEATH 1937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State D.C. (b) County
(c) City or town WASHINGTON (If outside city or town limits, write RURAL and give town)
(d) Street No. 1531 New Hampshire Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Juliette Leiter

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Joseph Leiter

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-16-81

8. AGE: Years 60 | Months 11 | Days 14 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name John Williams

13. Birthplace Md.

MOTHER 14. Maiden Name Mae Hewitt

15. Birthplace Minn.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-31-42 (month) (day) (year)

(c) Cemetery or crematory Rock Creek Cemetery

Location Washington, D. C.

18 (a) Funeral director Jos. Gawler's Sons Company

(b) Address Washington, D. C.

OCT 30 1942 (Date rec'd by registrar) Huntington Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1942, at 1:10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942, to Oct 30 1942, and that I last saw h. alive on Oct 30 1942.

Immediate cause of death Heart failure

Due to Hypertensive cardiovascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hope L Worrell M.D.

Address Johns Hopkins Hospital Date signed 10/30/42

VS 180

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

F 97119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

F 97119 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 8 E. Cross St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8 E. Cross St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Myrtle M. Zigas

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Divorced

6 (b) Name of husband or wife

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 15, 1907

8. AGE: Years	Months	Days	If less than one day
35	3	14	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Robt. McCaffery
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Ella Wagner
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Ella Mc Caffery
(b) Address 1108 Birchhead St. (Mother)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location A. G. Co., Md.

18 (a) Funeral director G. Bovard Evans
(b) Address 1460 N. Charles St.

19 (a) OCT 30 1942 (b) Huntington Williams, M.D. Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29, 1942, at 3:17 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/7/1942 to 10/29/1942 and that I last saw her alive on 10/28/1942.

Immediate cause of death: Chronic valvular disease of the heart. — Duration 7

Due to —

Due to —

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harry Deiker M. D.
Address 1226 Hanover St. Date signed 10/29/1942.

VS 8

F 97120

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97120 Registered No.

122 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene and Redwood
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) W
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Howard
(c) City or town West Friendship
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Fannie Fisher

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Gilbert Fisher
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1888

8. AGE: Years 54 | Months 8 | Days 18 | If less than one day hr. min. 53

9. Birthplace Rockbridge Maryland. (Town, county, and state)

10. Usual Occupation Housework.

11. Industry or business

FATHER
12. Name Charlie Davis
13. Birthplace Maryland.

MOTHER
14. Maiden Name Lizzy Jenkins
15. Birthplace Maryland.

16 (a) Informant Gilbert Fisher, Husband.
(b) Address West Friendship, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1 1942 (month) (day) (year)
(c) Cemetery or crematory Howard Chapel
Location Montgomery Co.

18 (a) Funeral director H. M. Snyder
(b) Address Mt. Airy Md

19 (a) OCT 30 1942 (b) Registrar Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1942, at 2:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 15 1942 to Oct/Dec 30 1942, and that I last saw h[illegible] alive on October 30 1942.

Immediate cause of death Intestinal obstruction — Duration

Due to Diverticulitis of ascending colon with

Due to abscess in peritoneal cavity

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations: Tumor and abscess

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. E. Raby M. D.

Address University Date signed

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 97121

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

✓ F 97121 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3509 Crossland Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME RALPH K McDERMOTT

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 146-09-6125

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife: Adele

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 13 1898

8. AGE: Years	Months	Days	If less than one day
43	11	17	hr. min.

9. Birthplace New Jersey (Town, county, and state)

10. Usual Occupation Supervisor

11. Industry or business Sanitary Electric Co

FATHER
12. Name Wilhelm J. McDermott
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Emma L. Gratz
15. Birthplace New Jersey

16 (a) Informant Adele McDermott
(b) Address 3509 Arnold Rd

17. (a) Burial Funeral (Burial, cremation, or removal) (b) Date thereof 10/30/42 (month) (day) (year)
(c) Cemetery or crematory Edgefield
Location Edgefield Md

18 (a) Funeral director Wallhoy Cook Doe
(b) Address 1219 E Fort St

OCT 30 1942 (Date rec'd by registrar)
(b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1942 at 1:45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to

Due to

Other Conditions: no

(Include pregnancy within 3 months of death)

Date of operation: no

Major findings of operation:

of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Zollinger Wilkerson M.D. Medical Examiner.
Date signed 10-30-42

VS 6

F 97122 F61092

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 147c

✓ F 97122

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene and Redwood Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 3 Mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Dorc
(c) City or town LaFollette Tenn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 145 W. Lombard St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Birdie Foster

3 (b) If veteran, name war: N

3 (c) Social Security Account No.: None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Fred Foster

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 25, 1912

8. AGE: Years 29 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Gilboa Ky (town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Charles Davenport

13. Birthplace Ky

MOTHER 14. Maiden Name Mosare Thot

15. Birthplace Ky

16 (a) Informant Fred Foster

(b) Address 645 W Lombard St

17 (a) Funeral (Burial, cremation, or removal) (b) Date thereof 10/30/42 (month) (day) (year)

(c) Cemetery or crematory LaFollette

Location LaFollette Tenn

18 (a) Funeral director Wilson Funeral Home

(b) Address 1217 E Fayette St

OCT 30 1942 (Date rec'd by registrar)

(c) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1942 at 8:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from October 26 1942 to October 29 1942 and that I last saw her alive on October 29 1942

	Duration
Immediate cause of death Pulmonary embolism	
Due to Thrombosis in hepatic vein	
Due to	
Other Conditions Pregnancy (delivered 10-26-42 of living child 7 months) (Include pregnancy within 3 months of death)	over

Date of operation October 26, 1942

Major findings of operation: Necrosis, acute congestion of liver

of autopsy: Thrombosis of hepatic vein, [illegible]

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature W. Raby M.D.
M. D.

Address University Hospital Date signed October 29, 1942

VS 150

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. The name of informant should be carefully supplied.

97123

HEALTH DEPARTMENT—CITY OF BALTIMORE

97123

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt Balto Gen Hosp St. 16-4 1860 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary E. Chapman

If U. S. Veteran specify WAR

(a) Residence: No. 914 N Fulton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr David J Chapman

6. DATE OF BIRTH (month, day, year)

7. AGE: About 82 Years; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Adam Berger

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mamme

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mary Jones

(Address): 914 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Madonna Dodge Date: 10/30 1942

19. UNDERTAKER: Wilhom Cook Co

(Address): 1217 W Lord St

20. FILED: Huntington Williams Registrar.

OCT 30 1942

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 10/29/1942

22. I HEREBY CERTIFY, That I attended deceased from 10-10 1942 to 10-29 1942

I last saw h[er] alive on 10-29 1942 Death is said to have occurred on the date stated above, at 12 3/4 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10-10
Laceration of scalp	10-10
Other contributory causes of importance: Hypertensive Cardio-Vascular Disease	

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in the following: Accident, suicide or homicide? Cerebral hemorrhage Date of injury

Where did injury occur? 914 N. Fulton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell from steps

Nature of injury Lac. of Scalp

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Compaker M. D.

(Address) W. Balto Gen. Hospital

97124

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46F

F 97124 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 424 West 23rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 7
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City Baltimore
(c) City or town
(If outside city or town limits, write RURAL and give town)
(d) Street No. 424 West 23rd St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Saddie Powers

3 (b) If veteran, name war W

3 (c) Social Security Account No. NONE

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife [redacted]

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1872

8. AGE: Years 70 | Months 6 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore Maryland
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name John. Powers
13. Birthplace Ireland

MOTHER 14. Maiden Name Mary White
15. Birthplace Ireland

16 (a) Informant Thomas J. Powers
(b) Address 424 West 23rd St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31 42 (month) (day) (year)
(c) Cemetery or crematory St Marys Gorsuchtown
Location Homeland Ave Gorsuchtown

18 (a) Funeral director Deacon Cook Inc
(b) Address 1217 St Paul Street

19 (a) OCT 31 1942 (Month, day, year) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28th 1942 at 6.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-18- 1941. to 10-28- 1942.
and that I last saw her alive on 10-27- 1942.

Immediate cause of death Carcinoma of Liver — Duration 6 mos.

Due to ---

Due to ---

Other Conditions ---

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jos W Mungovan M.D.
Address 401 E. 25th. St. Date signed 10/29/42

VS 8

97125 Hmd.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 97125

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 506 East st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5-2
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 506 East st (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Briggs
3 (b) If veteran, name war
3 (c) Social Security Account No. 219-05-966

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	C.	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age 1893 years
7. Birth date of deceased (mo., day, yr.) Dec. 20/89

8. AGE: Years	Months	Days	If less than one day
52 48	10	1	hr. min.

9. Birthplace Va. (Town, county, and state)
10. Usual Occupation Handyman
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Elizabeth Hawkins
(b) Address 506 East St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory
Location Petersburg Va

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley

19 (a) OCT 31 1942 (Date rec'd by Local Reg.) (b) Huntington Hill (Signature)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29/1942 at 4a M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1942 to Oct 29 1942 and that I last saw him alive Oct 29 1942

Immediate cause of death: Acute Pulmonary Edema

Duration
Oct 26

Due to Cirrh
Due to —
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]
Address 121 [illegible] Date signed 10-30-42

our c

97126

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

Registered No. E 97126

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3408 Wabash Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15-11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3408 Wabash Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME CHARLES JEFFERSON KAUFMAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	Married

6 (b) Name of husband or wife Ida
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 8, 1860

8. AGE: Years	Months	Days	If less than one day
82	2	21	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Casper Kaufman
13. Birthplace Balto.

MOTHER
14. Maiden Name Catherine Neurath
15. Birthplace Balto.

16 (a) Informant Mrs. Ida Kaufman
(b) Address 3408 Wabash Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/31/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) OCT 31 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29/42 19 , at 4:20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 22 1942 to Oct 29 1942 and that I last saw h alive on Oct. 29 1942.

Immediate cause of death	Duration
Carcinoma stomach	10 mos.
Due to	
Due to	
Other Conditions Arteriosclerosis	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles J. Austrian
Address 147 Eutaw Place Date signed Oct 30 42

C. R. AUSTRIAN, M.D.

VS 3

97127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 97127 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1744 W. North Ave.
(c) Hospital or institution:

15 4

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1744 W. North Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE J. HARE

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	218-09-9375

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Elsie M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 4, 1870

8. AGE: Years	Months	Days	If less than one day
72	6	25	hr. min.

9. Birthplace Baltimore Co., Md. (Town, county, and state)
10. Usual Occupation Retired - United Railway
11. Industry or business Company employee

FATHER
12. Name Jesse Hare
13. Birthplace Balto. Co., Md.

MOTHER
14. Maiden Name Liza McComas
15. Birthplace Balto. Co., Md.

16 (a) Informant Mrs. Grace Hitchcock
(b) Address 1744 W. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 1 1942 (month) (day) (year)
(c) Cemetery or crematory Salem U. B. Cem.
Location Carroll Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Baltimore, Md.

19 (a) OCT 31 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29, 1942, 6:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Oct 29 1942, and that I last saw him alive on Oct 29 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension Arteriosclerotic C-V Disease	years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Wm. H. Krenger, M.D. M. D.
Address 1402 E. Lanvale St Date signed 10-30-42

VS 3

97128

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

157E ✓ F 97128 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 21 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 21 hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 E. Chase St. (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country BIRTH F 60076

3 (a) FULL NAME Infant ~~Brown~~ Johnson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-21-42

8. AGE: Years	Months	Days	If less than one day
—	—	—	21 hrs min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation newborn

11. Industry or business

FATHER
12. Name Amerid Johnson
13. Birthplace Blackstock S.C.

MOTHER
14. Maiden Name Hazel Bell Hopkins
15. Birthplace Blackstock S.C.

16 (a) Informant mother
(b) Address 1513 E. Chase St.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Location JOHN HOPKINS MEDICAL SCHOOL OCT 30 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) OCT 30 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 1942, at 6:39 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 21 1942, to Oct 22, 1942, and that I last saw her alive on Oct 22, 1942.

Immediate cause of death Circulatory Failure — Duration 21 hours

Due to Probable Congenital Heart Disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation [redacted]

Major findings of operation: [redacted]

10-23-42 of autopsy: Ruptured stomach

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. H. Bonfils M. D.
Address Provident Hospital Date signed 10-23-42

VS 3

9529

F 97129

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/0

F 97129 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4819 Richard Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 ? 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, (If outside city or town limits, write RURAL and give town)
(d) Street No. 4819 Richard Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John D. Miller.

3 (b) If veteran, name war: None

3 (c) Social Security Account No. 215-05-1891

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose H. Miller

6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) May 15, 1874

8. AGE: Years	Months	Days	If less than one day
68	6 5	14	..... hr. ..... min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Box Maker

11. Industry or business

FATHER
12. Name Henry Miller
13. Birthplace Germany

MOTHER
14. Maiden Name Hanna Kilmeyer
15. Birthplace Germany

16 (a) Informant Mrs Rose H. Miller
(b) Address 4819 Richard Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E. North Ave.

18 (a) Funeral director Wm. H. Valentine
(b) Address 2326 Aiken St, Baltimore

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams, M.D.

OCT 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29 1942 at P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1936 to Oct 29 1942, and that I last saw h alive on Oct 28 1942.

Immediate cause of death	Duration
Hypertensive cardiovascular renal disease.	?
Due to	
Due to	
Other Conditions Cerebral hemorrhage.	2 weeks

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Allen J. Sikorsky M. D.
Address 2939 E Oliver St. Date signed 10/30/42

423080

F 97130

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97130
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 - 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ky (b) County
(c) City or town Lexington
(If outside city or town limits, write RURAL and give town)
(d) Street No. Springdale Farm
(If rural give location)
(e) Citizen of foreign country? (Yes or No) J
If yes, name country

3 (a) FULL NAME Margaret Stratton
3 (b) If veteran, name war ✓
3 (c) Social Security Account No. ✓

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: William B.
6 (c) If alive, give age: 65 years
7. Birth date of deceased (mo., day, yr.): 8-27-73
8. AGE: Years 69 | Months 2 | Days 3 | If less than one day: hr. min.
9. Birthplace: Ohio (Town, county, and state)
10. Usual Occupation
11. Industry or business
FATHER 12. Name: Marshall Thomas
13. Birthplace: Ohio
MOTHER 14. Maiden Name: Cora Phillips
15. Birthplace: Ohio
16 (a) Informant: Rescanda
(b) Address: JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/2/42 (month) (day) (year)
(c) Cemetery or crematory: Lexington Cemetery
Location: Lexington, Ky.
18 (a) Funeral director: John C. Mitchell & Sons
(b) Address: 120 Eastern Place
19 (a) OCT 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Oct 30 1942 at 1:35 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Sept 30 1942 to Oct 30 1942 and that I last saw him alive on Oct 30 1942
Immediate cause of death: Heart failure — Duration
Due to: Coronary Thrombosis
Due to: Arteriosclerotic heart disease
Other Conditions: Pneumonia
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature: Hope L. Mount M.D.
Address: Johns Hopkins Hospital Date signed: 10/31/42

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

97181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 97131
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2344 Sidney Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma R Vic WADE — EMMA V. WADE

3 (b) If veteran, name war —

3 (c) Social Security Account No. NONE

4. Sex: FEMALE | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife Roy WADE ?

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) MAY 19-1895

8. AGE: Years 47 | Months 5 | Days 11 | If less than one day ... hr. ... min.

9. Birthplace BALTIMORE MD (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

FATHER
12. Name GEORGE H. MEEKS
13. Birthplace BALTIMORE Md

MOTHER
14. Maiden Name SUSIE VARINA
15. Birthplace BALTIMORE Md

16 (a) Informant Dorothy M. McKENZIE
(b) Address 2344 SIDNEY AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 2. 1942 (month) (day) (year)
(c) Cemetery or crematory Western Cem City
Location

18 (a) Funeral director Pratt & B.M. Walton
(b) Address PRATT & STRICKER STS

OCT 31 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30, 1942, at 12:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1942 to Oct 30 1942; and that I last saw her alive on Oct 30, 1942.

Immediate cause of death	Duration
Congestive heart failure	
Due to Myocardial degeneration	
Due to Bronchiectasis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Dr Andrew Zafaf M. D.
Address 1218 Light St Date signed

VS 150

F 97132

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95C

F 97132 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1424 Hanover Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1424 Hanover St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John E. Abbott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Florence [illegible]
6 (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1873

8. AGE: Years	Months	Days	If less than one day
68	11	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name Joseph
13. Birthplace Md.

MOTHER
14. Maiden Name Mary
15. Birthplace Md.

16 (a) Informant Mrs. Florence Abbott
(b) Address 1424 Hanover Street

17 (a) Burial (b) Date thereof Nov. 2/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn A. A. Co. Md.

18 (a) Funeral director Maurice J. Flynn
(b) Address 1422 Light Street

19 (a) [illegible] (b) Huntington Williams, M.D.
Registrar

OCT 31 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1942 at 2.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 2 1941 to Oct 30 1942 and that I last saw him alive on Oct 30 1942.

Immediate cause of death — Duration

Bronchial Asthma — 10 yrs

Due to Cardiac Hypertrophy

Due to Cardiac Dilatation

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Vincent M. Mesaros M. D.
Address 1703 S. Chester St. Date signed 10/30/42

97133

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. E 97133

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1012 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days) 33 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1012 Druid Hill Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Dorsey Washington

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1839

8. AGE: Years	Months	Days	If less than one day
63			hr. min.

9. Birthplace Middlesex Co. Va.
(Town, county, and state)
10. Usual Occupation Labor
11. Industry or business

FATHER
12. Name Jacob Washington
13. Birthplace Va.

MOTHER
14. Maiden Name Fannie Chamberlain
15. Birthplace Va.

16 (a) Informant Georgie Washington
(b) Address 1012 Druid Hill Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof 10-31-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director G. F. Hahn
(b) Address 2 E. Lexington St.

Oct 31 1942 (Date rec'd by Registrar) Huntington Wolfenden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1942, at 6:00 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 28 1942, to Oct 29 1942, and that I last saw him alive on Oct 27 1942.

Immediate cause of death: Cerebral Hemorrhage — Duration 30 days
Due to: Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert Thomas Jr M. D.
Address 2024 Madison Ave Date signed 10-29-42

VS 3

97134
423873

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

V 13 V Registered No. F 97134

The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL 6-5
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 420 N. Bethel (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Helen Elizabeth Hazelton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Theodore
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-9-08

8. AGE: Years	Months	Days	If less than one day
34	-	19	hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER 12. Name Thomas Payne
13. Birthplace VA

MOTHER 14. Maiden Name Mollie Grimes
15. Birthplace VA

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) (Burial, cremation, or removal) (b) Date thereof 11 2 1942 (month) (day) (year)
(c) Cemetery or crematory Mount Calvary
Location
18 (a) Funeral director C. Halstead
(b) Address 9 E. Dundas Williams
19 (a) Oct 31 1942 (b) Huntington Williams M.D. Registrar
(Date filed by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 28 1942 at 1157 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Oct 28 1942, and that I last saw her alive on Oct 28 1942.

Immediate cause of death Miliary Tuberculosis — Duration Stated 2 mos.
Due to
Due to
Other Conditions Chronic Salpingitis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Miliary tuberculosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Zhautlin M.D.
Address Johns Hopkins Hosp Date signed 10/29/42

VS 180

F 97135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

F 97135 ✓ Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 741 S. Eugene Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eva Kraeger

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife Frank
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) 1907

8. AGE: Years	Months	Days	If less than one day
35			hr. min.

9. Birthplace Miss. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Kuczak
13. Birthplace Poland

MOTHER
14. Maiden Name Catherine
15. Birthplace Poland

16 (a) Informant Record
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3/42 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore

18 (a) Funeral director Fred W. Oppenheimer
(b) Address 1990 Eastern Ave

19 (a) OCT 31 1942 (Date) (Co. Registrar) Huntington Williams, M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1942 at 11:35 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 21 1942 to Oct. 30 1942 and that I last saw her alive on Oct. 30 1942

Immediate cause of death Myocardial ischemia (Cardiac failure, ventricular fibrillation

Due to Syphilitic aortitis & narrowing of coronary ostia

Due to

Other Conditions —

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy: Occlusion of left coronary ostium Narrowing of the coronary ostia

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert L. Austrian M.D.
Address The Johns Hopkins Hosp. Date signed 11/30/42

M. D. B. 1268-9

F 97136 HEALTH DEPARTMENT—CITY OF BALTIMORE F 97136

CERTIFICATE OF DEATH 48a

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1034 W. Saratoga St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura L. Marshburn

(a) Residence: No. 1034 W. Saratoga St., 18-2 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Negro	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Marshburn

6. DATE OF BIRTH (month, day, year) May 27, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) June 1942 11. Total time (years) spent in this occupation 24

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Russell

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Josephine Wilson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William Marshburn

(Address) 1034 W. Saratoga

18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Mem. Date Oct 31 1942

19. UNDERTAKER Mrs Katie P. Williams

(Address) 322 N. Schroeder St.

20. FILED OCT 31 1942 19 Registrar.

Katie P. Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) October 29, 1942

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1942 to Oct 29 1942

I last saw her alive on October 26, 1942 Death is said to have occurred on the date stated above, at 11:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	1941

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) F. K. Adams M. D.

(Address) 2222 N. Caroline St

F 97137

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170c

F 97137 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 310 N. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JAMES BEDFORD

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1922

8. AGE: Years	Months	Days	If less than one day
20			hr. min.

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Perry Bedford
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Floyd
15. Birthplace Md

16 (a) Informant Mary Bedford
(b) Address 706 Llewellyn Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10 31 42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Balto Co

18 (a) Funeral director Paynes Sanders
(b) Address 1412 E. Preston St

19 (a) OCT 31 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 27 1942 at 9 30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 57
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 27, 1942 at 8 50 A.M.
(c) Where did injury occur? Central Ave and Orleans (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? (Specify type of place)
(e) Means of injury pedestrian struck by auto

23. Signature H. J. Wollenweber M.D. Asst Medical Examiner.
Date signed 10-27-42

VS 6

F 97138

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

181

F 97138 Registered No.

Physicians: please write the causes of death clearly and legibly. Answer as especially important. Information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: So. Baltimore Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or Town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 Riviera Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Gertrude Walton

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5 yrs - 8/9/87

8. AGE: Years	Months	Days	If less than one day hr.	min.
5	2	20		

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Walton
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth Leo
15. Birthplace Maryland

16 (a) Informant Medical Records.
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 31/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem.
Location Annapolis Rd.

18 (a) Funeral director Fred A. Krause & Son
(b) Address 1716 S. Charles St.

19 (a) (Date rec'd by registrar) (b) Williams Huntington Md

OCT 31 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1942, at 7 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1942 to Oct 29 1942, and that I last saw h[illegible] alive on Oct 29 1942.

Immediate cause of death	Duration
Toxemia and Shock	24 hrs
Due to Sepsis 2nd + 3rd Degree burns	24 hrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24/3
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Oct 28, 1942 at 4 40 P.M.
(c) Where did injury occur? Baltimore, Maryland (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place While at work? (Specify type of place)
(e) Means of injury Burns Lighted match

23. Signature C. Andrew Zafos
Address 1213 Light St. Date signed 10/29/42 M.D.

87139 A

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

30 F

F. 37139 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Hr. 05Min.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 Hr. 5Min.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 821 W. Lexington St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Girl McNeil (Birth F. 59094)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-2-42

8. AGE: Years | Months | Days | If less than one day: 2 hr. 5 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Robert Lee McNeil
13. Birthplace S. C.

MOTHER
14. Maiden Name Lillian Wells
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-30-42 (month) (day) (year)
(c) Cemetery or crematory
Location Balt. City Hosp.

18 (a) Funeral director
(b) Address 4940 Eastern Ave.

19 OCT 31 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2nd 1942 at 10P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2nd 1942 to Oct. 2nd 1942 and that I last saw her alive on Oct. 2nd 1942.

Immediate cause of death	Duration
Congenital Syphilis	Unknown
Due to maternal Syphilis	Unknown
Due to	
Other Conditions Congenital Atelectasis	

(Include pregnancy within 3 months of death)

Date of operation Normal Puerperium

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Louis G. Garcia M. D.
Address Baltimore City Hosp. Date signed 10-4-42

VS 3

97140

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

T.N 76824

161a

Registered No. E 97140

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hr 13 min.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1109 Bronor St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Boy Jeffries (Esther

3 (b) If veteran, name war	3 (c) Social Security Account No.
infant	infant

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	

6 (b) Name of husband or wife infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18th, 1942

8. AGE: Years	Months	Days	If less than one day
			1 hr. 13 min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation infant
11. Industry or business infant

FATHER
12. Name Herman ?
13. Birthplace ?

MOTHER
14. Maiden Name Esther Jeffries
15. Birthplace Baltimore, Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 19 - 20 - 42 (month) (day) (year)
(c) Cemetery or crematory
Location Balto. City Hosp.

18 (a) Funeral director
(b) Address 4941 Eastern Ave.
(c) Huntington Williams M.D. Registrar

OCT 31 1942 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 18th 1942, at 5:15 A.M.

21. I certify that death occured on the date above stated that I attended deceased from Sept. 18 1942, to Sept. 18 1942, and that I last saw him alive on Sept. 18th 1942.

Immediate cause of death: Congenital Atelectasis — Duration 1 hr.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis Calvin Garcia M.D.
M. D.
Address Baltimore City Hosp. Date signed 9-21-42

VS 3

F 97141 MPR 76276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 83B

F 97141 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 9
(e) Length of stay in Baltimore (yrs., mos., or days) 1 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 N. Calvert St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ann Pieski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
18	7	23	hr. min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Saleslady
11. Industry or business

FATHER
12. Name Phelix Pieski
13. Birthplace ?

MOTHER
14. Maiden Name Ann Skurkey
15. Birthplace Penn

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-42 (month) (day) (year)
(c) Cemetery or crematory McAdoo
Location Eastern Ave. & Point Rd.

18 (a) Funeral director Bryson P. Hennessy
(b) Address 710 Robert St.

19 (a) NOV 1 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 1942 at 4:47 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8-22 1942 to 10-31 1942 and that I last saw her alive on 10-31 1942

Immediate cause of death: Cerebral Embolism — Duration 1 hr.
Due to: Lung Abscess - Rt. Lung
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation 10-28-42
Major findings of operation: Lung abscess Rt. middle & lower lobes
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Moore
Address Baltimore City Hosp. Date signed

VS 150

Physicians: please write the causes of death clearly and legibly. The

F 97142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 94a

F 97142
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd St. & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 35 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa. (b) County
(c) City or town Delta (rural)
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mr. Paul Cooney Boyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	W	Married

6 (b) Name of husband or wife Mrs. Mary Boyd
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1888

8. AGE: Years	Months	Days	If less than one day
54		2	hr. min.

9. Birthplace Pennsylvania (Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name Mr. Harry H. Boyd
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Eliza Cooney
15. Birthplace Pennsylvania

16 (a) Informant Mary Boyd
(b) Address Delta, Pa.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3 1942 (month) (day) (year)
(c) Cemetery or crematory Glenville
Location Delta Pa

18 (a) Funeral director Hubert P. Stokes
(b) Address Delta, Pa.

19 (a) NOV 1 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1942 at 1:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 26 1942 to Oct. 31 1942 and that I last saw h[illegible] alive on Oct. 31 1942

Immediate cause of death	Duration
Cardiorespiratory failure	
Due to Coronary occlusion	18 hrs.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
Generalized [illegible] Cor. Complete
of autopsy: Coronary artery calcification

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James Douglas Lockard M. D.
Address Union Memorial Hosp. Date signed 10/31/42

VS 3

F 97143

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97143

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1926 E Lanvale St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1926 E Lanvale St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lana Brown Correa

3 (b) If veteran, name war N

3 (c) Social Security Account No. none

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Wilson

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23, 1871

8. AGE: Years 71 | Months 1 | Days 6 | If less than one day hr. min.

9. Birthplace Va.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

MOTHER / FATHER

12. Name John Whitcraft

13. Birthplace Va

14. Maiden Name Martha J Ecklin

15. Birthplace Va

16 (a) Informant Mrs Geo Pilgrim

(b) Address 1926 E Lanvale St

17 (a) Cremated (Burial, cremation, or removal) (b) Date thereof 11/4/42 (month) (day) (year)

(c) Cemetery or crematory Leaside

Location Ocean City Md

18 (a) Funeral director Wilson & Lee

(b) Address 217 N Paul St

19 (a) 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1942 at 8 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Oct 29 1942 and that I last saw her alive on Oct 29 1942.

Immediate cause of death Heart Failure — Duration

Due to Anemia

Due to Carcinoma of Cervix

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel Gertman M.D.

Address 1647 N. Washington St. Date signed Nov 3 1942

VS 8

F 97144

DEATHS X

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

F 97144

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Baltimore, Md
(b) Street address
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Indiana (b) County
(c) City or town Fort Wayne (If outside city or town limits, write RURAL and give town)
(d) Street No. 1310 Lynn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Pvt. Martin H. Dratts

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1914

8. AGE: Years	Months	Days	If less than one day
28			hr. min.

9. Birthplace Fort Wayne Indiana (Town, county, and state)

10. Usual Occupation Book-keeping machine operator

11. Industry or business

FATHER
12. Name Dratts
13. Birthplace Chicago, Ill.

MOTHER
14. Maiden Name Florence
15. Birthplace Fort Wayne Indiana

16 (a) Informant Lieut Brown U.S.A.
(b) Address Glen L Martin plant Middle River Md

17 (a) Shipping (Burial, cremation, or removal) (b) Date thereof Nov 1-42 (month) (day) (year)
(c) Cemetery or crematory
Location Fort Wayne, Ind

18 (a) Funeral director Walter Brooks Bradley Dec
(b) Address 1922 W Pontiac ave

19 (a) NOV 1 1942 (Date rec'd by registrar) (b) Hunting for Williams M.E.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1st 1942 at 5 45 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & examination thereon and from the evidence obtained by said inquiry & examination find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fracture of skull — Duration

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 1 1942 at 3 45 AM
(c) Where did injury occur? Sunbrook Lane Perryville (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? yes
(e) Means of injury A army truck struck him

23. Signature Robert W. Hunting M.D. Medical Examiner.
Date signed Nov. 1 1942

VS 6

F 97145

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 148a

F 97145
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd, Colvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days) —?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Evesham Ave
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3 (a) FULL NAME Mrs Claude Francis Russell (Geraldine)

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Married

6 (b) Name of husband or wife Mr. Claude Francis Russell
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/1/10

8. AGE: Years	Months	Days	If less than one day
32	7 &	30	5 hr. ... min.

9. Birthplace Ohio
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Willis, Schindler
13. Birthplace Ohio

MOTHER
14. Maiden Name Nellie Burkett
15. Birthplace Ohio

16 (a) Informant —
(b) Address —

17 (a) Shipped (Burial, cremation, or removal) (b) Date thereof Nov 1-42 (month) (day) (year)
(c) Cemetery or crematory Akron Ohio
Location

18 (a) Funeral director Robert F. Brooks
(b) Address 1338 Hollins St

19 (a) Date rec'd (month) (day) (year) (b) Huntington Williams Mfr

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31, 1942, at 4:05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/22 1942 to 10/31 1942, and that I last saw her alive on 10/30 1942.

Immediate cause of death Cardio-Resp. Failure — Duration

Due to Uremia - due to

Due to Hydronephrosis - Bilateral

Due to Intestinal carcinoma of cervix

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation 10/20/41
Major findings of operation: Squamous Carcinoma of cervix
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Nesbitt, Jr. M. D.
Address Union Memorial Hosp. Date signed 10-31-42

VS 8

F 97146

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 53

F 97146 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6103 GIST AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MARYLAND (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 6103 GIST AVE. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME HARRY FRIEDLAND

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-18-7861

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Belle nee Frank

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1-1908

8. AGE: Years 34 | Months 5 | Days 29 | If less than one day hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name Karpel Friedland
13. Birthplace Russia

MOTHER
14. Maiden Name Minnie —
15. Birthplace Russia

16 (a) Informant Belle Friedland
(b) Address 6103 Gist Ave.,

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11-1-42 (month) (day) (year)

(c) Cemetery or crematory Adas Israel Cong. Location North Point & Berman Hill Rd.

18 (a) Funeral director Jack Levine Inc
(b) Address 1439 E. Balto. St.

19 (a) NOV 1 1942 (Date rec'd by registrar) (Huntington Williams) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942, at 8 30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 17 1941, to Oct 29 1942, and that I last saw h. was alive on Oct 29 1942

Immediate cause of death General Carcinomatosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation Oct 1942

Major findings of operation: Segmented Mole of head

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. H. Rosenstein M. D.
Address 733 Arnazith St. Date signed 10/31/42

VS 180

Physicians: please write the causes of death clearly and legibly. The exact age is especially important. Where there is no medical attendant, the coroner is required to certify the cause of death.

F 97147

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97147 ✓ 470 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere Ave
(c) Hospital or institution: Hebrew Home For Aged & Infirm
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 W. Oliver St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Simon

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-05-6463

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widower

6 (b) Name of husband or wife Kate

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1-15-1879

8. AGE Years	Months	Days	If less than one day
63	9	14	hr. min.

9. Birthplace Russia. (Town, county, and state)

10. Usual Occupation Watchman - Retired

11. Industry or business

12. Name Morton

13. Birthplace Russia

14. Maiden Name Leah

15. Birthplace Russia

16 (a) Informant Sig Feenblatt

(b) Address Greenspring - Belvedere Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-42 (month) (day) (year)

(c) Cemetery or crematory Rosedale

Location Phil Rd & Hamilton Ave

18 (a) Funeral director Jack Levy Inc

(b) Address 1439 E. Balto St.

19 (a) Date rec'd by registrar 1 1942 (b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29 1942, at 4.45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5-18 1942, to 10-29 1942 and that I last saw h~~e~~ alive on 10-29 1942.

Immediate cause of death Carcinoma of Larynx — Duration 7-1-40

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edmund A. Levy M. D.

Address Levindale Date signed 10/29/42

F 97148

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97148

94a Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2319 Callow Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2319 Callow Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Dora Lazarus Goldstone

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Meyer

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 12 1871

8. AGE: Years	Months	Days	If less than one day
61	2	18	hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation

11. Industry or business House Wife

12. Name Leon Lazarus

13. Birthplace Russia

14. Maiden Name Unkown

15. Birthplace Russia

16 (a) Informant Meyer Goldstone

(b) Address 2319 Callow Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1942 (month) (day) (year)

(c) Cemetery or crematory Southern Ave

Location Southern Ave

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1124 1126 W North Ave

NOV 1 1942 (Date rec'd by Registrar) Hunting for Williams MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942, at 2:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1942 to Oct 30 1942 and that I last saw h er alive on Oct 30 1942

	Duration
Immediate cause of death Coronary occlusion	0 min.
Due to Angina Pectoris	5 yrs
Due to Coronary Arteriosclerosis?	about 5 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Herbert Goldstone

Address 2443 Linden Av. Date signed Oct 30 1942 M. D.

VS 8

F 97149

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 97149 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 800 Light St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 800 Light St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Kagle

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-03-1297

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	W

6 (b) Name of husband or wife Anna Bowinkamp

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 1, 88

8. AGE: Years	Months	Days	If less than one day
61	5	28	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Steam Fitter

11. Industry or business

12. Name George Kagle

13. Birthplace Ger

14. Maiden Name Barbara Eichorn

15. Birthplace Ger

16 (a) Informant Family

(b) Address 800 Light St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Hill

Location Ritchie Highway

18 (a) Funeral director I. F. McCarl

(b) Address 120 E. Fort Ave.

19 (a) Date 1942 Huntington Williams, M.D. (Registrar)

(Local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/29 1942 at 7:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942 to Oct 29 1942 and that I last saw h alive on 27th of Oct 1942

Immediate cause of death Cerebral Hemorrhage — Duration 24 hours

Due to Hypertension — 1 year

Due to Arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Isaac Mullen M. D.

Address 122 E Pleasant St Date signed 10/31/42

VS 3

F 97150

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 97150

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4301 Roland Ave.
(c) Hospital or institution:
Kirkleigh Villa
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) 51 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 517 Rossiter Ave. Govans (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Ann Hoen

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 17 1891

8. AGE: Years	Months	Days	If less than one day
51	3	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation none

11. Industry or business

12. Name George M. Hoen

13. Birthplace Baltimore

14. Maiden Name Jennie Carey

15. Birthplace Baltimore

16 (a) Informant Miss Mary G. Hoen

(b) Address 1021 N. Charles St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3 1942 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location Baltimore, Md.

18 (a) Funeral director H. W. Mearidon

(b) Address 805 N. Calvert St.

(a) NOV 1 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1942, at 5:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1923 to Oct 30 1942 and that I last saw h[illegible] alive on Oct 30 1942.

Immediate cause of death	Duration
Coronary occlusion (myocardial infarct)	1 hr.
Due to Arteriosclerosis Signs	9 years
Due to Hypertension (essential or renal)	13 yrs
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Louis P. Hamburger M. D.

Address 120 E. Eutaw Place Date signed Oct 31/42

F 97151

97151

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3921 Keswick Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ----
(e) Length of stay in Baltimore (yrs., mos., or days) 61 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County --------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3921 Keswick Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katherine Yoe Little

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife S. Conn Little
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1881

8. AGE: Years	Months	Days	If less than one day
61	0	17	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Michael J. Yoe
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Katherine Moylan
15. Birthplace Baltimore, Md

16 (a) Informant Mr. S. Conn Little
(b) Address 3921 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cemetery
Location Baltimore, Co.

18 (a) Funeral director A. W. Meamson
(b) Address 805 N. Calvert St.

19 (a) (Date received by registrar) Huntington Williams, M.D.
Nov 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1942, at 12 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 17 1942 to Oct 30 1942 and that I last saw h[illegible] alive on Oct 30 1942

Immediate cause of death

Due to Cerebral Hemorrhage

Due to arterio Sclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None

Duration
10 dy
Hyp

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. L. Kepler M.D.
Address Wentworth Hospital Date signed Oct 31 1942

V 1942

F 97152

F 97152

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 937

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33 S. Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3685 Greenmount Ave. City (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3 (a) FULL NAME MR. Charles Harry Lloyd

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	W	Widowed

6 (b) Name of husband or wife Lila Donaldson

6 (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) March 16, 1879

8. AGE: Years	Months	Days	If less than one day
63	8	15	... hr. ... min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Proprietor of Book Store

11. Industry or business

INFORMATION FURNISHED BY FAMILY

12. Name Charles Aiken Lloyd

13. Birthplace Penn

14. Maiden Name Kate Clements

15. Birthplace Virginia

16 (a) Informant Mrs. Robert Claypoole

(b) Address 3635 Greenmount Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month) (day) (year)

(c) Cemetery or crematory Presbyterian

Location Govans

18 (a) Funeral director H. W. Mears & Son

(b) Address 805 N. Calvert Street

19 (a) ... (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1942, at 9:35 A M

21. I certify that death occurred on the date above stated; that I attended deceased from October 29 1942, to October 31 1942, and that I last saw h[im] alive on Oct. 31 1942.

Immediate cause of death	Duration
Cardio Respiratory failure	...
Due to Arteriosclerotic Heart Disease & Coronary occlusion	1 yr. 2 mos.
Due to	...
Other Conditions	...

(Include pregnancy within 3 months of death)

Date of operation ...

Major findings of operation: ...

of autopsy: ...

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ...
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? ...
(e) Means of injury ...

23. Signature James Douglas Eckard M. D.

Address Union Memorial Hosp. Date signed 10/31/42

F 97153

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51B

F 97153 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3226 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Franklin A. Hubner

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	Male	White	widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 17, 1863

8. AGE: Years	Months	Days	If less than one day hr.	min.
79	8	13		

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Blacksmith
11. Industry or business

FATHER
12. Name John Hubner
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Hubner
15. Birthplace Germany

16 (a) Informant Mrs. Howard Ahl
(b) Address 3226 E. Lombard St.

17 (a) Burial (b) Date thereof 11/2/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road

NOV 1 1942 [illegible] to Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30, 1942 at 9:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 10 1942 to Oct 30 1942, and that I last saw h[illegible] alive on Oct 27 1942.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. N. Patterson
Address 2224 Reisterstown Rd. Date signed M/D. 10/31/42

VS 3

F 97154

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 97154

CERTIFICATE OF DEATH 940

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 W. Cold Spring Lane
(c) Hospital or institution:
Cold Spring Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs.
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1209 Walnut Ave
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Susie Rebecca Hoffman

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	single

6 (b) Name of husband or wife .....
6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
71			..... hr. ..... min.

9. Birthplace Unknown
(Town, county, and state)
10. Usual Occupation Unknown
11. Industry or business

MOTHER FATHER

12. Name Unknown
13. Birthplace ✓
14. Maiden Name Unknown
15. Birthplace ✓

16 (a) Informant Wm. H. Elkins
(b) Address 2101 W. Cold Spring Lane

17 (a) Burial (b) Date thereof 11/2/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Paul's Reformed Church
Location 32d & 2nd Ave. Canton
18 (a) Funeral director Howard N. Blight, Jr.
(b) Address 4914 Belair Road
19 (a) Date received by Registrar NOV 1 1942 (b) Thurston Tor Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30, 1942, at 1:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 26 1940, to Oct 30 1942, and that I last saw her alive on Oct 27 1942.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature Wm. H. Tuttle, M.D.
Address 2324 Pennsylvania Ave. Date signed 10/31/42
M. D.

VS 3

F 97155

BALTIMORE CITY HEALTH DEPARTMENT F 97155

CERTIFICATE OF DEATH 46B

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1525 Druid Hill Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1525 Druid Hill Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harold Monroe Bryant

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	213-01-0809

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	married

6 (b) Name of husband or wife Mildred Bryant
6 (c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) Dec. 20, 1895

8. AGE: Years	Months	Days	If less than one day
46	10	1	hr. min.

9. Birthplace Palatka Florida (Town, county, and state)
10. Usual Occupation Varnish Mixer
11. Industry or business Crown Cork & Seal Co.

FATHER
12. Name Richard Bryant
13. Birthplace Florida

MOTHER
14. Maiden Name Lyndonn
15. Birthplace Florida

16 (a) Informant Mrs Mildred Bryant
(b) Address 1525 Druid Hill ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-42 (month) (day) (year)
(c) Cemetery or crematory Arbutus cem.
Location Arbutus md

18 (a) Funeral director George H. Kelly
(b) Address 1303 Pennsylvan St

NOV 1 1942 (Date received by Registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31-1942 at 1:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 5-30-1942 to 10-31-1942 and that I last saw him alive on 10-31-1942

Immediate cause of death Gastric Carcinoma — Duration (About) 1 yr.
Due to unknown
Due to unknown
Other Conditions unknown
(Include pregnancy within 3 months of death)
Date of operation 5-18-42
Major findings of operation: Gastric Carcinoma
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank A. Saunders
Address 1029 N. Stricker St. Date signed 10-31-42 (M. D.)

VS 3

F 97156 ✓ F 97156

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 467

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1349 N Stricker
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1349 N. Stricker St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Katy Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	Col	Widowed

6 (b) Name of husband or wife Harvey Jackson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1886

8. AGE: Years	Months	Days	If less than one day
56	5	-	hr. min.

9. Birthplace Chestertown Md. (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business

FATHER
12. Name Joseph Stubbs
13. Birthplace Md

MOTHER
14. Maiden Name Jane Saunders
15. Birthplace Md.

16 (a) Informant John W Jackson (Son)
(b) Address 1349 N Stricker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-42 (month) (day) (year)
(c) Cemetery or crematory
Location Chestertown Md
18 (a) Funeral director George H Nelson
(b) Address 1303 Presstman St
19 NOV 1 1942 (Date received by Registrar) Huntington Williams Md

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/30 1942 at 2.30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1942 to Oct 30 1942 and that I last saw h W alive on Oct 28 1942

Immediate cause of death Carcinoma Rectum — Duration 7 mos

Due to

Due to

Other Conditions Generalized Carcinoma

(Include pregnancy within 3 months of death)

Date of operation June ? 1942

Major findings of operation: Carcinoma Rectum

of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ralph Y Young

Address 1424 E Monument Date signed 10/31/42

VS 3

F 97157

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 97157 Registered No.

CERTIFICATE OF DEATH 46B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Bal. Emil Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 212 W. Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Frederick

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace ?
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name unknown
13. Birthplace

MOTHER 14. Maiden Name unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location 4 A.M. County

18 (a) Funeral director A. Lockwood Hadyl
(b) Address 918 Druid Hill Ave

19 (a) 1 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 20 1942, at 2 45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) and my attending find that said deceased came to his death on the day stated above.

Immediate cause of death Carcinoma of Stomach — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fortune M.D.
Medical Examiner.
Date signed Nov. 1 1942

VS 6

F 97158

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97158 Registered No. 14

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address University Hospital
(c) Hospital or institution: Redwood & Greene Sts.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County City
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4313 May Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lucille Parks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband ~~or wife~~ Melvin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/16/1919

8. AGE: Years	Months	Days	If less than one day
23	0	15	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Henry Taylor
13. Birthplace Del.

MOTHER
14. Maiden Name Ida V. Hubbard
15. Birthplace Md.

16 (a) Informant Melvin Parks
(b) Address Easton, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3-1942 (month) (day) (year)
(c) Cemetery or crematory Spring Hill
Location Easton, Md.

18 (a) Funeral director R. Ellis Clark
(b) Address Easton, Md.

19 (a) Date received NOV 2 1942 (b) Registrar Huntington Williams M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1942, at 11:55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/6 1942, to 10/31 1942, and that I last saw h~~e~~r alive on 10/31 1942.

Immediate cause of death	Duration
Respiratory ~~complications~~ paralysis	
Due to Intestinal hydrocephalus	
Due to Brain abscess - temporal lobe left. Tbc?	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: To be determined
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. O. Rennie M. D.
Address University Hospital Date signed Oct. 31/42

F 97159

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46B

✓ F 97159 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1821 N. Bond St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1821 N. Bond St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Susan M. Franklin.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widow.

6 (b) Name of husband or wife Wm Franklin.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17 1876

8. AGE: Years	Months	Days	If less than one day
66	6	13	hr. min.

9. Birthplace Charlottesville Va. (Town, county, and state)
10. Usual Occupation at Home.
11. Industry or business

FATHER
12. Name Charles F Nillent.
13. Birthplace Germany.

MOTHER
14. Maiden Name Henerretta Barce.
15. Birthplace Charlottesville Va.

16 (a) Informant Emmet Nillent
(b) Address 1821 N Bond St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2 1942 (month) (day) (year)
(c) Cemetery or crematory Oakwood Cemetery
Location Charlottesville Va.

18 (a) Funeral director J Melville Jenkins
(b) Address 2213 Kirk Ave.

19 (a) NOV 1 1942 (Date received by registrar) (b) Huntington Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1942, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1942, to Oct 30 1942, and that I last saw her alive on Oct 29 1942.

Immediate cause of death

	Duration
Carcinoma of Stomach	1 yr
Due to	
Due to	
Other Conditions Arterio-Sclerosis	5 Yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed 10/31/42

97160 STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH — 832 F 97160

City Baltimore 1900 Commonwealth Registration Dist. No.

Village or City No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie E George

(a) Residence: No. 1900 Commonwealth St. Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE, MARRIED~~, WIDOWED, ~~OR DIVORCED~~ (write the word)
Female	White	

6. If married, widowed, or divorced: NUSBAND of (or) WIFE of Chas H (deceased)

6. DATE OF BIRTH (month, day, and year) Feb 1 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	8	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Murphy

14. BIRTHPLACE (city or town) (State or country) Mary Land

15. MAIDEN NAME Emily Brooks

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Emily Trotha

(Address) 1900 Commonwealth Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Pleasant Date 11 — 1942

UNDERTAKER Edward Lanahan

(Address) 2359 Eutaw Ave

FILED 1 1942 Hunter for Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct (Month) 31 (Day) 1942 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1942 to Oct 31 1942

I last saw h[illegible] alive on Oct 31 1942; death is said to have occurred on the date stated above, at 12 [illegible] m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorrhage	3 days
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Caldwell M. D.

(Address) 2321 Arlington Ave

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

F 97161

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

✓ F 97161 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6528 Harford Rd
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6528 Harford Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Vincent M. Ruby

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-2235

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married.

6 (b) Name of husband or wife Anna B.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 25, 1880

8. AGE: Years 62. | Months 8 | Days 3 | If less than one day hr. min.

9. Birthplace Md.
(Town, county and State)

10. Usual Occupation Shirt Cutter

11. Industry or business

12. Name Joseph J. Ruby

13. Birthplace Carroll County

14. Maiden Name Nusbaum

15. Birthplace

16 (a) Informant Mrs. Anna B. Ruby

(b) Address 6528 Harford Rd

17 (a) Burial (b) Date thereof 11-3-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory St. Johns Cemetery Catonsville Md.

Location Taylor Ave

18 (a) Funeral director Leonard J. Cook

(b) Address 5305 Harford Rd.

19 NOV 1 1942 Hunting for Williams, M.R.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31/1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/25/1942, to 10/31/1942, and that I last saw h[illegible] alive on 10/31/1942.

Immediate cause of death Cerebral Hemorrhage -

Due to Arteriosclerosis.

Due to

Other Conditions Bronchial asthma - Bronchiectasis -
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Burke Bayle M. D.

Address 5217 Harford Rd. Date signed 11/4/42

VS 3

F 97162

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

46E

F 97162

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4000 Belvedere Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) .....
(e) Length of stay in Baltimore (yrs., mos., or days) 6 mos.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4000 Belvedere Ave.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME William F. Lewis

3 (b) If veteran, name war .....

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Marie Louise Lewis
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) June 15, 1872

8. AGE: Years	Months	Days	If less than one day
70	4	14	..... hr. ..... min.

9. Birthplace Pikesville, Md.
(Town, county, and state)
10. Usual Occupation Farmer
11. Industry or business

FATHER
12. Name John Lewis
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Rupp
15. Birthplace Maryland

16 (a) Informant Mrs. William F. Lewis
(b) Address 4000 Belvedere Ave.

17 (a) Burial (b) Date thereof Nov. 2, 1942
(Burial, cremation, removal) (month) (day) (year)
(c) Cemetery or crematory ~~Loudon Park~~ Woodlawn Cemetery
Location ~~Baltimore~~ Woodlawn, Md

18 (a) Funeral director Frank Della Rose
(b) Address 52 N. Monroe St.

19 (a) 11 1942 Hunting for Williams
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29, 1942, at 8 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from October 1941 to Oct. 29, 1942, and that I last saw him alive on Oct 28 1942.

Immediate cause of death	Duration
Carcinoma of Intestines	1 yr. or more
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature E. E. Nichols M. D.
Address Pikesville Md Date signed 11/3/42

VS 8

REPRODUCED F 97163

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 30a

F 97163 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 9 19
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 19 S. Charles St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Laura McGainey

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W | 6 (a) ~~Single, Married, Widowed, or Divorced~~ widowed

6 (b) Name of husband or wife Hugh McGainey (d)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 14, 1942 1871

8. AGE: Years 70 | Months 10 | Days 65 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Frank McCauley

13. Birthplace Md.

MOTHER 14. Maiden Name Anna Wells

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-42 (month) (day) (year)

(c) Cemetery or crematory Laurel Hill Mem. Gdns. Location Eastern Ave & Balto. Co. Md

18 (a) Funeral director Geo. J. Foley & Sons

(b) Address 1310 Eastern Ave

19 (a) NOV 1 1942 (Date rec'd by registrar) (b) Arlington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-19 1942 at 4 55 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7-1 1939 to 10-19 1942 and that I last saw her alive on 10-19 1942.

Immediate cause of death Bronchopneumonia — Duration 1 day

Due to Tabes dorsalis — Duration ?

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. R. Rathbun M. D.

Address Balto. City Hosp. Date signed 10-30-42

F 97164

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. F 97164

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 495 da
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1030 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mike Polak 66714

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 14, 1891

8. AGE: Years	Months	Days	If less than one day
51	0	8	hr. min.

9. Birthplace Czechslovakia (Town, county, and state)
10. Usual Occupation blacksmith
11. Industry or business

12. Name Joseph
13. Birthplace Czechslovakia
14. Maiden Name Susie Veino
15. Birthplace Czechslovakia
16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/42 (month) (day) (year)
(c) Cemetery or crematory Locust Mount Cem. Location Govanstown Rd. Ot. Baltimore Md
18 (a) Funeral director John J. Foley & Sons
(b) Address 1360 Light St.
19 (a) Date rec'd by local registrar NOV 1 1942 (b) Huntingtown Williamsport, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 22 19 42 at 11:30AM

21. I certify that death occurred on the date above stated; that I attended deceased from June 14 1941, to Oct. 22 19 42. and that I last saw him alive on Oct. 22 19 42.

Immediate cause of death	Duration
Pulmonary tuberculosis	18 mos.
Due to	
Due to	
Other Conditions (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Haile M. D.
Address Balto City Hosp Date signed 10/27/42

F 97165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97165 ✓ 90a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1502 Ashland ave (If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Fred Douglas

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-07-5884

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Married

6 (b) Name of husband or wife Elizabeth Douglas
6 (c) If alive, give age 40 years

7. Birth date of deceased (mo., day, yr.) Dec. 12, 1899

8. AGE: Years	Months	Days	If less than one day
42	10	16	..... hr. ..... min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Stevedore
11. Industry or business

12. Name Unknown
13. Birthplace
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant Mrs Elizabeth Douglas
(b) Address 1502 Ashland ave

17 (a) Burial (b) Date thereof 11/14/42 (Month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Mt Calvary
Location .....

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley ave

19 NOV 1 1942 (b) Huntington Hibbert Registrar
(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-28-1942 at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Acute Rheumatic Pericarditis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation .....
Major findings of operation: .....
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? .....
(e) Means of injury .....

23. Signature Howard J. Malpas M.D.
Medical Examiner.
Date signed 10-29-42

VS 6

F 97166

F 97166

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No.

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Durham St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Durham St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Matilda Jackson

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. W

6 (b) Name of husband or wife John H Jackson (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 18 1+

8. AGE: Years 61 | Months 6 | Days 13 | If less than one day hr. min.

9. Birthplace Norfolk Va.
(Town, county, and state)

10. Usual Occupation House Wife

11. Industry or business

FATHER
12. Name John Davis
13. Birthplace Va

MOTHER
14. Maiden Name Mary Sears
15. Birthplace Va.

16 (a) Informant John H. Jackson
(b) Address 403 N. Durham St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (month) 1 (day) 42 (year)
(c) Cemetery or crematory not certain
Location

18 (a) Funeral director Troy Wilson
(b) Address 1000 Hunt Lane
(c) Date received (by registrar) NOV 1 1942 (Signature of registrar)

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/30/1942, at 1854 M

21. I certify that death occurred on the date above stated, that I attended deceased from Oct 25 1942 to Oct 26 1942 and that I last saw him alive on Oct 25 1942

Immediate cause of death
Due to Acute Hemiplegia — Duration: Oct 30 1942
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation None
Major findings of operations:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Geo Gallen
Address 421 Gilmor St Date signed 10-30-42

97167

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97167

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1848 Mc Henry St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1848 Mc Henry St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country (Birth F 48306)

3 (a) FULL NAME Jacqueline Clara Cuffley

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 15, 1942

8. AGE: Years	Months	Days	If less than one day
	6	15/30	hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation —
11. Industry or business —

FATHER
12. Name Henry G. Cuffley
13. Birthplace Baltimore

MOTHER
14. Maiden Name Martha Cagle
15. Birthplace Richmond, Va.

16 (a) Informant Martha Cuffley
(b) Address 1848 Mc Henry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location Frederick Rd.

18 (a) Funeral director Chas H. Grimes
(b) Address 44 or Hollins St

NOV 2 1942
(Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1942 to Oct 31 1942, and that I last saw h alive on Oct 30 1942

Immediate cause of death: Acute dysentery — Duration 2 weeks
Due to —
Due to (over)
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operations —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury —

23. Signature Albert Kirwood M.D.
Address 1934 W Lexington St Date signed 11/1/42

VS 186

97168

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13104 F 97168 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3701 Marmon Avenue
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 Year

2. USUAL RESIDENCE OF DECEASED:
(a) State Virginia (b) County Matthews
(c) City or town Matthews (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Monroe Hutson

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife Annie Hutson
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 8th 1863

8. AGE:

Years	Months	Days	If less than one day
78	10	23	hr. min.

9. Birthplace Matthews County, Va. (Town, county, and state)
10. Usual Occupation None
11. Industry or business
12. Name William Hutson
13. Birthplace Matthews County, Va.
14. Maiden Name Mary Ann Jarvis
15. Birthplace Virginia
16 (a) Informant Mr Ollie Hutson
(b) Address 3710 Marmon Avenue.
17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 1st 1942 (month) (day) (year)
(c) Cemetery or Crematory Friendship
Location Matthews County, Va.
(a) Funeral director Wm. J. Tickner & Sons
(b) Address North & Penna Aves.

NOV 2 1942 (Date rec'd by registrar) (b) Huntington Hillsville, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1st 1942 at 5:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from October 1942 to Nov. 1 1942, and that I last saw him alive on Nov. 1 1942.

Immediate cause of death
Cerebral hemorrhage
Cerebral arteriosclerosis
Due to
Uremia
Due to Chronic nephritis

Duration

Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury W. E. Wade
23. Signature
Address 2314 - W. North Ave Date signed 11/1/42 M.D.

97169

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 97169

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 10 mos

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A.A.
(c) City or town Brooklyn Park (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clyde La Fevers

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	married

6 (b) Name of husband or wife Francis
6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) Feb 8. 1914

8. AGE: Years	Months	Days	If less than one day hr.	min.
28 ~~yr~~	8	23		

9. Birthplace Kennedale N. C. (Town, county, and state)
10. Usual Occupation Shipfitter
11. Industry or business Shipbuilding
12. Name Clyde La Fevers
13. Birthplace N. C
14. Maiden Name Alma Davis
15. Birthplace N. C
16 (a) Informant Mrs Frances LaFevers
(b) Address 1. 10th Ave A.A. Co
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/42 (month) (day) (year)
(c) Cemetery or crematory Kennedale, N. C
Location Rocky Glades
(a) Funeral director Thos. H. Kenny
(b) Address 2104 W. Hollins St.
(a) (Date rec'd by registrar) (Huntington Williams)

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31- 1942, at 2.20 P M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an External Autopsy thereon and from the evidence obtained by said External Autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Fractured Skull — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-30-42 at 6.20 P M
(c) Where did injury occur? Ritchie Highway - A.A. Co.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Auto (Specify type of place) While at work? No
(e) Means of injury Motorcycle ran into automobile
23. Signature Howard J. Lovelace M.D.
Medical Examiner.
Date signed 11-1-42

NOV 2 1942

VS 6

F 97170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. F 97170

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 303 Cedarcroft Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days) 87 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 303 Cedarcroft Road
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME Jacob F. Leitz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mary Schuman
6 (c) If alive, give age --- years

7. Birth date of deceased (mo., day, yr.) Nov. 18, 1854

8. AGE: Years	Months	Days	If less than one day
87	11	20 13	-- hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Jacob F. Leitz
13. Birthplace Baltimore, Maryland

MOTHER
14. Maiden Name Mary Kerns
15. Birthplace Germany

16 (a) Informant Mrs. Mary S. Leitz
(b) Address 303 Cedarcroft Road

17 (a) Burial (b) Date thereof 11/2/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md.

18 (a) Funeral director H. W. Mears and Son
(b) Address 805 N. Calvert Street

19 (a) NOV 2 1942 (b) Huntingtown Williams M.D.
(Date rec'd by Registrar) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1942, at 8 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1942 to Oct 31 1942, and that I last saw him alive on Oct 30 1942.

	Duration
Immediate cause of death Coronary thrombosis	1 day
Due to Myocardial insufficiency arterio-sclerosis	5 yrs
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Frederick Leitz M. D.
Address Temple Garden Apts Date signed Nov 1 1942

VS 150

97171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

330

F 97171 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Franklin Square Hospital

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 28 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1526 N. Caroline St (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) FULL NAME Mrs. Edna Maude Chambers (Chambers)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Widow

(b) Name of husband or wife Wilton S. Chambers

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ***

AGE: Years	Months	Days	If less than one day
about 57	?	?	hr. min.

8. Birthplace Baltimore, Md (town, county, and state)

9. Usual Occupation none

10. Industry or business

12. Name Frederick W. Kroeber

13. Birthplace Baltimore, Md.

14. Maiden Name Emma L. Kahler

15. Birthplace Baltimore

(a) Informant Fred W. Kroeber

(b) Address 1526 North Caroline St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/42 (month) (day) (year)

(c) Cemetery or crematory Baltimore

Location Baltimore, Md.

(a) Funeral director H. W. Miears & Son

(b) Address 805 North Calvert St.

NOV 2 1942 (Date rec'd by registrar)

(b) Huntington Williams, M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1 1942, at 1.45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 6 1942, to Nov 1 1942, and that I last saw her alive on Nov 1 1942

Immediate cause of death Myocardial insufficiency

Due to Bronchopneumonia influenzal type

Due to Rheumatic Heart disease

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature F E Boardman Jr M. D.

Address Franklin Sq Hosp Date signed

97172

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97172
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3037 Barclay st
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 728 Greenmount Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Clarence S. Snyder

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Carrie D. Snyder

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28 - 1869

8. AGE: Years 73 | Months 3 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore Md.
(Town, county and state)

10. Usual Occupation retired

11. Industry or business

12. Name Wm Snyder

13. Birthplace Baltimore

14. Maiden Name Unknown

15. Birthplace

16 (a) Informant Carrie D. Snyder

(b) Address 728 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore

18 (a) Funeral director Philip Herwig Sons

(b) Address 2024 Orleans St.

NOV 2 1942 (Date received by local registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 29 1942 at 8 45 M

21. I certify that death occurred on the date above stated, that I attended deceased from 1937 to Oct. 1942 and that I last saw h~~e~~ alive on 10-27 1942.

Immediate cause of death Chronic Myocarditis — Duration 4 years

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. W. Peake M. D.

Address 4508 Harford Rd Date signed 10-30-42

VS 3

97173

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13

E 97173 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Streets
(c) Hospital or institution:
The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 da.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. The Severn Apts. 701 Cathedral
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Alice Morawetz

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 18, 1861

8. AGE: Years	Months	Days	If less than one day
81	4	12 13	hr. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Mr Leopold Morawetz
13. Birthplace Austria

MOTHER
14. Maiden Name Elise Mayer
15. Birthplace Germany

16 (a) Informant Mrs Clinton L. Cole
(b) Address 701 Cathedral

17 (a) Cremation (b) Date thereof Nov 2 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Greenmount
Location Balto Md

18 (a) Funeral director Henry N. Jenkins & Sons Co
(b) Address 1st Cathedral & Charles Sts Mt Washington Station Baltimore Md

19 (a) NOV 9 1942 Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October thirty first 1942, at 5.00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 19 42 to Oct 3 19 42 and that I last saw her alive on 19

Immediate cause of death	Duration
Cardio-Respirator Failure	
Due to Tuberculosis Miliary	
Due to (over)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Newland Edmund Day M. D.
Address Union Memorial Hospital Date signed Oct 31 1942

VS 8

97174

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

446 F 97174 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 201 Tuscany Rd Garden apts
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life 64 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 201 Tuscany Rd Garden apts (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary Ragan Macgill Gary

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	married

6 (b) Name of husband or wife E Stanley Gary
6 (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Oct 24 1863

8. AGE: Years	Months	Days	If less than one day
79	9	6	hr. min.

9. Birthplace Shepherdstown W. Va. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
12. Name Dr Chas G. Macgill
13. Birthplace Hagerstown Md.
14. Maiden Name Louisa Mc Endree
15. Birthplace Shepherdstown W. Va.
16 (a) Informant M Hughlett W. Va.
(b) Address 912 W. Belvedere Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2 42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto Md
18 (a) Funeral director Henry McJenkins Sons
(b) Address 1911 Guilford Ave
19 (a) (Date rec'd by registrar) NOV 2 1942 (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1942, at 7P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1934 to Oct 30 1942 and that I last saw her alive on Oct 26 1942

Immediate cause of death	Duration
Myocardial Insufficiency	
Due to Chr. Valvular Heart Dis	10 yrs
Due to Hospital Diseases	3 yrs
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. B. Taylor
Address Balt. Md. Date signed Oct 31-42 M. D.

VS 8

97175

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

Registered No. E 97175

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1813 Aiken street
(c) Hospital or institution: -----
(d) Length of stay in hospital or inst. (yrs., mos., or days) ---
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
9-9
(d) Street No. 1813 Aiken street
(If No, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ELIZABETH A. CANNON

3 (b) If veteran, name war ---

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Single

6 (b) Name of husband or wife -----

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 21, 1867

8. AGE:	Years	Months	Days	If less than one day
	75	9	9	hr. min.

9. Birthplace Liverpool, England (Town, county, and state)

10. Usual Occupation None

11. Industry or business

12. Name of father Alex Cannon

13. Birthplace of father England

14. Maiden Name of mother Margaret O'Brien

15. Birthplace of mother Ireland

16 (a) Informant Mary M. Schaeffer

(b) Address 2125 W. Saratoga street

17 (a) Burial (b) Date thereof 11/2/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

(a) Funeral director J. Evans Son Inc

(b) Address 118 N. Mt. Royal Ave

NOV 2 1942 Huntington Williams M.D.
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/30 1942 at 8:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1, 1941 to Oct 30 1942, and that I last saw her alive on Oct 30 1942.

	Duration
Immediate cause of death Chronic Myocarditis	1 yr.
Due to Arteriosclerotic Cardiovascular Renal Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Samuel B. McLe M.D.

Address 131 E Chatham Date signed 10-31-42

VS 3

F 97176

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1640 Registered No. F 97176

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 Belgian Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME GEORGE F. EGAN

3 (b) If veteran, name war —
3 (c) Social Security Account No. 212-07-935

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Helen
6 (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Dec 13-1904

8. AGE: Years	Months	Days	If less than one day
37	10	16	hr. min.

9. Birthplace Penn. (Town, county, and state)
10. Usual Occupation Insurance Agent
11. Industry or business Life Ins.

12. Name George Egan
13. Birthplace Pa
14. Maiden Name Mary Coyne
15. Birthplace Pa.

(a) Informant Helen Egan
(b) Address 721 Belgian Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3-42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road.
(a) Funeral director John G. Molan
(b) Address 300 E. Baltimore St.
(a) NOV 2 1942 (Date rec'd by registrar) Huntington Woodbine, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1942, at 1 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet wound of head — Duration
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10-29-42 at 2 30 P.M.
(c) Where did injury occur? In front of 1002 Arlington Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Automatic pistol

23. Signature H. H. Wollenweber M.D. Medical Examiner
Date signed 10-30-42

VS 6

F 97177

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 307

F 97177 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 Mayfield Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 Mayfield Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Charles W. Simpson.

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife *****
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 10, 1884

8. AGE: Years	Months	Days	If less than one day
57	10	20	hr. min.

9. Birthplace Baltimore, Md? (Town, county, and state)
10. Usual Occupation Stationery Engineer
11. Industry or business Retired

12. Name Charles W. Simpson Sr,
13. Birthplace Baltimore, Md.
14. Maiden Name Sophie Ehrman
15. Birthplace Baltimore, Md,

16 (a) Informant Mrs. Elizabeth Rohde
(b) Address 2318 Mayfield Ave,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/2/1942 (month) (day) (year)
(c) Cemetery or crematory Mount Carmel
Location 5712 O'Donnell St.
(a) Funeral director John A. Moran
(b) Address 3000 E. Baltimore St.
(a) Date rec'd by reg. NOV 2 1942 Registrar

VS 3

Huntington Hillcrest, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942, at 1030P M

21. I certify that death occurred on the date above stated; that I attended deceased from July 17 1942 to Oct 30 1942 and that I last saw h[illegible] alive on Oct 30 1942.

Immediate cause of death Lymphatic Conditis & Leucopenia
Due to Chronic Deplasia
Due to Chronic Alcoholism
Other Conditions

Duration
2

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Medical Examiner
Address 5401 Belleville Ave. Date signed Oct 31 1942 M. D.

F 97178
AB- 74957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93D

F 97178
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Mo. 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 53 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 308 N Green St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth Shaffer

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 13-1869

8. AGE: Years	Months	Days	If less than one day
73	-	6 16	hr. min.

9. Birthplace Washington D.C.
(Town, county, and state)
10. Usual Occupation Unemployed
11. Industry or business

FATHER
12. Name James McIntee
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Dailey
15. Birthplace Ireland

16 (a) Informant Baltimore City Hospitles
(b) Address Records.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Fredericke ave

18 (a) Funeral director John O. Mitchell & Sons
(b) Address 900 Eutaw Place

19 (a) NOV 2 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29 1942, at 5 15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 6-26 1942 to 10-29 1942, and that I last saw h[illegible] alive on 10-29 1942.

Immediate cause of death	Duration
Bronchopneumonia	
Due to Heart block from arteriosclerotic C.V.D.	5 days
Due to	
Other Conditions Interlobar pneumonia, right lower lobe	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Waldeis, M.D.
Address Balto. City Hosp. Date signed 10-29-42

Howard J. Waldeis, M.D. - Res

AB-77879 F 97179

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a F 97179 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17hr. 25min.
(e) Length of stay in Baltimore (yrs., mos., or days) 45 Yrs ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6509 Baltimore Ave. Dundalk
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Elizabeth McShane

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widowed

6 (b) Name of husband or wife Timothy (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 27-1873

8. AGE: Years	Months	Days	If less than one day
69	6	2	hr. min.

9. Birthplace Ireland
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Patterson ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2-42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave.

18 (a) Funeral director John G. Connolly
(b) Address 4186 Eastern Ave. (Expedited)

19 (a) NOV 2 1942 (Date received by registrar) Hunting for Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29-42 19 at 4:42 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1942 to 10-29 1942 and that I last saw her alive on 10-29 1942.

Immediate cause of death Intracranial injury
Due to Fall after cerebral vascular accident ?
Due to
Other Conditions Hypertensive C.V.D. Old bronchial and pleural adhesions, left lung
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration 24 hrs.

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-29-42 at P. M
(c) Where did injury occur? Balto. Co.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work?
(Specify type of place)
(e) Means of injury Fell down stairs at home ? stairway

23. Signature [illegible] M. D.
Address Balto. City Hosp. Date signed 10-29-42

VS 250

F 97180

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

136 F 97180 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1600 S. Fawn Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice P. Macleod

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-09-8983

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 17, 1908

8. AGE: Years	Months	Days	If less than one day
34	7	17	14 hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Typist & Stenographer
11. Industry or business Fish Business

MOTHER / FATHER

12. Name Donald Macleod
13. Birthplace Baltimore Md.

14. Maiden Name Zirkler, Mary E.
15. Birthplace Phila. Pa

16 (a) Informant Mrs Mary E. Macleod
(b) Address 1600 S. Fawn Ave

17 (a) BURIAL (b) Date thereof 11/3/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory BALTIMORE
Location E NORTH AVE

18 (a) Funeral director Clarence F. Hoffman
(b) Address 1639 N. Broadway Baltimore, Md.

NOV 2 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31- 1942, at 12:00 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy and that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death: Sodium Fluoride Poisoning — Duration

Due to

Due to

Other Conditions: Mental Deficiency

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 10-31-42 at 8 A M
(c) Where did injury occur? 1600 S. Fawn Ave Balto
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? House While at work? No
(Specify type of place)
(e) Means of injury Took poison orally

23. Signature Howard J. Knoblett M.D.
Medical Examiner.
Date signed 10-31-42

VS 6

F 97181

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 97

Registered No. F 97181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution:
Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 days
(e) Length of stay in Baltimore (yrs., mos., or days) 66 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 259 W. 31st St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frances R. O'Connor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	S

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1875

8. AGE: Years	Months	Days	If less than one day
66	11	4	hr. min.

9. Birthplace Balto., Md.
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name William O'Connor
13. Birthplace Ireland

MOTHER
14. Maiden Name Margaret Collins
15. Birthplace Balto., Md.

16 (a) Informant Admission History
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2 '42 (month) (day) (year)
(c) Cemetery or crematory Loyola Cathedral
Location Old Frederick Rd.

18 (a) Funeral director William Leo Doe
(b) Address 1701 E. Fort Ave.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1942 at 2:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 19 1942 to Oct. 30 1942 and that I last saw h[illegible] alive on Oct. 30 1942

Immediate cause of death Cardiorespiratory failure — Duration

Due to Senility

Due to Arteriosclerosis

Other Conditions (None)

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature E. Peyton Ritchings M. D.
Address Mercy Hospital Date signed 10/31/42

VS 150

F 97182

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

10/A F 97182 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 West Lexington
(c) Hospital or institution: Aged Womens Aged Mens Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 yrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County City Balto
(c) City or town N
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 West Lexington
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna Louise Tanner

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Hudson C.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29-1860

8. AGE: Years 82 | Months 0 | Days 1 | If less than one day hr. min.

9. Birthplace Oswego N.Y.
(Town, county, and state)

10. Usual Occupation None

11. Industry or business

12. Name Herbert Harman

13. Birthplace Brooklyn N.Y.

14. Maiden Name Mary E Kellogg

15. Birthplace Brooklyn N.Y.

16 (a) Informant Mrs Capp Supt of Home

(b) Address 1400 W Lexington

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof Nov 2-42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Greenmount - Oliver

18 (a) Funeral director William Cook & Sic

(b) Address 1217 St Paul St

19 (a) (Date received by registrar) (b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1942 at 4:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/16 1929 to 10/30 1942 and that I last saw h[illegible] alive on 10/29 1942.

Immediate cause of death Apoplexy CV hemiplegia — Duration 10 days

Due to

Due to

Other Conditions Arteriosclerosis hypertension CVR disease

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. B. Jottell M. D.

Address 1115 St Paul St., Date signed 11/1/42

City.

VS 2

F 97183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F97183

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1509 N. Fairvale St. 17 2830 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Charity Jefferson

If U. S. Veteran specify WAR

(a) Residence: No. 1509 N. Fairvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colr.	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos Jefferson

6. DATE OF BIRTH (month, day, year) 5/20/1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Maid worker Cleaning

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

MOTHER FATHER

13. NAME Jessie Diggs

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

15. MAIDEN NAME Lucy Thompson

16. BIRTHPLACE (city or town) (State or country) Petersburg Va

17. INFORMANT Mrs Edna Gross

(Address) 1509 N. Fairvale

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date Nov 19 42

19. UNDERTAKER Geo. T. A. Gibson

(Address) 1733 Druid Hill Ave

20. FILED NOV 2 1942 Huntington Hitchcock Registrar M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct 31, 19 42

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 19 42 to Oct 31, 19 42

I last saw h alive on Oct 31, 19 42 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
	?
	,
Other contributory causes of importance: Arterio Sclerosis	

Was an operation performed? none Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Edward J. Wheatley M. D.

(Address) 1206 Druid Hill Ave

F 97184

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97184

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd. & Calvert Street
(c) Hospital or institution: The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 730 East 21st Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mr Frederick W. Bonday

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Mrs Frederick W. Bonday
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 13 1860

8. AGE: Years	Months	Days	If less than one day
81	11	17	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business
12. Name ? Bonday
13. Birthplace England
14. Maiden Name Katherine BRANNON (D)
15. Birthplace Ireland
16 (a) Informant Margaret M Bonday
(b) Address 730 East 21st Street
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 2 - 42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn Md
18 (a) Funeral director William Cook Inc
(b) Address 217 St Paul Street
19 (a) 7-16-7 NDN (Date rec'd by registrar) Washington Hill Baltimore

MEDICAL CERTIFICATION

20. DATE OF DEATH November First 1942, at 12.25 A.M
21. I certify that death occurred on the date above stated; that I attended deceased from P.M. Oct. 31st 1942, to A.M. Nov 1st 1942 and that I last saw him alive on October 31 1942.

Immediate cause of death	Duration
Cardio-Vascular Collapse	
Due to Coronary occlusion	
Due to Arteriosclerosis	
Other Conditions Herniaplasty	

(Include pregnancy within 3 months of death)
Date of operation October 25th, 1942
Major findings of operation: Sliding Inguinal Hernia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Howland Edward Day M.D. M. D.
Address Union Memorial Hosp. Date signed Nov 2nd 42

VS 3

F 97185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92

F 97185 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1227 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1227 Greenmount Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stephen Campbell

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Divorced

6 (b) Name of husband or wife Katherine Sanders Campbell 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 11 1868

8. AGE: Years 73 | Months 10 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Wood Turner

11. Industry or business Lafayette Mill Co

12. Name Hugh Campbell

13. Birthplace Ireland

14. Maiden Name Mary Reilly

15. Birthplace Ireland

16 (a) Informant Mr. Joseph M. Brown (Nephew)

(b) Address 1016 E. Hoffman St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3, 1942 (month) (day) (year)

(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Rd

(a) Funeral director Elmer W. Coughlin & Son

(b) Address 924 E. Eager St.

(a) NOV 2 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31 1942, at 5.15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Cerebral Arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hugh B. McNally M.D. Medical Examiner
Date signed 11/1/42

VS 6

424008

F 97186

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97186 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2319 E. Madison St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Paul Charles Shink

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ellen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-26-68

8. AGE: Years	Months	Days	If less than one day
74	5	5	hr. min.

9. Birthplace Germany
(Town, county, and state)

10. Usual Occupation Lace Maker

11. Industry or business

FATHER
12. Name Charles Shink
13. Birthplace Germany

MOTHER
14. Maiden Name Ellen Simon
15. Birthplace Germany

16 (a) Informant Records.
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (b) Date thereof Nov. 3/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Road

18 (a) Funeral director Geo. M. Emich Son
(b) Address 846 N. Wolfe St

19 (a) NOV 2 1942 (b)
(Date rec'd by registrar)

Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1942 at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1942 to Oct 31 1942 and that I last saw h alive on Oct 31 1942

Immediate cause of death Myocardial failure — Duration

Due to Carcinoma of bladder — 1 yr.

Due to Cachexia

Other Conditions Arteriosclerosis, heart disease
(Include pregnancy within 3 months of death)

Date of operation Aug. 1942

Major findings of operation: Carcinoma of bladder

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James H. Lemmon M.D.
Address Johns Hopkins Hospital Date signed 10/31/42

VS 150

Please write the causes of death clearly and legibly

F 97187

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

59 B

Registered No. F 97187

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th St.,
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mo. 1½ days
(e) Length of stay in Baltimore (yrs., mos., or days) 41 yrs. 10 mo 1½ days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Towson (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 York Road. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME John Howard Atterbury
(b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Mrs. J. H. Atterbury
Theodora A. Atterbury 6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) 7/16/75 1875

8. AGE: Years	Months	Days	If less than one day
67	3	15½	3 hr. 17 min.

9. Birthplace Detroit, Mich. (Town, county, and state)
10. Usual Occupation Credit Mgr.
11. Industry or business Retail Rossman & Hunter

FOR USE OF FATHER
12. Name Henry Stimson Atterbury
13. Birthplace Michigan (Detroit)
14. Maiden Name Carnelian Strong
15. Birthplace Michigan (Detroit)

16 (a) Informant R. J. Rae
(b) Address 700 W. 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

NOV 2 1942 (b) Date rec'd by State Registrar Huntington Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1942 at 3 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 31 1941, to October 31 1942 and that I last saw him alive on October 31 1942.

Immediate cause of death	Duration
Septicaemia - Infection of Decubitus Ulcer	5 Days
Due to	
Due to Arthritis Deformans	11 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Grafton Heraperger M.D.
Address 214 Medical Arts Bldg Date signed 11/1/42

VS 3

F 97188 Bx 1r

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

§ 3a

F 97188 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Usual
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Balto (b) County Md
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 2132 Park Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Germany

3 (a) FULL NAME NATHAN GLASER

3 (b) If veteran, name war —

3 (c) Social Security Account No. 217-01-7964

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Jennie Glaser

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6 1873

8. AGE: Years 69 | Months 7 | Days 20 | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business Clothing

12. Name unknown

13. Birthplace Germany

14. Maiden Name unknown

15. Birthplace Germany

(a) Informant Jennie Glaser

(b) Address 2132 Park Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-42 (month) (day) (year)

(c) Cemetery or crematory Hebrew Friendship

Location Baltimore

(a) Funeral director Dunn Loudenslager & Co

(b) Address 1902 Eutaw Pl

(a) 7461 AON (Dealer's Registration) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1/42 19 , at 5:18 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/29/42 to 11/1/42 19 , and that I last saw h alive on 11/1/42 19

Immediate cause of death: Septicemia

Due to: Cerebral vascular accident

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation 10/31/42

Major findings of operation:

of autopsy: None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Isadore Usborough M.D.

Address Sinai Hosp. Date signed 11/3/42

VS 3

F 97189

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 97189

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 116 W 22nd St

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 116 W. 22nd St
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Marie Sterling Doty

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Deserted

(b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 5, 1919

AGE: Years	Months	Days	If less than one day
22	11	15	hr. min.

8. Birthplace Balto., Md.
(Town, county, and state)

9. Usual Occupation Domestic

10. Industry or business

12. Name Howard Sterling

13. Birthplace Md.

14. Maiden Name Fannie Smith

15. Birthplace Md.

(a) Informant Fannie Sterling

(b) Address 116 W 22nd Balto

(a) Burial (b) Date thereof Nov. 2, 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary Cemetery

Location G.G. County Md

(a) Funeral director Mrs Robert G. Elliott & Bro

(b) Address 1129 N. Carrie St

(a) Nov 2 1942 AGN Huntington Williams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1942 at 3A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1 1942 to Oct 30 1942 and that I last saw her alive on Oct 30 1942

Immediate cause of death Bronchial Pneumonia — Duration 3 days

Due to

Due to

Other Conditions Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature William H Watts M.D.

Address 51 Washington Ave Date signed 11/2/42

VS 3

F 97190

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97190 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Fullerton (If outside city or town limits, write RURAL and give town)
(d) Street No. Joppa Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edythe L. Akehurst

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	White	Married

6 (b) Name of husband or wife D. Elmer Akehurst
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6 1906

8. AGE: Years	Months	Days	If less than one day
36	9	27	hr. min.

9. Birthplace Carroll Co. Md (Town, county, and state)
10. Usual Occupation at home
11. Industry or business

FATHER
12. Name Henry Long
13. Birthplace Carroll Co. Md.

MOTHER
14. Maiden Name Goldie Leister
15. Birthplace Carroll Co. Md.

16 (a) Informant D. E. Akehurst
(b) Address Joppa Rd. Fullerton

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 42 (month) (day) (year)
(c) Cemetery or crematory Camp Chapel
Location Balto. Co. Md

18 (a) Funeral director Lansdale Funeral Home
(b) Address 7401 Belair Rd. Fullerton

19 (a) (Date received by registrar) NOV 2 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1st 1942 at 5 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 22 1942 to Nov 1st 1942, and that I last saw her alive on Nov 1st 1942.

Immediate cause of death	Duration
Lobar pneumonia	10 dy
Due to Endocarditis	2 wks
Due to Myocardial Insufficiency	7 dys.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edwin H. Benson M. D.
Address 1 W. Overlea Ave Date signed 11/1/42

VS 8

F 97191

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1317 F 97191 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1317 N. Bond St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 1 yr.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1317 N. Bond St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lore Speight Willard

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Leatrous Willard

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) July 17, 1907

8. AGE: Years 35 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Florida (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Robert Sledge

13. Birthplace Unknown

14. Maiden Name Conuig

15. Birthplace Unknown

(a) Informant Leatrous Willard

(b) Address 1317 N. Bond St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1942 (month) (day) (year)

(c) Cemetery or crematory Arbutus Memorial Park

Location

(a) Funeral director Robert L. Young

(b) Address 804 N. Carolina St.

(a) NOV 2 1942 (Date received by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1942 at 8:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 1942 to Oct 29 1942 and that I last saw h[illegible] alive on Oct 29 1942.

Immediate cause of death Chronic Nephritis — Duration 8 Mos

Due to

Due to

Other Conditions Mitral Insufficiency and Generalized Arteriosclerosis — 18 Mos

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy: none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ralph L. Young

Address 1424 E. Monument St. Date signed 10/31/42

VS 8

F 97192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97192 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1106 E. Eutaw St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME THOMAS BLAKE THOMASON

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898-

8. AGE: Years 44 | Months | Days | If less than one day hr. min.

9. Birthplace Tennessee (Town, county, and state)

10. Usual Occupation Seaman

11. Industry or business

12. Name Thomas B Thompson

13. Birthplace Tennessee

14. Maiden Name Ella —?

15. Birthplace Tennessee

(a) Informant Wm McKay.

(b) Address 14 N. Gay St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 2-42 (month) (day) (year)

(c) Cemetery or crematory Mt Marys (Hampden)

Location

(a) Funeral director Wendell E. Humphreys

(b) Address 6326 N. Broadway

(a) NOV 2 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 19 42 at 3 30 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Delerium tremens	
Due to Chronic alcoholism	
Due to	
Other Conditions ND	

(Include pregnancy within 3 months of death)

Date of operation ND

Major findings of operation:

of autopsy: ND

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wallace Asst Medical Examiner. M.D.

Date signed 10-30-42

VS 6

97193

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97193 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 129 S. Curley St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County - - -
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 129 S. Curley St. (If rural give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME HENRY GEORGE AMBERG

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 216-09-3751

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jeannette Cole

6 (c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.) July 29.1891

8. AGE: Years 51 | Months 3 | Days 1 | If less than one day: hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Oiler

11. Industry or business Baltimore Elevator Co.

12. Name Henry Amberg

13. Birthplace Baltimore

14. Maiden Name Anna Fleminger

15. Birthplace Germany

(a) Informant Mrs. Jeannette Amberg

(b) Address 129 S. Curley St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3. 1942 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn Cemetery

Location Baltimore County

(a) Funeral director HENRY SANDER & SONS. INC.

(b) Address North Ave. & Broadway

(a) NOV 2 1942 (b) Huntington Williams, M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30. 1942 at 6.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1942 to Oct 30 1942 and that I last saw him alive on Oct 29 1942.

Immediate cause of death: Carcinoma of the Brain with metastases to skin.

Duration: June 1/42

Due to:

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation:

of autopsy: None,

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Ed Schemmuck M. D.

Address 442 S. East Ave. Date signed 10-31-42

VS 3

97194

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

F 97194 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2214 E. North Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2214 E. North Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME EMORY GEORGE ROHRBAUGH

3 (b) If veteran, name war: no

3 (c) Social Security Account No. 217-03-5108

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Irene Huster

6 (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Mar. 27. 1884

8. AGE: Years 58 | Months 7 | Days 3 | If less than one day: hr. min.

9. Birthplace: York Penna.
(Town, county, and state)

10. Usual Occupation: Train Master

11. Industry or business: Penna R. R. CO.

12. Name: Charles Rohrbaugh

13. Birthplace: York Penna.

14. Maiden Name: Sarah Freed

15. Birthplace: York Penna

16. (a) Informant: Mrs. Irene Rohrbaugh

(b) Address: 2214 E. North Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3 1942 (month) (day) (year)

(c) Cemetery or crematory: Baltimore Cem.
Location: Baltimore Md.

18. (a) Funeral director: HENRY SANDER & SONS. INC.

(b) Address: North Ave. & Broadway.

(Date rec'd by registrar) (b) Huntington Williams M.D. registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 29. 1942 at 8.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942 to Oct 29 1942 and that I last saw him alive on Oct 29 1942.

Immediate cause of death: Myocarditis

Due to: Arteriosclerosis

Due to: Nephritis

Other Conditions:
(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Jacob Frisher M. D.

Address 1823 N. Mad St. Date signed 10/30/42

VS 3

97195

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97195 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1833 N. Castle Street
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME HERMAN WILLIAM MAYFIELD

3 (b) If veteran, name war: SAW

3 (c) Social Security Account No. None

4. Sex: MALE | 5. Color or race: WHITE | 6 (a) Single, married, widowed, or divorced: SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 4, 1877

8. AGE: Years 65 | Months 8 | Days 26 | If less than one day: hr. min.

9. Birthplace St. Louis, Missouri
(Town, county, and state)

10. Usual Occupation Housepainter

11. Industry or business

12. Name William H. Mayfield

13. Birthplace Louisville, Kentucky

14. Maiden Name Laura Gastonburg

15. Birthplace Denzig, Germany

(a) Informant Records-US Marine Hospital,

(b) Address Baltimore, Maryland.

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3. 1942 (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Baltimore Md.

(a) Funeral director HENRY SANDER & SONS. INC.

(b) Address North Ave. & Broadway

(a) (Date rec'd by Registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30, 1942, at 11:55 am M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25, 1942, to Oct. 30, 1942, and that I last saw him alive on Oct. 30, 1942.

	Duration
Immediate cause of death Hemorrhage, cerebral, left	5 days
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify)
(e) Means of injury

23. Signature M. D.

Address US Marine Hospital Date signed 10/31/42
Baltimore, Maryland.

VS 3

F 97196

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

837 Registered No.

F 97196

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 42 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 307 N Fulton (If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Hattie Gray

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: F
5. Color or race: Negro
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Samuel ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 28, 1877

8. AGE: Years 65 | Months 9 | Days 2 | If less than one day: hr. min.

9. Birthplace Frederick Md (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

12. Name Sandy Ways
13. Birthplace Md
14. Maiden Name Georgiana Fausett
15. Birthplace Md

(a) Informant Samuel Gray
(b) Address 307 Stricker St
(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem
Location
(a) Funeral director Mrs Katie R Williams
(b) Address 322 N Schroeder St
(a) Filed NOV 2 1942 (Registrar) Mortician for Williams HR Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942 at 2:57 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10.26.1942 to 10.30.1942 and that I last saw h[illegible] alive on 10.30.1942

Immediate cause of death: pulmonary edema — Duration: 72 hrs
Due to: cardiac failure — 24 hrs
Due to: cerebral thrombosis — 4 days
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature James D. Carr M. D.
Address 514 Mosher St Date signed 10.31.42

VS 3

F 97197

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

V 108

F 97197 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 634 N. Carrollton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 days
(e) Length of stay in Baltimore (yrs., mos., or days) All his life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 634 N. Carrollton Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Thurman Grantt
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex Male
5. Color Negro
6 (d) Single, married, widowed, or divorced. Married
(b) Name of husband or wife Mary Grantt
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 1877
8. AGE: Years 65 Months 4 Days If less than one day hr. min.
9. Birthplace Calvert Co. Md (Town, county and state)
10. Usual Occupation Laborer
11. Industry or business

12. Name John Grantt
13. Birthplace Calvert Co. Md
14. Maiden Name Carrie Mitchell
15. Birthplace Calvert County Md

16 (a) Informant John D. Grantt
(b) Address 1310 Harlem Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location
(a) Funeral director Mrs. Katie R. Williams
(b) Address 322 N. Schroeder St
(c) Date rec'd by funeral director Nov 2 1942 Huntington Williams Registrar

MEDICAL CERTIFICATION

18. DATE OF DEATH 10/30/1942 at 6 30 P.M.
19. I certify that death occurred on the date above stated, that I attended deceased from 10/27 1942 to 10/30 1942
and that I last saw him alive on 10/29 1942
Immediate cause of death
(a) Lt. Lobar Pneumonia
Due to
(b)
Due to
(c)
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

Duration: 5 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature H. Adelbert Cook M.D.
Address 1151 Harlem Date signed 11/2/42

VS 3

F 97198

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1937

F 97198 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1514 Division St
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1505 E. Mulberry St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida V. Welch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Separated

6 (b) Name of husband or wife: James H. Welch

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): [redacted] 1876

8. AGE: Years: 66 | Months | Days | If less than one day: hr. min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual Occupation: Home Wife

11. Industry or business

12. Name: Albert Hedgeman

13. Birthplace: Alexandria Va

14. Maiden Name: Catherine Pierce

15. Birthplace: Harford Co. Va

16 (a) Informant: James Hedgeman

16 (b) Address: 1505 E Mulberry St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4, 1942 (month) (day) (year)

17 (c) Cemetery or crematory: Mt. Auburn

Location

18 (a) Funeral director: Mrs Katie R. Williams

18 (b) Address: 322 N Schroeder St

19 (a) (Date rec'd by local reg.) (b) Registrar: Williams M.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH: 10 — 29 — 1942, at 8.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 8 - 28 — 1942, to 10 - 29 — 1942, and that I last saw her alive on 10 - 29 — 1942.

Immediate cause of death: Chronic Myocarditis — Duration: 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: [signature] M. D.
Address: Provident Hospital Date signed 10-30-42

F-97199

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 469

Registered No. F97199

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 434 N. East Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 434 N. East Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Vojik

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	single

6 (b) Name of [illegible] Chas. Vojik
Brother 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/3/89

8. AGE: Years	Months	Days	If less than one day
53 yrs	7	26	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation Grocer
11. Industry or business

FATHER
12. Name Frank Vojik
13. Birthplace Czech.

MOTHER
14. Maiden Name Cibark
15. Birthplace Czech.

16 (a) Informant Chas. Vojik (Brother)
(b) Address 434 N. East Avenue

17 (a) Burial (b) Date thereof 11/2/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Most Holy Redeemer
Location Belair Road

18 (a) Funeral director Chas. E. Schimunek
(b) Address 2601 E. Madison Street

(c) Date received by Registrar [illegible] Huntingtown Williamsport MD

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29 1942 at 4 1/4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1942 to Oct 29 1942.
and that I last saw h[illegible] alive on Oct 29 1942.

Immediate cause of death	Duration
Carcinoma of pancreas	1 year
Due to	
Due to	
Other Conditions Contributory	3 days

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edward J. Sikorsky M. D.
Address 5929 McClean Blvd Date signed 10/31/42

97200

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 97200

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Colonel Williams
(c) Hospital or institution:
St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1835 W. Fairmount
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace Hopkins

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife Wm.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1846

8. AGE: Years 48 | Months | Days | If less than one day hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation [illegible]

11. Industry or business

FATHER
12. Name [illegible]
13. Birthplace Md.

MOTHER
14. Maiden Name [illegible] Spangler
15. Birthplace Md.

16 (a) Informant William Hopkins
(b) Address 1835 W. Fairmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5/42 (month) (day) (year)

(c) Cemetery or crematory New National Cem.
Location Frederick Road

18 (a) Funeral director Chas E. Schmidt & Co.
(b) Address 2601 E. Madison St

19 (c) [illegible] Attending for Williams M.D.
(Date rec'd by Registrar) Registrar

NOV

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-2 1942 at 5:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1942 to 11/2 1942, and that I last saw her alive on 11/2 1942

Immediate cause of death Uremia — Duration 4 Days

Due to Carcinoma of cervix — Duration 1 Year

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. M. Duryea M.D.

Address St. Agnes Hosp. Date signed 11/2/42

F 97201
206 S. Gilmor St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93N F 97201 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 107 N. Bentalou Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 107 N. Bentalou Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sophia Kutlik (JoseFA)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: widowed

(b) Name of husband or wife: John Kutlik
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/19/66

AGE: Years	Months	Days	If less than one day
76	7	11	hr. min.

8. Birthplace Czechoslovakia (Town, county, and state)
9. Usual Occupation housewife
10. Industry or business

12. Name Martin Kouba
13. Birthplace Czechoslovakia
14. Maiden Name Unknown
15. Birthplace "

(a) Informant Emil Kutlik
(b) Address 4904 Cordelia Avenue
(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Philadelphia Road
(a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street
(c) NOV 2 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942, at 6 00 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1942, to Oct 30 1942 and that I last saw her alive on 10-29 1942

Immediate cause of death	Duration
arteriosclerotic heart disease	mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Nathan Rosen M. D.
Address 206 S Gilmor St Date signed 11-1-42

VS 8

97202

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97202

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 954 Forest St.
(c) Hospital or institution: Maryland Penitentiary Eastern Shore
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County P. G. Co.
(c) City or town Bladensburg Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Samuel Russell

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None

4. Sex: Male
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9, 1877

8. AGE: Years 65 | Months 2 | Days 28 | If less than one day: hr. min.

9. Birthplace Indianapolis Ind (town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

12. Name William Russell
13. Birthplace Noblesville Ind
14. Maiden Name Marian Cuzley
15. Birthplace Indianapolis, Ind

(a) Informant
(b) Address

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory Location UNIVERSITY MEDICAL SCHOOL NOV 3 1942

(a) Funeral director Commissioner of Health
(b) Address

(a) NOV 2 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7 1942, at 8:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 17 1941 to Oct. 7 1942, and that I last saw him alive on Oct. 7 1942.

Immediate cause of death: Cardio-vascular Renal disease — Duration: 1 year
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hart Cawood M.D.
Address 1123 St Paul St. Date signed 10-7-42

VS 2

F 9532

7203

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 9404 E 27203

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) D. U. Q.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1415 Eastern Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Graham

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years	Months	Days	If less than one day
65			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation
11. Industry or business
12. Name
13. Birthplace
14. Maiden Name
15. Birthplace
(a) Informant
(b) Address

(a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 3 1942
(a) Funeral director Commissioner of Health
(b) Address
(a) NOV 2 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10, 1942, at 10:30 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said Autopsy & Inquest (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death Coronary occlusion — Duration
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Oct. 10 1942.

VS 6

9531

97204

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 97204

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1½ hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1000 Eager Street
(If rural give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country Italy

3 (a) FULL NAME Josephine Libertini

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband ~~xxxxx~~ late Giacomo Libertini
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17 1858

8. AGE: Years	Months	Days	If less than one day
84 ~~85~~	8	14	hr. min.

9. Birthplace Enna Italy
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Home

12. Name Gesuardo Severino
13. Birthplace Italy

14. Maiden Name Gaetana Barberina
15. Birthplace Italy

(a) Informant Frank Della Noce
(b) Address 52 N. Morley St.

(a) Burial (b) Date thereof Nov. 4th/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory St. Vincent Cemetery
Location Baltimore Md.
(a) Funeral director Frank Della Noce
(b) Address 52 N. Morley St.
(Date rec'd by Registrar) (b) Huntingtown Williamsport Md.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1-1942 at 6:45 A M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death	Duration
Shock	
Due to Fractured Pelvis	
Due to Multiple lacerations anterior	
Other Conditions & broad bruises	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 1/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-1-42 at 7:05 A M
(c) Where did injury occur? Augusta, nr Eager St
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? no
(e) Means of injury Pedestrian struck by automobile
23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-1-42

VS 6

F 97205

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

19a

F 97205 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 156 W. West Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Elgin W. Chasson Hood

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) August 29 1940

8. AGE: Years	Months	Days	If less than one day: hr.	min.
2	10 2	2		

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation Child

11. Industry or business

12. Name Braxton Hood

13. Birthplace North Carolina

14. Maiden Name Rebecca Chasson

15. Birthplace North Carolina

(a) Informant Rebecca Hood

(b) Address 156 W. West St.

(a) Burial (b) Date thereof 11-4-42 (Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Mt Calvary

Location a a Co Md

(a) Funeral director Isaiah L Brownston

(b) Address 108 W Montgomery St

(a) NOV 2 1942 Huntington Williams (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1- 1942, at 6:29 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Phosphorous Poisoning — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 10-31-42 at 3:30 P M

(c) Where did injury occur? 156 W. West Street (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No

(e) Means of injury Drugs from grandfather

23. Signature Howard J. Wheeler M.D. Medical Examiner.

Date signed 11-1-42

VS 6

F 97206

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

934

F 97206 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits write RURAL and give town)
(d) Street No. 920 Warner St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel Ringgold

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 6, 1882

8. AGE: Years	Months	Days	If less than one day: hr.	min.
60	6	24		

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business
12. Name of father Samuel R. Ringgold
13. Birthplace Maryland
14. Maiden Name of mother Sarah Brown
15. Birthplace Maryland
(a) Informant Annie R. C. Dorsey (Sister)
(b) Address 920 Warner Street

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11 - 3 - 42 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Balto City
(a) Funeral director Isaiah L. Brown & Son
(b) Address 108 W. Montgomery St

(a) NOV 2 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Hypertensive cardio vascular disease — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

Date of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Gutman M.D.
Medical Examiner.
Date signed

VS 6

F 97207

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 97207

CERTIFICATE OF DEATH 83a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2109 Greenmount Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2109 Greenmount Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Adolph W. Thiel

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 6 - 1875

8. AGE: Years	Months	Days	If less than one day
67	1	24	hr. min.

9. Birthplace Luterburg, Germany
(Town, county, and state)

10. Usual Occupation stonecutter

11. Industry or business Cont & Tavern

12. Name Adolph Thiel

13. Birthplace Germany

14. Maiden Name Wilhelmena Ewalt

15. Birthplace Germany

16 (a) Informant Rudolph A. Dietzman

(b) Address 2109 Greenmount Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 - 2 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park Cemetery

Location

18 (a) Funeral director Mary M. Weedefeld

(b) Address 501 E. 22 St.

19 (a) NOV 2 1942 (Date rec'd by registrar) Huntington Wallace Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942, at 2 10 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest + autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest + autopsy find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death	Duration
cerebral hemorrhage, spontaneous	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert A. Graham M.D.
Medical Examiner.
Date signed Nov 1 1942

VS 6

F 97208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

937

F 97208 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 918 E 20th Street
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 918 E 20th Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ELLA Welch LEECH

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
W M	W	Married

6 (b) Name of husband ~~or wife~~ Micheal Leech
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years	Months	Days	If less than one day
67			hr. min.

9. Birthplace Baltimore, Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

12. Name John Welch
13. Birthplace Ireland
14. Maiden Name Mary McGrath
15. Birthplace Ireland

(a) Informant Micheal Leech
(b) Address 918 E. 20th St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-2-42 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem.
Location Mary M. Newfields
(a) Funeral director 509 E 25th St.
(b) Address

(a) NOV 2 1942 (Date received by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1942 at 9 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said I, (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerosis	
Cardiac arrest	
Due to Uremia	
Due to	
Other Conditions Nil	

(Include pregnancy within 3 months of death)
Date of operation None
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H F W Wolfenweber M.D.
and Medical Examiner.
Date signed 10-30-42

VS 6

F 97209

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 48

F 97209 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 400 N. Brice St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 20
(e) Length of stay in Baltimore (yrs., mos., or days) —

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 400 N. Brice St
(If rural give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

3 (a) FULL NAME Clemmie M. Baker Greenstreet.

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Henry

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) March 2. 1893

8. AGE: Years 49 | Months 7 | Days 29 | If less than one day hr. min.

9. Birthplace Hendricks Co. Ga
(Town, county, and state)

10. Usual Occupation Maid
11. Industry or business Hospital

FATHER
12. Name Joseph Thacker
13. Birthplace Hanover Co. Va

MOTHER
14. Maiden Name Alecia Ann Coates
15. Birthplace Va

16 (a) Informant Herman Haywood
(b) Address 1907 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Rd

18 (a) Funeral director Thos J Kenny
(b) Address 1600 Hollins St

19 NOV 2 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1942 at 2 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1942 to Oct 31 1942 and that I last saw h w alive on Oct 30 1942

Immediate cause of death
Carcinoma of Uterus — Duration 6 mo

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Chas Baker M. D.
Address 2145 W Balto St Date signed

VS 150

F 97210

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 97210 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3600 Parkdale Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3600 Parkdale Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Carrie K. Barton

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Charles H. Barton

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 7-1864

8. AGE: Years 78 | Months 3 | Days 24 | If less than one day hr. min.

9. Birthplace Carroll Co. Md. (town, county, and state)

10. Usual Occupation At Home

11. Industry or business

12. Name Andrew J. Plowman

13. Birthplace Maryland

14. Maiden Name Margaret E. Yager

15. Birthplace Maryland

16 (a) Informant Stephen Barton

(b) Address 3600 Parkdale Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3-1942 (month) (day) (year)

(c) Cemetery or crematory St. Mary's Hampden

Location Baltimore, Md.

18 (a) Funeral director Horace F. Burgee

(b) Address 3631 Falls Road

NOV 2 1942 (Date rec'd by registrar)

Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31- 1942 at 1.45 P.M.

21. I certify that death occurred on the date above stated: that I attended deceased from Oct 17th 1942 to Oct 31st 1942 and that I last saw h alive on Oct 31st 1942

	Duration
Immediate cause of death Cardiac Dilation	
Complete Exhaustion	
Collapse.	14 Days.
Due to Hypostatic Bronchopneumonia	
Due to Senility.	10 Days.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature B. A. Lieser M. D.

Address 211 Fort Pl. Balto. Date signed 10/31/42

VS 3

F 97211

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 97211 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 833 Powers Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 67 yrs-6 mo-3 ds.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 833 Powers Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis Albert McFadden

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-03-7004

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Caroline B. McFadden

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 28-1875

8. AGE: Years 67 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Baltimore, Md. (City, county, and state)

10. Usual Occupation Special Police Chesapeake

11. Industry or business Steamship Line - Retired 1940

12. Name Francis McFadden

13. Birthplace Maryland

14. Maiden Name Fannie D. Smith

15. Birthplace Maryland

16. (a) Informant Mrs. Caroline B. McFadden

(b) Address 833 Powers Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3-1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Baltimore, Md.

18. (a) Funeral director Horace F. Burgee

(b) Address 4901 Falls Road

19. (a) NOV 2 1942 (Date rec'd by registrar) (b) Huntingtor Wilkins, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1- 1942, at 2-40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1942 to Nov 1- 1942, and that I last saw h/M. alive on Nov 1 1942

Immediate cause of death Apoplexy. Duration 6 days

Due to Arteriosclerosis 5 yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur J. Davies, M. D.

Address 800 W 33rd Date signed 11-2-42

VS 3

F 97212

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

939 F 97212 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1425 Patapsco Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1425 Patapsco Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Delia N Richardson

3 (b) If veteran, name war: None
3 (c) Social Security Account No.: None
4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: John G Richardson
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): May 3rd. 1865
8. AGE: Years 77 Months 5 Days 29 If less than one day hr. min.
9. Birthplace: Bedford Co. Va. (Town, county, and state)
10. Usual Occupation: Housewife
11. Industry or business:
12. Name: Thomas Hodges
13. Birthplace: Va.
14. Maiden Name: Sarah Cheek
15. Birthplace: Va.
16. (a) Informant: Mrs. Maggie E Tucker
(b) Address: Carville Beach Md.
17. (a) Lynchburg Va. (Burial, cremation, or removal) (b) Date thereof: Nov. 2nd. 1942 (month) (day) (year)
(c) Cemetery or crematory
Location: Lynchburg Va.
(a) Funeral director: E. Schloman & Son
(b) Address: 1039 Hanover St.
18. (a) NOV 2 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/2 1942 at 5 45 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from 10/27 1942 to 11/2 1942 and that I last saw h[illegible] alive on 10/1 1942

Immediate cause of death: Acute Bronchopneumonia — Duration: 7 days
Due to: —
Due to: —
Other Conditions: Hypotensive cardiovascular disease — 5 yrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Harry Weikel
Address 1126 Hanover St. Date signed 11/2 1942 M. D.

VS 3

F 97213

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97213 Registered No. 13/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Brooklyn P. O. Hammerlee Beach
(If outside city or town limits, write RURAL and give town)
(d) Street No. Hammarlee Beach
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE ALBERT ENNIS

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 215-09-4906

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	MARRIED

6 (b) Name of husband or wife CATHERINE DEMPSEY

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1898

8. AGE: Years	Months	Days	If less than one day
44	10	27	— hr. — min.

9. Birthplace Baltimore, Maryland. (Town, county, and state)

10. Usual Occupation ESTIMATER

11. Industry or business Lumber Co.

FATHER
12. Name Thomas J. Ennis
13. Birthplace Virginia

MOTHER
14. Maiden Name Alice Swann
15. Birthplace Baltimore, Maryland.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director George J. Ruth Inc.
(b) Address 1215-Harlem Ave. Balto.

19 (a) NOV 2 1942 (Date rec'd by Registrar) Clinton Williams M.D. (Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31, 1942 at 8:30a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 16, 1942 to Oct. 31, 1942, and that I last saw him alive on Oct. 31, 1942

Immediate cause of death	Duration
Hypertensive cardiorenal vascular disease with cardiac failure	Unk.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: NONE

of autopsy: NONE

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature]

Address US Marine Hospital, Baltimore, Maryland. Date signed 10/2/42 M. D.

F 97214 ✓ F 97214

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1242 Hargest Lane
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) None
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County City
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1242 Hargest Lane (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Maurice Giton Hoxter

3 (b) If veteran, name war: None
3 (c) Social Security Account No. None

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Magdelena Rosenberger
6 (c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) July 9th. 1877
8. AGE: Years 65 | Months 3 | Days 21 | If less than one day ##########
9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Ice Business
12. Name Thomas Hoxter
13. Birthplace Baltimore Md.
14. Maiden Name Sarah McComas
15. Birthplace Baltimore Md.
16. (a) Informant Mrs. Mary M.Mead (Daughter)
(b) Address 2316 Aiken Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 3rd 1942 (month) (day) (year)
(c) Cemetery or crematory Moreland's Park Cem.
Location Baltimore City
18. (a) Funeral director George J. Ruth, Inc.
(b) Address 1735 Harford Avenue
NOV 2 1942 (Date rec'd by registrar) by [illegible] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30th 1942, at M
21. I certify that death occurred on the date above stated; that I attended deceased from 10/3/1942 to 10/30/1942, that I last saw him alive on 10/29/1942.

Immediate cause of death	Duration
Coronary thrombosis	?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Harry Weibel
Address 1226 Hanover St. Date signed 11/2/42

VS 3

F97215

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. ✓F 97215

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden + Madison
(c) Hospital or institution: Maryland General Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Anne Arundel
(c) City or town ~~Baltimore~~ Pasadena Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. R.F.D
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Florence Osbourne

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Theadore
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Nov 1 1866
8. AGE: Years 76 | Months 11 | Days 30 | If less than one day hr. min.
9. Birthplace Earlagh Ills (Town, county, and state)
10. Usual Occupation Home at Home
11. Industry or business
12. Name Frank Mayer
13. Birthplace Md
14. Maiden Name Harriet M Oakley
15. Birthplace Md
16 (a) Informant Mrs Minnie E Stinchcomb
(b) Address Tick Neck Rd Jacobsville
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-42 (month) (day) (year)
(c) Cemetery or crematory Magothy Church Cem
Location Jacobsville A A Co Md
(a) Funeral director William M Marsh
(b) Address Light St
(a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1942, at 1PM
21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1942 to Oct. 31 1942 and that I last saw her alive on Oct. 30 1942

Immediate cause of death: Congestive heart failure — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W Wraymor M. D.
Address Md Gen. Hosp. Date signed 11/3/42

VS 3

F 97216

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97216 ✓ Registered No. 12 | 0

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2134 E Federal St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2134 E Federal St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louisa Yensch

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F M	W	Married

6 (b) Name of husband or wife Charles J
6 (c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Oct 2 1863

8. AGE: Years	Months	Days	If less than one day
79	##	29	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housework at home
11. Industry or business

FATHER
12. Name Frederick Spangler
13. Birthplace ~~Balto~~ Germany

MOTHER
14. Maiden Name Don't Know
15. Birthplace Germany

16 (a) Informant Mr Charles J Yensch
(b) Address 2134 E Federal St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave

18 (a) Funeral director William M Marsch
(b) Address 715 Light St

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1942, at 2 45 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 25 1942 to Oct 31 1942 and that I last saw h[illegible] alive on Oct 31 1942.

Immediate cause of death	Duration
Chronic Intestinal Nephritis	9 yrs
Due to	
Due to Myocardial degeneration	3
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Meier M. D.
Address 1500 N Bdwy Date signed 11/4/42

VS 3

F 97217

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97217 Registered No. 46B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 427 N. Bradford St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Bradford St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Wenceslaus Turek

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Catherine Turek
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1870

8. AGE: Years 72 | Months 8 | Days 16 | If less than one day hr. min.

9. Birthplace Bohemia (Town, county, and state)

10. Usual Occupation Tailor

11. Industry or business Retired

12. Name Frank Turek

13. Birthplace Bohemia

14. Maiden Name Not Known

15. Birthplace Bohemia

16 (a) Informant Frank Turek
(b) Address 427 N. Bradford st

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer
Location Balto. Md.

18 (a) Funeral director Frank Brach & Son
(b) Address 900 N. Chester St

NOV 2 1942 (Date rec'd by registrar) Registrar for Williamsburg St.

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30, 1942 at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 8 1942 to Oct. 30 1942, and that I last saw h[illegible] alive on Oct. 30 1942.

Immediate cause of death Carcinoma of Stomach.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible]

Address 701 N. Kenwood Ave. Date signed 10/31/42 M. D.

F 97218

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 97218 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Baltimore, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 Hollins St (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Plummer Plummer

(b) If veteran, name war

3 (c) Social Security Account No. 218-03-0564

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single

(b) Name of husband or wife

6 (c) If alive, give age years

Birth date of deceased (mo., day, yr.) June 29, 1901

AGE: Years	Months	Days	If less than one day
41	4	1	hr. min.

Birthplace Baltimore Md. (Town, county, and state)

9. Usual Occupation Able Seaman

10. Industry or business Merchant Marine

12. Name Harry Plummer

13. Birthplace Baltimore Md.

14. Maiden Name Carrie B. Blass

15. Birthplace Washington D.C

(a) Informant Mrs. Carrie B. Calvert

(b) Address 1509 McHenry St

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3/42 (month) (day) (year)

(c) Cemetery or crematory Western
Location Edmondson Ave & Longwood St

(a) Funeral director Harry H. Whitaker

(b) Address 4101 Edmondson Ave

(c) Date received Nov 2 1942 (Date filed by registrar) Washington Athletic Co. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/30/42 19 , at 9:20 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/29/42 19 , to 10/30/42 19 , and that I last saw h[illegible] alive on 10/30/42 19 .

Immediate cause of death Bronchopneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. C. Boardman Jr. M. D.

Address Franklin Sq. Hosp. Date signed 10/30/42

VS 3

97219

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

20 C

Registered No. F 97219

1. PLACE OF DEATH:
(a) Baltimore City, Maryland N.
(b) Street address 106 Pine St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 70 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 106 N. Pine St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christine Haws

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William F. Haws

6 (c) If [illegible] years 189 years

7. Birth date of deceased (mo., day, yr.) [illegible]

8. AGE: Years 68 49 | Months 09 | Days 29 | If less than one day hr. min.

9. Birthplace Winchester, Va (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Robert Mc Kee

13. Birthplace unknown

14. Maiden Name Ella —

15. Birthplace unknown

16 (a) Informant William F. Haws

(b) Address 106 N. Pine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month) (day) (year)

(c) Cemetery or crematory Meadow Ridge

Location Washington Blvd

(a) Funeral director Howard N. Blight Jr.

(b) Address 4914 Belair Road

(Date received by local registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31, 1942, at 4:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Oct 31 1942, and that I last saw h[illegible] alive on Oct 31 1942.

Immediate cause of death Cardio Pyloric Lues — Duration 2

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard N. Blight M. D.

Address 2145 W Balto St Date signed

VS 3

over

97220

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

V F 97220 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greenspring - Belvedere Ave
(c) Hospital or institution: Hebrew Home For Aged & Infirm 27-18
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 weeks
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 3633 Belvedere ave (If rural give location)
(e) If foreign born, how long in U. S. A.? 55 years

3 (a) FULL NAME Emil Decker

3 (b) If veteran, name war ✓

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Theresa Decker

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years 73 | Months | Days | If less than one day hr. min.

9. Birthplace Germany (Town, county, and state)

10. Usual Occupation None

11. Industry or business

12. Name Unknown

13. Birthplace Germany

14. Maiden Name Unknown

15. Birthplace Germany

(a) Informant Sig Tensfeldt

(b) Address Greenspring - Belvedere ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-42 (month) (day) (year)

(c) Cemetery Chevra Shalom

Location Edmondson Ave

(a) Funeral director Jack Levin Jr

(b) Address 1400 E. Baltimore st

(a) (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

NOV 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942 at 2:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-22 1942 to 11-2 1942 and that I last saw h alive on 11-1 1942.

Immediate cause of death	Duration
Chronic cardiac disease	
Arteriosclerosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H Edmund Levin M.D.

Address Lutherville Date signed 11/2/42

VS 3

97221

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D ✓

F 97221
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 817 Parrish St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 817 Parrish St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nancy Blackson.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Married

6 (b) Name of husband or wife Richard

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1873

8. AGE: Years	Months	Days	If less than one day
69			hr. min.

9. Birthplace Annendel Co Md
(Town, county, and state)

10. Usual Occupation Domestic
11. Industry or business

12. Name Samuel Howard
13. Birthplace Md
14. Maiden Name Emiley Fisher
15. Birthplace Md.

(a) Informant Richard. Blackson
(b) Address 817 Parrish St.

(a) Burial, cremation, or removal? (b) Date thereof Nov 3 24
(month) (day) (year)
(c) Cemetery or crematory Mt Calvery
Location Annendel Co Md
(a) Funeral director E O Wilson
(b) Address 1000 Brunswick
(a) (Date received by Registrar) Huntington Williams, M.D. Registrar

NOV 3 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1 1942 at 12 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest and from the evidence
(Autopsy or Inquiry)
obtained by said inquest and from the evidence
(Autopsy or Inquiry)
and that said deceased came to Death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular	
Due to Senile.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 11/1 1942.

VS

97222

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

118

F 97222
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 704 S. Robinson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 704 S. Robinson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry J. Kane

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
NO	219 07 4708	M	W	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) AUG. 27 1914

8. AGE: Years	Months	Days	If less than one day
28	2	4	hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation CARPENTERS HELPER
11. Industry or business SHIP YARD

12. Name MICHAEL KANE
13. Birthplace BALTO. MD.
14. Maiden Name SOPHIA PRICE
15. Birthplace BALTO. MD.

(a) Informant SOPHIA KANE (MOTHER)
(b) Address 704 S. ROBINSON ST.

(a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 4/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART CEM.
Location GERMAN HILL ROAD
(a) Funeral director Lilly & Zeiler INC.
(b) Address 403 S. WOLFE ST.

(a) Date rec'd by Registrar NOV 3 1942 (b) Huntington Willis, Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31/ 1942, at 11.05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death	Duration
Hematemesis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh B. McKelly M.D. Medical Examiner.
Date signed 11/1/42.

97223

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ Registered No. E 97223

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address:
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 721 S. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME GEORGE ROME

3 (b) If veteran, name war: NO

3 (c) Social Security No.: NONE

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: MARRIED

6 (b) Name of husband or wife: LOTTIE ROME

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 1876

8. AGE: Years: 66 | Months | Days | If less than one day: hr. min.

9. Birthplace: BALTIMORE MD. (Town, county, and state)

10. Usual Occupation: NONE

11. Industry or business

12. Name: JOHN ROME

13. Birthplace: BALTO. MD.

14. Maiden Name: CAROLINE KELLER

15. Birthplace: BALTO. MD.

(a) Informant: LOTTIE ROME (WIFE)

(b) Address: 721 S. BROADWAY

(a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 2/42 (month) (day) (year)

(c) Cemetery or crematory: MT. CARMEL

Location: ODONNELL ST.

(a) Funeral director: Lilly & Zeiler Inc.

(b) Address: 403 S. WOLFE ST.

(a) NOV 3 1942 (Date rec'd by registrar) (b) Thurston Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/31 1942, at 9.00 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said Inquiry (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death: Cerebral Hemorrhage.

Due to: Hypertensive Cardio-vascular Disease.

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature King W. B. McNally M.D. Medical Examiner.

Date signed 11/1/42

VS 6

97224

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. E 97224

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Wyman Park Drive and 31st St.

(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DEACEASED:

(a) State Maryland (b) County

(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No. 2120 Wilhelm Street
(If rural give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FREDERICK JOHN MILLER

3 (b) If veteran, name war: WW

3 (c) Social Security Account No. 217-09-6273

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Theresa Eliz. Riehe

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) Oct. 20, 1894

8. AGE: Years 48 | Months 0 | Days 10 | If less than one day: hr. min.

9. Birthplace Washington, D. C.
(Town, county, and state)

10. Usual Occupation Punch Press Operator

11. Industry or business

12. Name Enron Miller

13. Birthplace Baltimore, Maryland.

14. Maiden Name Minnie Clopein

15. Birthplace Baltimore, Maryland.

(a) Informant Records-Bo Marine Hospital,

(b) Address Baltimore, Maryland.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-42 (month) (day) (year)

(c) Cemetery or crematory Balto. National

Location Frederick Rd Irvington

(a) Funeral director F. B. Wippert & Son

(b) Address 1300 Eutaw Pl

(c) NOV 3 1942 Huntington-Williams

(d) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30, 1942, at 8:40 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27, 1942, to Oct. 30, 1942, and that I last saw him alive on Oct. 30, 1942.

Immediate cause of death LOBULAR, pneumonia, right lung — Duration 5 days

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: NONE

of autopsy: As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 11/2/42

37225

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

Registered No. E 37225

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital (3) 27-1
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4004 Ridgecroft Rd (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country —

3 (a) FULL NAME Benjamin F. Russell

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-1463

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Ella M. Russell 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3rd 1886

8. AGE: Years	Months	Days	If less than one day
56	3	28	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation ~~Engineer~~ Conductor

11. Industry or business Baltimore Transit Co

FATHER
12. Name Benjamin F. Russell
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary A. Cole
15. Birthplace Maryland

16 (a) Informant Ella M. Russell
(b) Address 2004 Kennedy Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month, day, year)
(c) Cemetery or crematory London Park
Location Baltimore, Md

18 (a) Funeral director F. A. WIPPERT & SON
(b) Address 310 Eutaw Place

19 (a) NOV 3 1942 (Date rec'd by Reg.) (b) Huntingtown, Williams, M Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct., 31 1942, at 9:10 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct., 27 1942 to Oct, 31 1942, and that I last saw him alive on Oct. 31 1942.

Immediate cause of death	Duration
Uremia & Pneumonia	7 day
Due to Hypertension Cardio-Renal Disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas E. Harris
Address Mercy Hosp., Balt. Date signed 10/31/42 (M. D.)

VS 150

97226

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓ F 97226 Registered No. 1220

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 64yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 2651 EDMONDSON AVE (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME LOUISE MARTIN (MRS. HENRY MARTIN)

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex: FEMALE

5. Color or race: WHITE

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: HENRY MARTIN

6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.) MAY 15, 1878

8. AGE: Years 64 | Months 5 | Days 28 | If less than one day hr. min.

9. Birthplace MARYLAND (Town, county, and state)

10. Usual Occupation HOUSEWIFE

11. Industry or business

12. Name WILLIAM TOPP

13. Birthplace MARYLAND

14. Maiden Name MARY SEIPP

15. Birthplace MARYLAND

(a) Informant Henry Martin

(b) Address 2651 Edmondson Ave

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 1942 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

(a) Funeral director Geo. A. Tittle

(b) Address 2700 Edmondson Ave

(a) Date received (Registrar) (b) Huntington Williams M.D.

NOV 3 1942

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942, at 3 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1942, to Nov 2 1942, and that I last saw HER alive on Nov 2 1942

Immediate cause of death: ~~Cardio-respiratory failure~~ Pulmonary Embolism — Duration

Due to:

Due to:

Other Conditions: Repaired recurrent Hernia Diabetis - Controlled by Insulin

(Include pregnancy within 3 months of death)

Date of operation Oct. 27, 1942

Major findings of operation: IRREDUCIBLE VENTRAL HERNIA

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Murray L. Johnson M. D.

Address Union Memorial Hosp. Date signed 11-3-42

97227

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

15

F 97227

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lafayette Ave. & John Sts.
(c) Hospital or institution:
Hospital for the Women of Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -
(c) City or town Baltimore
(If outside city or town limits, write RURAL, and give town)
(d) Street No. 1613 John St.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3 (a) FULL NAME Mrs. Marie Louise Kaye

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11/4/1870

8. AGE: Years	Months	Days	If less than one day
71	11	28	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Hotel - owner
11. Industry or business -

INFORMANT'S STATEMENT

12. Name Charlton S. Waltham
13. Birthplace Maryland
14. Maiden Name Georgiana Jassoy
15. Birthplace Baltimore Co. Md

16 (a) Informant Alan P.S. Waltham
(b) Address 1613 John St

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/7/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Baltimore Co. Md

18 (a) Funeral director Chas. E. Sonnett
(b) Address 501 Madison Ave
(c) Date of birth 2 1942 (b) Huntington, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2nd 1942, at 10.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 25 1942 to Nov. 2 1942 and that I last saw her alive on Nov. 2 1942.

	Duration
Immediate cause of death Malnutrition, severe.	2 yrs.
Due to Tuberculous ischio-rectal abscess.	3 yrs.
Due to	
Other Conditions Secondary anemia; avitaminosis. (Include pregnancy within 3 months of death)	?

Date of operation 10/25/42
Major findings of operation: Tuberculous ischio-rectal abscess.
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Carl S. Hellige
Address Hospital for Women Date signed 11/2/42 M. D.

VS 3

97228 Katherine Austin Amy

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓ Registered No. E 97228

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1630 Division St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 & 2
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1630 Division St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Katherine Austin Amy

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	Married

6 (b) Name of husband or wife Thomas Amy
6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) Oct. 23, 1886

8. AGE: Years	Months	Days	If less than one day
56		8	hr. min.

9. Birthplace Bedford Co. Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
12. Name Robert Austin
13. Birthplace Va.
14. Maiden Name Mary Ashville
15. Birthplace Va.
16 (a) Informant Thomas Amy
(b) Address 1630 Division St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Pk.
Location Baltimore Co. Md.
18 (a) Funeral director Mrs. Geo. W. Holland
(b) Address 1631 Druid Hill Ave.
19 (a) NOV 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1942, at 11:30 PM
21. I certify that death occurred on the date above stated; that I attended deceased from June 1936, to Oct. 1942
and that I last saw h[illegible] alive on Oct. 1942

Immediate cause of death: Cerebral Hemmorhage
Hypertensive Heart Disease — Duration
Due to Hypertension — 6 yrs.
Due to
Other Conditions Hemiplegia — 6 yrs.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature E. Wallace Sherrington M.D.
Address 201 N Carey St. Date signed 11/3/42

VS 3

97229

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 220 E 97229

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3704 Gwynn Oak Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3704 Gwynn Oak Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Clara J. Appleby

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife Samuel C Appleby

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3 1859

8. AGE: Years	Months	Days	If less than one day
83	8	29	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER 12. Name William H Spring

13. Birthplace Annapolis Md

MOTHER 14. Maiden Name Anna L Button

15. Birthplace Annapolis Md

16 (a) Informant Miss Clytie Appleby

(b) Address 3704 Gwynn Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 3 1942 (month) (day) (year)

(c) Cemetery or crematory Greenmount Cem

Location Baltimore Md

18 (a) Funeral director E. Wilbur Amoreau

(b) Address 1063 West Baltimore St

19 (a) NOV 3-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1st 1942, at 7.25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 5/19 1942 to 11/1 1942 and that I last saw h.. alive on 10/31 1942.

Immediate cause of death: Partial intestinal obstruction

Duration: 3 days. 11 mos.

Due to: Redundant large bowel

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert A. Reitz

Address 3408 Windsor Ave Date signed 11/2/42

VS 8

97230

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131 B

Registered No. E 97230

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3311 Matson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 5-6
(e) Length of stay in Baltimore (yrs., mos., or days) 70yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore, Masonville (If outside city or town limits, write RURAL and give town)
(d) Street No. 3311 Matson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Josephine Gray

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Henry Gray
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 26-1867
8. AGE: Years 74 | Months 10 | Days 6 | If less than one day hr. min.
9. Birthplace Va (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

MOTHER

12. Name Katherine Grumstead
13. Birthplace Va

FATHER

14. Maiden Name Joseph Jordan
15. Birthplace Va

16 (a) Informant Mr. Hubert Gray
(b) Address 3311 Matson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location A. A. Co. Md.

18 (a) Funeral director George L. Schmidt
(b) Address 710 Eastern Ave.

19 (a) NOV 3-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1st. 1942 at 9 A.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1941 to Nov. 1 1942 and that I last saw her alive on Oct. 31 1942

Immediate cause of death: Acute dilatation of heart — Duration: 2 days
Due to: Chronic Nephritis (Indef.)
Due to:
Other Conditions:

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature R. C. S. Campbell
Address 1644 Harlem St. Date signed 11.2.42 M. D.

97231

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a ✓ Registered No. F 97231

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital 27 1 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 319 Broxton Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. George Sandy Diehl [Elizabeth]

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	married

6 (b) Name of husband or wife Mr. George S. Diehl
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 4, 1892
8. AGE: Years 50 | Months 8 | Days 28 | If less than one day hr. min.
9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business
12. Name Mr. George P. Neilson
13. Birthplace Maryland
14. Maiden Name Lula White
15. Birthplace Maryland
16. (a) Informant Mr. George S. Diehl
(b) Address 319 Broxton Rd. City
17. (a) Disposal Druid Ridge (Burial, cremation, or removal) (b) Date thereof Nov 4, 42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto Co. Md.
(a) Funeral director John C. Mitchell Sons
(b) Address 1900 Eutaw Place
NOV 3 - 1942 (b) Hunting for Williams, M.D.
(Date Rec'd by Local Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942, at 3:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 1 1942 to Nov. 2 1942 and that I last saw her alive on Nov. 2 1942

Immediate cause of death: Respiratory failure — Duration: 3 hr.

Due to: Subarachnoid hemorrhage

Due to:

Other Conditions:

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy: Bloody spinal fluid

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John A. Mitchell Jr. M. D.
Address Union Memorial Hosp. Date signed 11-2-42

VS 3

97232

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 192B

F 97232 Registered No.

Please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3306 Shelburne Road
(c) Hospital or institution: none
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 W
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3306 Shelburne Road (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Sophie Seyferth

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 20, 1861

8. AGE: Years	Months	Days	If less than one day
81	4	12	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation school-teacher
11. Industry or business retired

FATHER
12. Name Carl F. Seyferth
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Brugemann
15. Birthplace Germany

16 (a) Informant Martha Buchwald
(b) Address 3306 Shelburne Road

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month) (day) (year)
(c) Cemetery or crematory? Crematory Greenmount
Location North & Greenmount Aves.

18 (a) Funeral director John O. Mitchell & Sons, Inc.
(b) Address 1900 Eutaw Place

19 (a) Date received by Registrar NOV 3 1942 (b) Huntington Williams, M.D. Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 1 1942, at 3:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from OCT 23 1942 to NOV 1 1942 and that I last saw h[illegible] alive on NOV 1 1942

Immediate cause of death — Duration

Mitral insufficiency

Due to

Due to

Other Conditions Gall stones

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hunt D Pickett M. D.
Address 4803 Park Heights Ave. Date signed

97233

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97

F 97233
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 625 St. John's Road
(c) Hospital or institution: nursing home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Homewood Apts. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ruth P. Ould

3 (b) If veteran, name war ✓ | 3 (c) Social Security Account No. ✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widowed

6 (b) Name of husband or wife William L. Ould
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1859

8. AGE: Years	Months	Days	If less than one day
83	3	29	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name John J. Snyder
13. Birthplace Pa.

MOTHER
14. Maiden Name Mary Hays
15. Birthplace Md.

16 (a) Informant Miss Marguerite E. Frush
(b) Address Homewood Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location 3801 Frederick Ave., Baltimore

18 (a) Funeral director John O. Mitchell & Sons Inc.
(b) Address 1900 Eutaw Place

19 (a) NOV 3 - 1942 (Date rec'd by registrar) (b) Justin F. Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1 1942 at 2.00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7-22-1942 to 11-1 1942 and that I last saw h[illegible] alive on 10-30 1942.

Immediate cause of death: CEREBRAL ARTERIOSCLEROSIS — Duration 2 yrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John L. Dempsey
Address 1129 St. Paul St. Date signed 11/3/42

97234

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92B

F 97234
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 426 W. Biddle St
(c) ~~Hospital or institution~~:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 426 W Biddle St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Jackson

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.:

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	M.

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 18, 1899

8. AGE: Years	Months	Days	If less than one day
42	9	13	hr. min.

9. Birthplace Baltimore Md.
(town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

12. Name John Jackson
13. Birthplace Md.
14. Maiden Name Isabel Davies
15. Birthplace Md.

(a) Informant Mrs. Viola Jackson
(b) Address 426 W. Biddle St.

(a) (Burial, cremation, or removal) (b) Date thereof 11-3-42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Anne Arundel County
(a) Funeral director Hahle
(b) Address 918 Druid Hill Ave
(c) Date received (Registrar) Nov 3 1942 (b) Registrar Huntington Hilliard MD

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1942, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1942 to Oct 31 1942 and that I last saw ~~was alive~~ on Oct 28 1942

Immediate cause of death	Duration
Mitral Regurgitation & Heart	4 mos
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Harry F. Brown
Address 1835 Madison Ave Date signed Nov 2 1942

VS 8

97235

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 97235

Please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave.

(c) Hospital or Institution: Baltimore City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 mo.

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 607 Longwood St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Lula Broessel

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	Married

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 18[illegible]

8. AGE: Years	Months	Days	If less than one day
77?	7	26 25	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Old Age Pension

11. Industry or business

FATHER

12. Name Herman Vander-Linden

13. Birthplace Germany

MOTHER

14. Maiden Name Lottie Mailmann

15. Birthplace Germany

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md

18 (a) Funeral director Mrs Chas A. J. Rotile

(b) Address 2327 Edmondson Ave

19 (a) NOV 3-1942 (Date rec'd by registrar) (b) Burington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-2 1942 at 6:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-21 1942 to 11-2 1942, and that I last saw h[illegible] alive on 11-2 1942

Immediate cause of death Cerebral embolism — Duration 1 day

Due to Generalized atherosclerosis — 5 years

Due to Cardiac decompensation — 1 mo.

Other Conditions Rec. multiple fractures, Rec. left humerus — 1 mo.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Henry Haas M. D.

Address Baltimore City Hosp Date signed 11-2-42

Robert Lee Graham M.D.

VS 150

F 97236

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1920

Registered No. F 97236

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2309 Ocala Ave.
(c) Hospital or institution:

1579

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hr
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town 3710 Chesholme Rd. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME EMMA H. BROWN

3 (b) If veteran, name war	3 (c) Social Security Account No.
NONE	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife William E. Brown
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 9/14/1858

8. AGE: Years	Months	Days	If less than one day
84	1	17	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business
12. Name John Loeker
13. Birthplace Germany
14. Maiden Name Caroline Sommerlot
15. Birthplace Germany
(a) Informant Mrs. Mary C. Clayton
(b) Address 734 Longfellow St., Wash., D

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/3/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.
(a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
(a) NOV 3 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31, 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 - 1942 to Oct 31 1942 and that I last saw her alive on Oct 31 1942

Immediate cause of death — Duration

Mitral Regurgitation — 2yo
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Joade C. Dickson M. D.
Address 3055 W. North ave Date signed 11/2/42

VS 3

97237

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131B

F 97237 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert and 33rd Sts.
(c) Hospital or institution:
Union Memorial Hosp. 9-3
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 48 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 Kimble Rd.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Gottlieb KRIEL

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-05-6018

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	married

6 (b) Name of husband or wife Louise C. Kriel
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 1 1894

8. AGE: Years	Months	Days	If less than one day
48	4	1	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Salesman.
11. Industry or business Albert F. Goetze Inc.
12. Name Andrew George Kriel
13. Birthplace Maryland.
14. Maiden Name Louisa Kratz
15. Birthplace Maryland.
16 (a) Informant Hosp. records.
(b) Address
17 (a) Burial (b) Date thereof 11/4/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Cemetery
Location Baltimore, Md.
18 (a) Funeral director WM. J. TIXNER & SON INC
(b) Address North & Pa Aves.
19 (a) Nov 3 1942 (b) Huntington Williams, M.D.
Date received by registrar Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942, at 5:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1942, to Nov. 2 1942, and that I last saw him alive on Nov. 2 1942.

	Duration
Immediate cause of death Cardio-respiratory failure	5 hrs.
Due to Uremia	7 days.
Due to Chronic Glomerulonephritis	25 yrs.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Nov. 3, 1942 - [illegible]

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature John A. Hartzler Jr. M. D.
Address Union Memorial Hosp. Date signed 11-2-42

VS 8

97238

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1830

Registered No. F 97238

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2913 Ridgewood Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2913 Ridgewood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ELIZABETH DORSKY

3 (b) If veteran, name war: none

3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife: none

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/18/1860

8. AGE: Years	Months	Days	If less than one day: hr.	min.
82	8	13		

9. Birthplace Catonsville, Md. (Town, county, and state)

10. Usual Occupation none

11. Industry or business

12. Name Christopher Dorsky

13. Birthplace Germany

14. Maiden Name Henrietta Deitz

15. Birthplace Germany

(a) Informant Mrs. Bessie Dorsky

(b) Address 2913 Ridgewood Ave.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Balto. Md.

(a) Funeral director Wm. J. TICKNER & SONS

(b) Address Balto., Md.

NOV 3 - 1942 (Date rec'd by registrar)

(b) Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1, 1942, at 4:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942 to Nov 1 1942 and that I last saw h[illegible] alive on Nov 1 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: Oct 20/42

Due to

Due to

Other Conditions: Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [illegible] Buteau M. D.

Address 1936 Eutaw Heights Ave. Date signed 11/2/42

97380 77529

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

Registered No. E 97239

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

2-15

3 (a) FULL NAME William Proctor

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 [illegible] divorced.
M	W	

6 (b) Name of husband or wife Elizabath
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 4, 1868

8. AGE: Years	Months	Days	If less than one day
73 74	10	27	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Thomas Proctor
13. Birthplace Md.

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4/42 (month) (day) (year)
(c) Cemetery or crematory Poplar Hill
Location Balto Co

18 (a) Funeral director Pat Kelly
(b) Address 214 W 36 St

19 (a) NOV 3 1942 (Date received by local registrar) (b) Huntington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1942, at 10:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-21 1942 to 11-1 1942 and that I last saw h/m alive on 10-1 1942.

Immediate cause of death	Duration
Bronchopneumonia.	4 days.
Due to Cerebrovascular accident	1 month
Due to Generalized Arteriosclerosis.	Chronic
Other Conditions Hypertensive vascular disease (Include pregnancy within 3 months of death)	Chronic

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Geoffrey F. Dales, M. D.
Address Bal. City Hosp. Date signed 11-1-42

97240

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 97240

CERTIFICATE OF DEATH ✓ 83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3612 Mohawk Ave St. Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. — mos. — da. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Frank Thomas Mace, Sr. If U. S. Veteran specify WAR _____

(a) Residence: No. 3612 Mohawk Ave. St., 28 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cora S. Mace

6. DATE OF BIRTH (month, day, year) March 27, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
64	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) Nov 15, 1942

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

FATHER

13. NAME George Albert Mace

14. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

MOTHER

15. MAIDEN NAME Josephine Fishman

16. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

17. INFORMANT Cora S. Mace

(Address) 3612 Mohawk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 11-5 1942

19. UNDERTAKER Leonard Funeral Home

(Address) 520 E. Lafayette Ave

20. FILED NOV 3 - 1942 1942 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 2, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1934 to Nov. 2, 1942

I last saw him alive on Nov. 2, 1942. Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hypertension	9/28/41
Cerebral Hemorrhage	10/27/42
Pulmonary Edema	11/2/42
Gastric Ulcer	11/14/34

Other contributory causes of importance:

Was an operation performed? No Date of _____

For what disease or injury? _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clin. Data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19__

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) Leo Sylvester M. D.

(Address) 4600 Liberty Heights Ave

97241

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

F 97241 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6000 Bellona Ave.
(c) Hospital or institution:
Edgewood Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5505 Belle Vista Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William F. Nolan

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Fannie C. Nolan

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 25-1861

8. AGE: Years 81 | Months 9 | Days 4 | If less than one day hr. min.

9. Birthplace Balto Md (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

12. Name Martin Nolan

13. Birthplace Ireland

14. Maiden Name Unknown

15. Birthplace

16. (a) Informant Katherine C. Clifton

(b) Address 5507 Belle Vista Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-42 (month) (day) (year)

(c) Cemetery or crematory Cathedral

Location

18. (a) Funeral director Leonard J Rupp

(b) Address 5305 Harford Rd.

NOV 3-1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2/42 19 at 8 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/15 1942 to 11/2 1942 and that I last saw h[illegible] alive on 10/30 1942

Immediate cause of death

Cardio Renal Vascular Hypertension

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration: 10 Yrs

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H W Wheeler M. D.

Address 7305 York Rd Date signed 11/3/42

87242

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

117a

Registered No. 87242

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 29years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1736 Gough Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME THEODORE WASIELESKI

3 (b) If veteran, name war	3 (c) Social Security Account No.
SAW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie Domilewicz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1874

8. AGE: Years	Months	Days	If less than one day
68	1	9	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Baker
11. Industry or business

FATHER
12. Name John Wasielewski
13. Birthplace Poland

MOTHER
14. Maiden Name Agnes
15. Birthplace Poland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W. Orzazewski
(b) Address 1930 Eastern Ave. Baltimore, Md.

19 (a) NOV 3 - 1942 (Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1, 1942 at 10:18a M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 6, 1942 to Nov. 1, 1942, and that I last saw him alive on Nov. 1, 1942

Immediate cause of death	Duration
Pneumonia, lobular, rt. lower	3 days
Due to Partial gastric resection	4 days
Due to Ulcer, gastric, with massive hemorrhage	6 days
Other Conditions Due To: Ulcer, gastric, perforating	3 yrs

(Include pregnancy within 3 months of death)
Date of operation 10-9-42 10-27-42
Major findings of operations: Proctoscopy, Excision, cautery, papilloma; Gastrectomy, partial, Expl. Lap
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [signature] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 11/3/42

F 97243

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 92 D

Registered No. F 97243

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 36 S. East Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 36 S. East Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank A. F Trabert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22-1910

8. AGE: Years 32 | Months 3 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

12. Name Frank A. Trabert

13. Birthplace Baltimore Md

14. Maiden Name Anna J. Connelly

15. Birthplace Baltimore Md

16 (a) Informant mother Anna J. Trabert

16 (b) Address 36 S. East Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4-42 (month) (day) (year)

17 (c) Cemetery or crematory Holy Redeemer

Location Belair Road

18 (a) Funeral director Frank V. Pipitone

18 (b) Address 216 E. Baltimore St

NOV 3-1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 1st 1942., at 1.25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 5 1942 to Nov 1 1942 and that I last saw h alive on Nov 1 1942

Immediate cause of death: Pulmonary Oedema — duration 1 day

Due to:

Due to:

Other Conditions: Endocarditis, Myocardial degeneration

(Include pregnancy within 3 months of death)

Date of operation: during illness about 1 year ago

Major findings of operation:

of autopsy: none

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. V. Kelly M. D.

Address 00 Linwood Ave Baltimore Md Date signed Nov 2/42

VS 3

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (92D)

Registered No. F 97544

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 237 N. Chester
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 237 N. Chester
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nora Mc Donough

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. widowed

6 (b) Name of husband or wife William McDonough

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Ireland
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

12. Name Pat O'Malley

13. Birthplace Ireland

14. Maiden Name Dont Know

15. Birthplace

(a) Informant John Mc Donough

(b) Address 1019 E Balto St

(a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Balto Md

(a) Funeral director John Allind

(b) Address 2008 Orleans St

(a) NOV 3 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 31 1942 at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1942 to Oct 31 1942 and that I last saw h[illegible] alive on Oct 31 1942

	Immediate cause of death	Duration
	Acute Myocardial Dilation	days
Due to	Chr. Myocarditis Endocarditis ?	
	Cardiac Decompensation	
Other Conditions	Bronchial Asthma ?	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.

Address [illegible] Date signed 11/1/42

VS 3

97245

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

95c

Registered No. E 97245

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4019 Liberty Heights

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 2

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. 131 N Milton (If rural give location)

(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William G Wherrett

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Minie S Wherrett

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 18 1867

8. AGE: Years	Months	Days	If less than one day
74	11	12	hr. min.

9. Birthplace Balto (Town, county, and state)

10. Usual Occupation Bookkeeper

11. Industry or business

12. Name Andrew J Wherrett

13. Birthplace Md

14. Maiden Name Helen M Sprague

15. Birthplace Md

16 (a) Informant W Norman Wherrett

(b) Address 2920 Harrison St Wil Del

(a) burial (Burial, cremation, or removal) (b) Date thereof Nov 4/42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn

Location Balto Co Md

(a) Funeral director John Ullrich

(b) Address 2008 Orleans St

NOV 3 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1 1942, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/6 1941, to 11/1 1942, and that I last saw h[illegible] alive on 10/31 1942.

Immediate cause of death Cardiac Arrhythmia — Duration 2 months

Due to

Due to Hyp Blood Pressure — Duration 2 yrs

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature M. D.

Address Date signed 11/1/42

VS 8

97246

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

448

Registered No. E 97246

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo2da
(e) Length of stay in Baltimore (yrs., mos., or days) 3mo2 da.

2. USUAL RESIDENCE OF DECEASED:
(a) State Penn. (b) County
(c) City or town Boothwyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. 24 Johnson Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM EDWARD WRIGHT

3 (b) If veteran, name war	3 (c) Social Security Account No.
WW	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Ethel Howard
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Oct. 17, 1888

8. AGE: Years	Months	Days	If less than one day
54	0	15	hr. min.

9. Birthplace Wicomico County, Maryland.
(Town, county, and state)
10. Usual Occupation MECHANIC
11. Industry or business

FATHER
12. Name E. B. Wright
13. Birthplace Maryland

MOTHER
14. Maiden Name Rebecca Philips
15. Birthplace Maryland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Removal (b) Date thereof Nov 3 /42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Hebron Md
Location

18 (a) Funeral director Mesmer & Son
(b) Address Hebron Md

19 (a) NOV 3 - 1942 (b) Hunter Scott Williams M.D.
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2, 1942 at 9:15p.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 31, 1942 to Nov. 2, 1942 and that I last saw him alive on Nov. 2, 1942.

Immediate cause of death	Duration
Inanition and malnutrition	2 mo.
Purpura hemorrhagica	1 wk.
Due to Hodgkins disease	1 yr. 3 mo
anemia, secondary	4 months
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation 7/5/42
Major findings of operation: Excision biopsy rt. epitrochlear node
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. S. Bacon M. D.
Address U.S. Marine Hospital Baltimore, Maryland. Date signed 11/3/42

F 97247 HEALTH DEPARTMENT—CITY OF BALTIMORE F 97247

CERTIFICATE OF DEATH 83a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 24 S. Stockton St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. Richardson

If U. S. Veteran specify WAR

(a) Residence: No. 24 S. Stockton St., 18 Ward. Nv-3-2

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Richardson

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. barber Shop

10. Date deceased last worked at this occupation (month and year) 10-14-42

11. Total time (years) spent in this occupation 15 yrs

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

FATHER

13. NAME Jasper Richardson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Priscilla Booze

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

17. INFORMANT Percy Watkins

(Address) 24 S. Stockton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Nov 3 1942

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 E Lanvale St

20. NOV 3-1942 (Signature) Katie Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Oct. 30, 1942

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1942 to Oct 30, 1942

I last saw h[illegible] alive on Oct 29, 1942 Death is said to have occurred on the date stated above, at 4a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Two yrs
Cerebral hemmorrhage	10-14-42

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Clinical & Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

26. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John E. J. Campbell M. D.

(Address) 639 N. Broad St

97248

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1862 Registered No. E 97248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3631 Liberty Heights Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3631 Liberty Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. ~~Charles~~ Tena Wall

3 (b) If veteran, name war

3 (c) Social Security Account No. 022-14-4632

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3rd 1942, at 4 A M

4. Sex F | 5. Color or race W | 6 (a) Single, married, widowed, or divorced married d

6 (b) Name of husband or wife Charles J. Wall

6 (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 34 | Months | Days | If less than one day ____ hr. ____ min.

9. Birthplace Salem, Mass. (Town, county, and state)

10. Usual Occupation Sales Lady

11. Industry or business

MOTHER / FATHER

12. Name Benj. Novack

13. Birthplace Holland

14. Maiden Name

15. Birthplace Holland

16 (a) Informant Charles J. Wall

(b) Address 3631 Liberty Hgts Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-3-42 (month) (day) (year)

(c) Cemetery or crematory Boston, Mass

Location

18 (a) Funeral director Jack Reiss Inc

(b) Address 1739 E. Baltimore St.

(Date rec'd by local registrar) NOV 3 1942 Huntington Williams Funeral Home

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death Pulmonary embolism — Duration

Due to

Due to

Other Conditions Healing fracture of left femur, Pneumonia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Sept 22nd 1942 at M
(c) Where did injury occur? Howard & Fayette Sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public place While at work? no (Specify type of place)
(e) Means of injury stepped out of car

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 3rd 1942

VS 6

97249

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 97249

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 225 Scott St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) /
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 225 Scott St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sebastian F. Leslie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Mary C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 16, 1869

8. AGE: Years	Months	Days	If less than one day
73	6	17	hr. min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

12. Name Unknown
13. Birthplace Unknown
14. Maiden Name Unknown
15. Birthplace Unknown

(a) Informant Mrs. Mary A. Buffington
(b) Address 225 Scott St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Belair Rd.
(a) Funeral director John J. Cowan & Son
(b) Address 901 Hollins St.

NOV 4 1942
(a) (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2nd 1942, at 5:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Nov 2 1942, and that I last saw h[illegible] alive on Nov 2 1942

Immediate cause of death	Duration
Chronic Endocarditis	6 mos.
Due to Arteriosclerosis	1 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible]
Address [illegible] Date signed 11/3/42 M.D.

VS 3

97250

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 42a

Registered No. E 97250

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2318 W. Fayette St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2318 W. Fayette St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William L. Tierney

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Catherine C. Raith

6 (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug. 10, 1893

8. AGE: Years 49 | Months 2 | Days 22 | Or if less than one day: hr. 21 min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Deputy Sheriff

11. Industry or business

12. Name William Tierney

13. Birthplace Baltimore

14. Maiden Name Nellie Fitzgibbons

15. Birthplace Baltimore, Md

(a) Informant Mrs Catherine Tierney

(b) Address 2318 W. Fayette St.

(a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/42 (month) (day) (year)

(c) Cemetery or crematory Most Holy Redeemer

Location Belair Road.

(a) Funeral director John J. Logan & Son

(b) 1041 Robbins St.

NOV 4 1942 (b) Huntington for Williams, M.R. Registrar

NOV 4 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1/1942, at 11 45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/10 1942 to 11/1 1942, and that I last saw him alive on 11/1 1942.

Immediate cause of death: Coronary Thrombosis

Due to: arteriosclerosis

Due to:

Other Conditions: (Include pregnancy within 3 months of death)

Duration: 2 wks

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thurlow E Stacy

Address 803 Dundee Date signed 11/2/42 M D

VS 3

F 97251

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

830 Registered No. F 97251

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2102 St Paul St
(c) Hospital or institution: at Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 60

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore City
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2102 St Paul St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Harriet Garland Tinsley

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: none
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 29 1872
8. AGE: Years 70 Months 9 Days 4 If less than one day hr. min.
9. Birthplace Shepherdstown W. Va. (Town, county, and state)
10. Usual Occupation none
11. Industry or business none
12. Name Alex. Tinsley
13. Birthplace Va.
14. Maiden Name Mary D. Parran
15. Birthplace W. Va.
16 (a) Informant Mrs. Alex. Tinsley (bro)
(b) Address 2102 St Paul St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4 42 (month) (day) (year)
(c) Cemetery or crematory Elmwood
Location Shepherdstown W. Va.
(a) Funeral director Sherwood Memorial Co.
(b) Address 108 W Monument
(c) NOV 4 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/2 1942 at 10.20 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7/17 1942 to 11/2 1942 and that I last saw h[illegible] alive on 11/2 1942.

Immediate cause of death: Cerebral Hemorrhage
Due to: Arterio-Sclerosis Hypertension
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)

Duration: Gradual

Date of operation:
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. F. Heady
Address 140 E Park ave Date signed 11/3/42 M.D.

VS 3

97252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 108

F 97252
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4808 Edmondson Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4808 Edmondson Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nettie R. Fox

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	W.	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 14, 1911

8. AGE: Years	Months	Days	If less than one day
31	6	17	hr. min.

9. Birthplace Balto. Md
(Town, county, and state)
10. Usual Occupation School Teacher
11. Industry or business Balto. Co. Schools

12. Name Fox
13. Birthplace Montgomery
14. Maiden Name Beulah Fox
15. Birthplace Balto. Md

16 (a) Informant Sharon H. Fox
(b) Address 4808 Edmondson Ave

17 (a) Burial (b) Date thereof 11/4/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Pk
Location 3801 Frederick Rd
(a) Funeral director Harry H. Leitte
(b) Address 4101 Edmondson Ave
(a) Filed NOV 4 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/1/42, 19, at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 19 42 to Nov 1 19 42 and that I last saw h alive on 19

Immediate cause of death Bilateral Lobar Pneumonia — Duration 9 days
Due to
Due to
Other Conditions Chronic valvular heart disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest K. Lahm
Address 173d Aap Fa Lt Date signed 11/3/42 M.D.

VS 8

97853 I

BALTIMORE CITY HEALTH DEPARTMENT 93N F 97853
CERTIFICATE OF DEATH Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4515 Garrison Bl'vd
(c) Hospital or institution:
Ventura Nursing Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4207 Elderon Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ida S. Abbott

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-18-4059

4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Sylvan M. Abbott

6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) May 29 1889

8. AGE: Years 53 | Months 5 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation At home

11. Industry or business

12. Name Bernard Sacks

13. Birthplace Germany

14. Maiden Name Minnie Rhein

15. Birthplace Baltimore Md

16 (a) Informant Sylvan M Abbott

(b) Address 4207 Elderon Ave

17 (a) Burial (b) Date thereof Nov 5 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Woodlawn

Location Woodlawn Md

(a) Funeral director Harry R. Amacon

(b) Address 4204 Ridgewood Ave

Date rec'd by reg'r NOV 4 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/2/42 19 , at 8:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9/20 1942 to 11/2 1942, and that I last saw her alive on 11/2 1942

Immediate cause of death Myocarditis Hypertension. — Duration Gradual

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W H Woody M. D.

Address 140 S Parkon Date signed 11/3/42

VS 3

97254 BALTIMORE CITY HEALTH DEPARTMENT 170 E 97254
CERTIFICATE OF DEATH Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hours
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1309 Druid Hill Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Curtis Davis

3 (b) If veteran, name war

3 (c) Social Security Account No. 183-12-3797

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	Married

6 (b) Name of husband or wife Sara Davis
6 (c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.) Jan 5, 1919

8. AGE: Years	Months	Days	If less than one day
23	4	28 27	hr. min.

9. Birthplace Wilkes Co. Ga (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business trucking
12. Name Winfield Davis
13. Birthplace Wilkes Co Ga
14. Maiden Name Birk Davis
15. Birthplace Wilkes Co Ga
16 (a) Informant Winfield Davis
(b) Address Penn Yan Pa
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5 1942 (month) (day) (year)
(c) Cemetery or crematory Rock of Ages Cem Co
Location Rock Hill Md
18 (a) Funeral director W Henry Webb
(b) Address Penn Yan Pa
NOV 4 1942 (Date rec'd by Registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION 03

20. DATE OF DEATH Nov. 2 1942 at 7 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an ~~autopsy~~ inquiry thereon and from the evidence obtained by said ~~autopsy~~ inquiry and that said deceased came to ~~his~~ death on the day stated above.

Immediate cause of death Shock — Duration

Due to amputation of left leg

Due to accident

Other Conditions multiple lacerations

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 11/4
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 2 1942 at 3 P M
(c) Where did injury occur Front of 1309 Druid Hill (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? yes (Specify type of place)
(e) Means of injury Crushed between truck & steel i an

23. Signature Robert Lee M.D.
Date signed Nov. 3 1942

VS 6

F 97255

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 97255

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town 2128 Hollins St
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2128 Hollins St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ida May Bilson

(b) If veteran, name war: no

3 (c) Social Security Account No. none

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

(b) Name of husband or wife: Wilbur R.

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 15, 1893

8. AGE: Years 49 | Months 1 | Days 18 | If less than one day: 17 hr. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Edgar Watts

13. Birthplace Md

14. Maiden Name Clara B Thomas

15. Birthplace Md

(a) Informant Wilbur R Bilson

(b) Address 212 S Hollins St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)

(c) Cemetery or crematory London Park

Location Baltimore Md

(a) Funeral director Wilbur C Lee

(b) Address 1217 E Pratt St

(c) 11-7-1942 (Date filed by registrar) (b) Hunting or Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7 1942, at 10:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-28 1942 to 11-7 1942, and that I last saw h[illegible] alive on 11-7 1942

Immediate cause of death: Acute Hepatic insufficiency — Duration: ____

Due to: Post Ovariad operation

Due to: ____

Other Conditions: Hypostatic pneumonia

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Umbilical Hernia
Of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L E Goodman Jr M. D.
Address Franklin Sq Hosp Date signed

VS 3

97257 Willie S. Williamson

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97256

Registered No. 1172

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4848 Reisterstown Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James P. Gassaway

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	NONE	Male	White	Married

6 (b) Name of husband or wife Barbara
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 12-2-68

8. AGE: Years	Months	Days	If less than one day
73	11	1	hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Civil Engineer (Retired)
11. Industry or business

FATHER
12. Name Samuel Gassaway
13. Birthplace Md

MOTHER
14. Maiden Name Barbara (Unknown)
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md
18 (a) Funeral director Wilhelm Bros
(b) Address 1217 E. Pratt St
19 (a) NOV 4 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 280

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2 1942 at 3:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2/42 1942, to 11/2 1942, and that I last saw him alive on 11/2/42 19

Immediate cause of death Perforated gastric ulcer & Shock

Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation 11/2/42

Major findings of operation: Perforated gastric ulcer

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. C. Sanford
Address Johns Hopkins Hosp. Date signed 11/2/42

7 97257

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 d

Registered No. 7 97257

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 761 W. Saratoga St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 761 W. Saratoga St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William White

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	C	Married

6 (b) Name of husband or wife Harriett White
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 3/15/1894

8. AGE: Years	Months	Days	If less than one day
48	7	15	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation minister
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace

MOTHER
14. Maiden Name Not Known
15. Birthplace

16 (a) Informant Harriett White
(b) Address 761 W Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/1/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location

18 (a) Funeral director Edward Wilson
(b) Address 1000 Pleasant Ave

19 (Date received by registrar) NOV 4 — 1942 Registrar

Hunting for Will

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/30/ 19 42 at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 12 19 42 to Oct 30 19 42.
and that I last saw him alive on Oct 30 19 42.

Immediate cause of death
Pneumonia
Due to
Arteriosclerosis
Due to
Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
6 mos

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature
Address 749 Park Ave Date signed Nov 13 1942

Dr Harding 4810 Belair Rd 10 AM

97258

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 50

Registered No. 97258

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3022 Woodland ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3022 Woodland ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice A. Fout

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	F	W	Married

6 (b) Name of husband or wife John C.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 14, 1870

8. AGE: Years 72 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business Own Home

12. Name Patrick H. Woodward
13. Birthplace Va.

14. Maiden Name Martha Crawlie
15. Birthplace Va

16 (a) Informant John C. Fout
(b) Address 3022 Woodland ave

17 (a) Burial (b) Date thereof Nov 4, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn, Md.
18 (a) Funeral director Williams Cook, Inc.
(b) Address 1317 St. Paul St.
NOV 4 - 1942 (b) Huntington Williams, Md.
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1942, at 7 15 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1941, to Nov 1 1942, and that I last saw her alive on Dec 31 1942

Immediate cause of death	Duration
Carcinoma Breast	1 Year
Due to:	
Due to	
Other Conditions: Metast. in Liver & Stomach	

(Include pregnancy within 3 months of death)

Date of operation none
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J S Harding M. D.
Address 4810 Belair Rd Date signed Nov 3/42

VS 3

37259

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 37259

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lexington St
(c) Hospital or institution: Aged Women & Aged Men's Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1400 W. Lexington St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Detrick Ehlers

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
None	None	M	W	Widowed

6 (b) Name of husband or wife Sarah
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 30, 1873

8. AGE: Years 69 | Months 6 | Days 1 | If less than one day hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Packer & Shipper
11. Industry or business Butler Bros.

12. Name	James D. Ehlers
13. Birthplace	Md
14. Maiden Name	Dorothy C. Graventstein
15. Birthplace	Md.

16 (a) Informant George C. Ehlers
(b) Address 203 E. N. Bentalou St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Williams Cook Inc.
(b) Address 1917 217 St. Paul St

19 (a) Huntington Williams M.D. (Date rec'd by registrar) NOV 4 1942 (Physician)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1942, at 9 1/4 M

21. I certify that death occurred on the date above stated; that I attended deceased from 7/29/1938 19 to 11/1/1942 and that I last saw him alive on 10/31/42 19

Immediate cause of death: Congestive myocardial failure — Duration: 3 mos.
Due to
Due to
Other Conditions: Chronic C.V.R. disease.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Edwin B. Jones M.D.
Address 11 E. Chase St., City Date signed 11/2/42

VS 3

97260 D

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 46d

F 97260

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden Ave & Head. 54
(c) Hospital or institution: Maryland General Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. 8 Irving Place (If rural give location)
(e) Citizen of foreign country? Md. (Yes or No) If yes, name country

3 (a) FULL NAME MAYHART

3 (b) If veteran, name war NO

3 (c) Social Security Account No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Edmond

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2, 1878

8. AGE: Years 64 | Months 8 | Days - | If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Machine Operator

11. Industry or business

12. Name Emanuel Beck

13. Birthplace Md.

14. Maiden Name Georgiana Bowen

15. Birthplace Md.

16 (a) Informant Mrs. Emma Hitchcock

(b) Address Md.

17 (a) Burial, cremation, or removal Buried (b) Date thereof 11/5/42 (month) (day) (year)

(c) Cemetery or crematory Pleasant Hill Location Owings Mills Md

(a) Funeral director William Gehr Jr

(b) Address 129 W. Paul St

NOV 4 - 1942 (Date rec'd by registrar)

(b) Registrar Huntington Williams M.D. Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942, at 6 20 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/29 1942 to 11/2 1942 and that I last saw h[illegible] alive on 11/2 1942

Immediate cause of death Peritonitis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10/31/42

Major findings of operation: Intestinal obstruction Carcinoma Rectum

Duration 2 days ?

of autopsy: none made

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State) at M
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas J. Lusby M.D.

Address Md. Gen. Hosp Date signed 11/3/42

PHYSICIAN Underline the cause to which death should be charged statistically.

79261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

F 97261

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 2932 Independence St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2932 Independence St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME ELIZABETH W. WATKINS

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Richard S. Watkins

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1866

8. AGE: Years	Months	Days	If less than one day
75	11	8	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Andrew W. Simpson

13. Birthplace Baltimore Md.

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant Mr. Richard S. Watkins

(b) Address 2932 Independence St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/42 (month) (day) (year)

(c) Cemetery or crematory Greenmount

Location Baltimore Md.

18 (a) Funeral director WM. J. TICKNER & SONS INC

(b) Address North & Patterson Park Ave. Washington Williams, M.D.

(c) NOV 4 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 2, 1942 at 7:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942 to Nov 2 1942 and that I last saw her alive on Nov 2 1942

Immediate cause of death Coronary Thrombosis — Duration 2 days

Due to Cancer Left Breast — Duration 1 yrs.

Due to Arterio sclerosis Hypertrophic Prostatis — Duration 3 yrs.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Ernest L. Zimmerman M.D.

Address 9854 Harford Rd Date signed 11/3/42

VS 3

gue F 97262

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97262 Registered No. 1938

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. Jordan
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2011 Gordon Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mamie Harris

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	W

6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 9/17/1894

8. AGE: Years	Months	Days	If less than one day
48	1	12	13 hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Domestic.
11. Industry or business

Personal Particulars
12. Name Rufus Williams
13. Birthplace Md. Va
14. Maiden Name Jennetta Johns
15. Birthplace Md.

16 (a) Informant Matilda Wilkins
(b) Address 16 11 Waldo st.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location
(a) Funeral director Elroy Wilson
(b) Address 1000 Broadway
(a) NOV 4 1942 (Date rec'd by registrar)
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942, at 12 5 P M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy & inquiry and that said deceased came (Autopsy or Inquiry)
to her death on the day stated above.

Immediate cause of death	Duration
arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 4 1942

VS 6

F 97263

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 783a

F 97263 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 7 Club Road
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) -----
(e) Length of stay in Baltimore (yrs., mos., or days) 78 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County -------
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 7 Club Road
(If rural give location)
(e) Citizen of foreign country? -------- (Yes or No)
If yes, name country --------

3 (a) FULL NAME Mary Elizabeth Devries

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife John Oliver Devries
6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) April 10, 1864

8. AGE: Years	Months	Days	If less than one day
78	6	22	---hr. --- min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)
10. Usual Occupation None
11. Industry or business ----

FATHER
12. Name Leonard J. Tormey
13. Birthplace Frederick, Maryland

MOTHER
14. Maiden Name Mary Jenkins
15. Birthplace Baltimore, Maryland

16 (a) Informant John R. Devries
(b) Address 4701 Keswick Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director H. W. Mears & Son
(b) Address 805 N. Calvert Street

19 (a) (Date received by registrar) NOV 4 1942 Huntington Williams, M.D.

VS 10

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2, 1942, at 3.50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 5 1942 to Nov 2 1942, and that I last saw h[illegible] alive on Nov 1 1942.

Immediate cause of death Hemiplegia
Due to Cerebral Hemorrhage

Duration 38 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Milton P. Ifell M. D.
Address 307 Southern Date signed 11/8/42

F 97264

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942

F 97264

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 683 Pierce St.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lloyd Lewis

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
m	c	m

6 (b) Name of husband or wife Lula Lewis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Northumberland Co. Va. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

12. Name Ed. Lewis
13. Birthplace Va.
14. Maiden Name Louise Monroe
15. Birthplace Va.

16 (a) Informant Lula Lewis
(b) Address 683 Pierce St.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11/5/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location Baltimore County Md.
(a) Funeral director Adolphus Halstead
(b) Address 916 Druid Hill Ave.
(a) (Date received by registrar) NOV 4 1942 (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-2-1942 at 11 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2-1942 to 11-2-1942 and that I last saw h[illegible] alive on 11-2-1942

Immediate cause of death Acute Coronary Occlusion — Duration 3 hrs.
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. Rmussenden M. D.
Address 844 N. Carey St. Date signed 11-3-42

97265

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1940 Registered No. E 97265

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Jail
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2335 E. Oliver St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis E. Sellner

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 21, 1914

8. AGE: Years	Months	Days	If less than one day
28	7	12	1 hr. min.

9. Birthplace Baltimore Md
(Town, county, and State)
10. Usual Occupation Factory Employee
11. Industry or business

FATHER
12. Name Joseph Sellner
13. Birthplace Germany

MOTHER
14. Maiden Name Anna Schenk
15. Birthplace Germany

16 (a) Informant Teresa Maddock
(b) Address 2335 E. Oliver St.

17 (a) Burial (b) Date thereof 2-5-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore, Md.
(a) Funeral director John C. Miller Jr.
(b) Address 2435 E. Oliver St.
(a) NOV 4-1942 Huntington Maryland
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942, at 11 35 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
acute coronary thrombosis.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Gratton M.D.
Medical Examiner.
Date signed Nov. 3 1942.

VS 6

F 97266

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

F 97266

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4918 Curtis Ave.

(c) Hospital or institution: Curtis Bay

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Balto. City Curtis Bay (If outside city or town limits, write RURAL and name town)

(d) Street No. 4918 Curtis Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Samuel B. Summers.

3 (b) If veteran, name war

3 (c) Social Security Account No. 210-09-3388

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1884

8. AGE: Years	Months	Days	If less than one day
58			hr. min.

9. Birthplace W. Va (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Bethlehem Ship Co.

FATHER

12. Name Unknown

13. Birthplace W. Va

MOTHER

14. Maiden Name Unknown

15. Birthplace W. Va

16 (a) Informant Mrs. Julia Murphy

(b) Address 4918 Curtis Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 4 42 (month) (day) (year)

(c) Cemetery or crematory Lone Fork W. Va

Location

18 (a) Funeral director George L. Sylvest

(b) Address 2101 Frederick Ave

19 (a) NOV 4 - 1942 (Date received by registrar) (b) Huntington West Virginia

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 31 1942, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from October 1942 to Oct 31 1942 and that I last saw him alive on Oct 31 1942

Immediate cause of death Pulmonary Edema — Duration 1 day

Due to Lobar Pneumonia — Duration 2 days

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Leon D. Jordan M. D.

Address 4700 Wilmington Ave Date signed 10/31/42

VS 3

F 97267

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93d

F 97267 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2906 Hudson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2906 Hudson St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry D. Schunck

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Married

6 (b) Name of husband or wife Mary E.
6 (c) If alive, give age 68 years
7. Birth date of deceased (mo., day, yr.) June 10. 1874

8. AGE: Years	Months	Days	If less than one day
68	4.	23	22 hr. min.

9. Birthplace Sparrows Point, Maryland, (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Copper Works

FATHER
12. Name Robert Schunck
13. Birthplace Unknowned

MOTHER
14. Maiden Name Christine Manning
15. Birthplace Unknowned

16 (a) Informant Mrs Mary E. Schunck
(b) Address 2906 Hudson St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof II/5/1942 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cem
Location East End North Ave.

18 (a) Funeral director John. A. Nolan
(b) Address 5000 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

VS NOV 4 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH II/2/1942 19 10-45P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 19 40 to Nov 2 1942, and that I last saw him alive on Nov 2 1942.

Immediate cause of death	Duration
Hypertension C.V. Disease	
Cerebral Hemorrhage	Oct 25/42
Due to	
Due to	
Other Conditions None	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence None at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature E.A. Schunck

Address 842 S East Ave Date signed 11-4-42 M. D.

F 97268

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 97268

Registered No. 3698

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1327 Smithson St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1327 Smithson St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Emily Coleman

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Colored	widowed

6 (b) Name of husband or wife Edward Coleman
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1898

8. AGE: Years	Months	Days	If less than one day
44	—	—	hr. — min.

9. Birthplace Richmond Va (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business Home work

FATHER
12. Name Edmond Gatewood
13. Birthplace Va

MOTHER
14. Maiden Name Eliza Montague
15. Birthplace Va

16 (a) Informant Alberta Crane
(b) Address 1207 Winchester St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location Balto Co. Md.

18 (a) Funeral director Chas. H. Arnold
(b) Address 927 W. Mount St.

19 (a) (Date rec'd by registrar) NOV 4 1942 (b) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-3-1942 at 6:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1-1942 to 11-3-1942 and that I last saw her alive on 11-2-1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days
Due to Hypertension and Arterio Sclerosis	unknown
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. A. Saunders M. D.
Address 1029 N. Stricker St. Date signed 11-3-42

F 97269

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

F 97269 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 20 hours
(e) Length of stay in Baltimore (yrs., mos., or days) 13 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town ~~Xxxx~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1605 Argyle Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LEWIS HENRY CLARK

3 (b) If veteran, name war WW

3 (c) Social Security Account No. 218-09-3537

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	~~xxxx~~ Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace VIRGINIA (Town, county, and state)
10. Usual Occupation GARAGE HANDYMAN
11. Industry or business

FATHER
12. Name Lewish Henry Clark
13. Birthplace Costa Rico

MOTHER
14. Maiden Name Ophelia
15. Birthplace Richmond, Virginia

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-42 (month) (day) (year)
(c) Cemetery or crematory Balto National
Location Balto city

18 (a) Funeral director Isaiah L. Brownstone
(b) Address 108 W Montgomery St

19 (a) NOV 4 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2, 1942 at 7:45a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1, 1942 to Nov. 2, 1942, and that I last saw him alive on Nov. 2, 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	30 hrs.
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
Was there an autopsy? None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. S. Bean M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 11/3/42

VS 250

F 97270

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

43d

Registered No. F 97270

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2104 Boone St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2104 Boone St. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A. Rusk Waters

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex female | 5. Color or race white | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Roland M. Waters

6 (c) If alive, give age X years

7. Birth date of deceased (mo., day, yr.) 12-14-1874

8. AGE: Years 67 | Months 10 | Days 14 | If less than one day 16 hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation house wife

11. Industry or business

12. Name William G. Rusk

13. Birthplace Baltimore, Md.

14. Maiden Name Mary Trageser

15. Birthplace Baltimore, Md.

16 (a) Informant William R. Waters

(b) Address 2209 Cecil Ave.

17 (a) (Burial) ~~cremation, or removal~~ (b) Date thereof 11-2-42 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Holy Redeemer

Location Belair Road

18 (a) Funeral director Wardefield & Sons

(b) Address Greenmount & 22nd

19 (a) (Date received) NOV 4 1942 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1942, at 9.30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1942, to October 30 1942, and that I last saw h[illegible] alive on Oct 30, 1942.

	Duration
Immediate cause of death Myocardial Insufficiency	24 hours
Due to Myocarditis	1 year
Due to Arteriosclerosis	4 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? no While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas J. Mirk M. D.
Address 502 E. 22nd St. Date signed

VS 8

F 97271

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1932

F 97271
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1110 Gorsuch Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1110 Gorsuch Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

95

3 (a) FULL NAME Elizabeth Walton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife William L. Walton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 3, 1863

8. AGE: Years	Months	Days	If less than one day
79	7	24	hr. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name Henry Marsh
13. Birthplace Germany

MOTHER
14. Maiden Name Wilhelmina Giebe
15. Birthplace Germany

16 (a) Informant Mrs Florence Fields
(b) Address 1110 Gorsuch Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5. 42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn

18 (a) Funeral director Albert W Berigan
(b) Address 440 E. North Ave Huntington Woodcrest, Md.

19 (a) Date rec'd by Local Reg. NOV 4 1942 (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2nd. 1942 at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 2nd. 1942 to Nov. 2nd 1942
and that I last saw h er alive on 11/2/42 19

Immediate cause of death Myocardial Insufficiency — Duration about 6m.
Due to ------
Due to
Other Conditions Senile Gangrene — 3 days.
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Geo. Fung Stone M.D.
Address 401 E. 25th. St. Date signed 11-4 42.

VS 150

F 97272

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

106a

F 97272
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2710 Riggs Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2710 Riggs Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James A. Freeze Jr.

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 218-07-4752

4. Sex: M
5. Color or race: White
6 (a) Single, married, widowed, or divorced: single
6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29, 1915

8. AGE: Years 27 | Months 1 | Days 3 | If less than one day: hr. min.

9. Birthplace Cleveland, Ohio (Town, county, and state)
10. Usual Occupation Chemist
11. Industry or business Crown, Cork & Seal

FATHER
12. Name James A. Freeze Sr.
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Celeste Flaherty
15. Birthplace Baltimore Md.

16 (a) Informant Celeste Freeze
(b) Address 2710 Riggs Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5 42 (Month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director M. N. E. Doepke Sons
(b) Address Lombard & Ann Sts.

19 (a) NOV 4 1942 (b) Hunting for Baltimore, Md.
(Date received by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942 at 8:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-30-1942 to 11-2-1942 and that I last saw h[illegible] alive on 11-2-1942

Immediate cause of death Pneumonia — Duration 2 days
Due to Ac. Pharyngitis and Ac. Bronchitis — 10 [illegible]
Due to
Other conditions Infantile Paralysis Cripple — 25 yrs.

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?
(e) Means of injury —

23. Signature J. B. Culverhouse
Address 1901 Eutaw Pl
Date signed 11/3/42

Original F 97273

BALTIMORE CITY HEALTH DEPARTMENT 13/a F 97273 Registered No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Old Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard W. Henneman

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 4, 1879

8. AGE: Years 63 | Months 10 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Baltimore, Md (Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business Gas + Elect. Co. (Retired)

12. Name George Henneman
13. Birthplace Md.
14. Maiden Name Mary Lillenthal
15. Birthplace Md

16 (a) Informant Philip Black
(b) Address 102 Edgewood Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore, Md
(a) Funeral director William Cook, Inc
(b) Address 1217 St. Paul St.
(a) NOV 4 1942 (Date rec'd by registrar) Huntington Williams (Registrar)

MEDICAL CERTIFICATION 36

20. DATE OF DEATH Nov. 3 1942 at 6 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry) obtained by said partial autopsy (Autopsy or Inquiry) and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Hypertensive Cardio Vascular-Renal disease.	
Due to	
Due to	
Other Conditions Minor lacerations of both wrists, self inflicted. (Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation:	
of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robt. Lee Yeater M.D. (Medical Examiner)
Date signed Nov. 3 1942

VS 6

F 97274

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

163 A

F 97274 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Univ. Hop.
(d) Length of stay in hospital or inst. (yrs., mos., or days) From 1942
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 214 S. Fulton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Howard Edward Bryan

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	578-12-2102

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Ethel Elizabeth Bryan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 15 1909

8. AGE: Years	Months	Days	If less than one day
33	7	18	hr. min.

9. Birthplace Fayette Co. Penna (Town, county, and state)
10. Usual Occupation Electric Welder
11. Industry or business Bethlehem Fairfield
12. Name Augustus W. Bryan
13. Birthplace Virginia
14. Maiden Name Mary Roberta Green
15. Birthplace Virginia
16 (a) Informant Mrs. Ethel E Bryan
(b) Address 214 S. Fulton ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave
18 (a) Funeral director William Cook Inc
(b) Address 1217 St Paul St.
19 (a) (Date rec'd by registrar) (b) 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1942, at 1:25 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death Acute sodium fluoride poisoning

Due to Ingestion of unknown poison.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide suicide
(b) Date of occurrence Nov 3 1942 at 11 P.M.
(c) Where did injury occur? 214 S. Fulton Ave (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Swallowed unknown poison

23. Signature Robert Lee Yeatman M.D. Medical Examiner.
Date signed Nov. 3 1942.

VS 6

F 97275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97275 Registered No. 1248

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 200 Pontiac Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Brooklyn (If outside city or town limits write RURAL and give town)
(d) Street No. 200 Pontiac Ave (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME John Reinhardt

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: none

4. Sex: M
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Eliza Reinhardt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec - 18 - 1863

8. AGE: Years 78 | Months 10 | Days 16 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Laborer Retired
11. Industry or business Bolts Co
12. Name John J Reinhardt
13. Birthplace Germany
14. Maiden Name Unknown
15. Birthplace Germany
16 (a) Informant Mrs Vernon Morris
(b) Address 200 Pontiac Ave
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/42 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn
18 (a) Funeral director Wallace Carr
(b) Address 1217 St Paul St
19 (a) 11-4-42 (Date rec'd by Registrar) (b) Huntington Hilligross M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1942; at 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/27 1942, to 11/4 1942 and that I last saw him alive on 11/2 1942

Immediate cause of death: Heart failure
Due to: toxemia from cirrhosis of the liver
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Rubin M. D.
Address 203 Belgian Ave Date signed

VS 8

F 97276

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 97276 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton & Wilkens
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs. mos., or days) 20
(e) Length of stay in Baltimore (yrs. mos., or days) 29

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County —
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2519 Delaney St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME (Baby Girl Seitz) (SEITZ) (Birth F 59702)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 10-31-42

8. AGE: Years	Months	Days	If less than one day
—	—	20	— hr. — min.

9. Birthplace Md, Baltimore (Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name John Md Seitz
13. Birthplace Md

MOTHER
14. Maiden Name Eva Aubinger
15. Birthplace Md

16 (a) Informant St. Agnes Hosp. Records
(b) Address Wilkens & Caton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-42 (month) (day) (year)

(c) Cemetery or crematory Western
Location Edmondson Avenue

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) Filed (b) NOV 4 1942 Registrar Huntington Hillestad, M.D.

VB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1942 at 10½ A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 14 1942 to Nov. 3 1942 and that I last saw her alive on Nov. 3 1942.

Immediate cause of death	Duration
Prematurity	
Due to —	
Due to —	
Other Conditions —	

(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operation: —

of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature G. Arthur Rosenberg M. D.
Address St. Agnes Hosp. Date signed 11/3/42

97277 JL 77442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 M

F 97277 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 Da
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2820 Roselawn Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Scott Duvall

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Rebecca (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 3, 1861

8. AGE: Years	Months	Days	If less than one day
81	1 2	1 0	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Old Age Pension
11. Industry or business

FATHER
12. Name William Duvall
13. Birthplace Md

MOTHER
14. Maiden Name Rebecca Byers
15. Birthplace Md

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cemetery
Location Frederick Rd.

18 (a) Funeral director John O. Mitchell
(b) Address 1900 Eutaw Place

NOV 4 1942 (b) Huntington Willi... M.D.
(Registered by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/3/42 1942 at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-16 1942 to 11-3 1942 and that I last saw h. alive on 11-3 1942.

Immediate cause of death: Hypostatic pneumonia — Duration: 2 days
Due to
Due to
Other Conditions: 91 malignancy arteriosclerotic heart disease
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert Magee
Address Balto. City Hospitals Date signed 11-3-42

97278

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83a

Registered No. E 97278

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Streets
(c) Hospital or institution: The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3915 Clover Hill Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MRS Mary Add Brewer

3 (b) If veteran, name war ✓

3 (c) Social Security Account No. ✓

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Mrs Roswell C Brewer

6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) December Seventy 1868

8. AGE: Years 73 | Months 10 | Days 2126 | If less than one day ..... hr. ..... min.

9. Birthplace Pennsylvania (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Mr George Decesna

13. Birthplace Pennsylvania

14. Maiden Name Emily McELFRICH

15. Birthplace Maryland

16 (a) Informant Anna M. McSharra

(b) Address Westminster Md

17 (a) Burial (b) Date thereof Nov 5 1942
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory David Ridge
Location Pikesville Md

(a) Funeral director John O. Mitchell Sons

(b) Address 1 East Eutaw Place

NOV 4 - 1942
(Date rec'd by registrar)

Signature for Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November third 1942, at 11:37 AM

21. I certify that death occurred on the date above stated; that I attended deceased from October 23 1942, to November 3 1942, that I last saw her alive on November 3 1942.

Immediate cause of death	Duration
Cardio Respiratory Failure	
Due to Cerebro-Vascular accident	
Due to Hypertension, Generalized Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Newland Edmund Day M. D.

Address Union Memorial Hospital Date signed Nov. 3, 1942

VS 3

37279

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94 W

Registered No. F 97279

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument & Rutland
(c) Hospital or institution:
Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4423 Pimlico Rd
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No.

3 (a) FULL NAME Rebecca Fisher

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex: Female
5. Color or race: W
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife: Joseph Fisher
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 1880
8. AGE: Years 52 | Months | Days | If less than one day: hr. min.
9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business None
12. Name Isadore Bleeker
13. Birthplace Russia
14. Maiden Name Unknown
15. Birthplace Russia
16 (a) Informant Simon Cohen
(b) Address 4423 Pimlico Rd
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Rockelton Mem Park
Location Rockville Md
18 (a) Funeral director Park Lawn Inc
Address 1339 E. Baltimore St.
(b) Huntington Williams Mortician
(Date rec'd by registrar) NOV 4 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1942, at 7 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 30 1942, to Nov. 3, 1942, and that I last saw h— alive on June 3 1942.

Immediate cause of death Cardiac failure — Duration

Due to coronary occlusion

Due to arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morton L. Hamburger M. D.
Address Sinai Hosp Date signed 11/3/42

VS 3

F 37280

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

55 Registered No. E 37280

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 6 E Monument St
(c) Hospital or Institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 25

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 5026 Greenspring Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country No

3 (a) FULL NAME Harry Shanker

3 (b) If veteran, name war —

3 (c) Social Security Account No. 215-01-0052

4. Sex M

5. Color or race W

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Fannie Kline

6 (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years 47 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

12. Name Unknown

13. Birthplace Russia

14. Maiden Name Unknown

15. Birthplace Russia

16 (a) Informant Wife

(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-4-42 (month) (day) (year)

(c) Cemetery or crematory Mastbaum Circle Cem

Location Mt. Carmel Dr.

18 (a) Funeral director Jack Levine Inc

(b) Address 1939 E Baltimore St

19 (a) NOV 5 1942 (Date rec'd by registrar) Martin to Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3, 1942 at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 17th 1942, to Nov 3 1942, and that I last saw him alive on Nov. 3 1942.

Immediate cause of death cardiac failure

Due to anaemia

Due to generalized Carcinomatosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Morton J. Hamburger M.D.

Address Sinai Hosp Date signed 11/5/42

VS 1

97281 T.N 77673

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1950

Registered No. E 97281

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 716 N. Eden St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Phillips Nicholson

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-09-0124

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	C	Seperated

6 (b) Name of husband or wife Marcella
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 21st, 1896

8. AGE: Years	Months	Days	If less than one day
45	0 11	19 12	hr. min.

9. Birthplace Beltimore (Town, county, and state)
10. Usual Occupation Truck Driver
11. Industry or business

FATHER
12. Name Phillip Nicholson
13. Birthplace Baltimore

MOTHER
14. Maiden Name Hester Graham
15. Birthplace Baltimore

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6 42 (Month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem
Location A.A. County
18 (a) Funeral director Mor. A. Elgin Daughtery
(b) Address 1140 N. Caroline St.
19 (a) NOV 4 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-3 1942, at 3 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27 1942, to 11-3 1942, and that I last saw h alive on 11-3 1942.

Immediate cause of death	Duration
Subacute bacterial endocarditis	?
Due to Rheumatic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-4-42

VS 250

F 97282

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1943

Registered No. F 97282

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1212 Chatham St.

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days) 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1212 Chatham St (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

(a) FULL NAME Rebecca Henry

(b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Widow

(b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 29 1881

AGE: Years 61 | Months 4 | Days 3 | If less than one day hr. min.

8. Birthplace Virginia (Town, county, and state)

9. Usual Occupation Domestic

10. Industry or business

12. Name Albert Neal

13. Birthplace Va.

14. Maiden Name Julia Shaw

15. Birthplace Va.

(a) Informant Alberta Henry

(b) Address 1212 Chatham St.

16. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5 42 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary Cemetery

Location A. A. County Md.

(a) Funeral director Mrs. Robert A. Elliott & Dgt.

(b) Address 1129 N. Carolina Street

(a) (b) Huntington Williams Registrar

Date received by Registrar NOV 4 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1942 at 3:50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 4 1941, to Nov 1 1942, and that I last saw her alive on Nov 1 1942

Immediate cause of death: Cerebral Hemorrhage — Duration 2 Days

Due to: Hypertensive Cardiovascular Disease — 3

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature K. Adams M. D.

Address 1222 N. Carolina Date signed 11-4-42

F 97283

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH (30)

F 97283
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 S. Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Maggie Snowden

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Negro	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age ? years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
50?			hr. min.

9. Birthplace (Town, county, and state)
10. Usual Occupation Domestic
11. Industry or business ?

12. Name
13. Birthplace

14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Burial (b) Date thereof 11/4/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A Co County
(a) Funeral director Lottie Gregg
(b) Address 1408 Oakland Ave Huntington Williamson, W Va
(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1- 1942, at 2.35 A M
21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death — Duration
Syphilitic Aortitis
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Mueller M.D.
Medical Examiner.
Date signed 11-1-42

VS 6

Reg. No. F 97284

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97284

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Pikesville (If outside city or town limits, write RURAL and give town)
(d) Street No. Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Beulah Miner

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	married

6 (b) Name of husband or wife Thos. Miner

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1918

8. AGE: Years	Months	Days	If less than one day
24 25	6	23 22	hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

12. Name Samuel Morris

13. Birthplace Va.

14. Maiden Name Unknown

15. Birthplace Va.

16 (a) Informant Dr Nichols

(b) Address Pikesville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 42 (month) (day) (year)

(c) Cemetery or crematory Rustenburg Methodist

Location Rustenburg

(a) Funeral director J. F. Hunt-tons

(b) Address Rustenburg

18 (a) NOV 4 - 1942 (b) Huntington Williams, M.D. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942, at 7 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) had that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
fracture of skull	
Due to fracture of sternum	
Due to accident	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 24 hr.
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 2 1942 at 7 P.M.
(c) Where did injury occur? 5013 Falls Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? No (Specify type of place)
(e) Means of injury Auto struck street car

23. Signature Robert Lee Graham M.D. Medical Examiner.

Date signed Nov. 3 1942

VS 6

97283

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 Registered No. F 97285

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1h Days
(e) Length of stay in Baltimore (yrs., mos., or days) 1h Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. ~~University Hosp.~~ 2515 Liberty Hgts Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A., (Citizen F 63121) years

3 (a) FULL NAME Baby Boy DIAMOUT - (Alan Emanuel)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife NONE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-42

8. AGE: Years	Months	Days	If less than one day
		1½	hr. min.

9. Birthplace BALTIMORE, Md. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business
12. Name Murray Diamont
13. Birthplace New York, N.Y.
14. Maiden Name Jean Herman
15. Birthplace New York, N.Y.
16 (a) Informant Mrs. Jean Diamont
(b) Address 2515 Liberty Hghts. Ave
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL NOV 4 1942
Location
18 (a) Funeral director Commissioner of Health
(b) Address
(c) Date rec'd by registrar (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-3- 1942 at 8:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-2 1942 to 11-3 1942 and that I last saw him alive on 11-3 1942

Immediate cause of death ASYPHIXIATION — Duration

Due to ASPIRATION of SECRETIONS

Due to

Other Conditions PREMATURITY

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. Charles D. Kohl
Address University Hosp. Date signed 11/4/42

Registered by Huntington Williams, M.D. Registrar

VS 8

9537

97286

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 59

F 97286
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days) 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 645 W. Lombard
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant of Mrs Birdie Foster (Birth F 6109 2)

3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-26-42

8. AGE: Years	Months	Days	If less than one day
		4	hr. min.

9. Birthplace University Hospital
(Town, county, and state)
10. Usual Occupation Infant
11. Industry or business

12. Name Fred Foster
13. Birthplace unknown
14. Maiden Name Birdie Davenport
15. Birthplace Kentucky

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL NOV 4 1942
18 (a) Funeral director Commissioner of Health
(b) Address Huntington Williams, M.D.
NOV 4 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1942, at 11:37 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-26 1942 to 10-30 1942 and that I last saw h[illegible] alive on 10-30 1942

Immediate cause of death Fetal Atelectasis — Duration
Due to premature birth
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature Richard Case M. D.
Address University Hospital Date signed Oct 30 1942

VS 8

9538

97287

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

154 F 97287 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1 Rutland & Rayner
(c) Hospital or institution: West Balto. Gen. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1089 Ellicott Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Kenneth Taylor McDearmon (Birth F. 6134)

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex: M | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/26/42

8. AGE: Years | Months | Days: 7 | If less than one day: hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name of father Fielding Alpheus McDearmon

13. Birthplace Detroit, Michigan

14. Maiden Name of mother Mary Jean Lehockey

15. Birthplace Kentucky

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL NOV 4 1942

18 (a) Funeral director Commissioner of Health

(b) Address

NOV 4 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/2 1942, at 7 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/26 1942, to 10/2 1942, and that I last saw him alive on 11/2 1942.

Immediate cause of death: Premature Birth — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Pearson M. Churchett

Address WBGH Date signed 11/2/42.

VS 8

9539

97288

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F. 97288

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 13hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1089 Ellicott Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Mc Dorman (Birth F6132 3)
3 (b) If veteran, name war
3 (c) Social Security Account No.
4. Sex M.
5. Color or race W
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years | Months | Days | If less than one day 13 hr. min.
9. Birthplace Baltimore Maryland (Town, county, and state)
10. Usual Occupation
11. Industry or business
12. Name Fielding H. Mc Dorman
13. Birthplace Detroit, Michigan
14. Maiden Name Grace Dean Sweeney
15. Birthplace Campton, Kentucky
16 (a) Informant
16 (b) Address
17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
17 (c) Cemetery or crematory
Location JOHN HOPKINS MEDICAL SCHOOL NOV 4 1942
18 (a) Funeral director Commissioner of Health
18 (b) Address
19 (a) NOV 4 1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 10/26 1942, at 3:50 P M
21. I certify that death occurred on the date above stated; that I attended deceased from 10/26 1942 to 10/26 1942 and that I last saw h[illegible] alive on 10/26 1942.

Immediate cause of death: Trauma Injury a Fibrillation — Duration 1 hrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
23. Signature W. D. Young Jr. M.D.
Address 720 N. Wolfe signed 10/26/42

VS 3

19540

F 37289

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159 F 37289 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 N. Wolfe St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Baby Brown (Birth F 60743)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	B	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-18 4r

8. AGE: Years	Months	Days	If less than one day
		11	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Charles Brown

13. Birthplace Blackstock, S.C.

14. Maiden Name Leona Woodus

15. Birthplace Blackstock, N.C.

16 (a) Informant

(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory

Location JOHN HOPKINS MEDICAL SCHOOL NOV 4 1942

(a) Funeral director Commissioner of Health

Address NOV 4 1942 Huntington Williams, M.D.

(a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29, 1942, at 1:35 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18, 1942, to Oct. 29, 1942, and that I last saw her alive on Oct. 28, 1942.

Immediate cause of death Acute upper respiratory infection — Duration 2 days

Due to Premature birth

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C.R. Campbell M. D.

Address 718 Dolphin St. Date signed 10-31-42

VS 2

9541

F 97290 F 97290

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 614 Highwood Drive (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. George S. [Helen May] Walbert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mr. George S Walbert
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): April 8, 1912
8. AGE: Years 30 | Months 6 | Days 25 | If less than one day ... hr. ... min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual Occupation: housewife
11. Industry or business

12. Name: Mr Albert Williams
13. Birthplace: Maryland
14. Maiden Name: Edith Hanna
15. Birthplace: Maryland

16 (a) Informant: Mr. George S. Walbert
(b) Address: 614 Highwood Drive City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Nov. 5, 1942 (month) (day) (year)
(c) Cemetery or crematory: Morgan Chapel
Location: Woodstock Carroll Co. Md.

18 (a) Funeral director: E. M. Walz
(b) Address: Westfield Md.

19 (a) NOV 4 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1942 at 3:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 29 1942 to Nov. 3 1942 and that I last saw her alive on Nov. 3 1942.

Immediate cause of death	Duration
Cardio respiratory failure	
Due to Hemorrhage	2 weeks
Due to Carcinomatosis ~~Probably in lung~~	?
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature: L. Leslie M. D.
Address: Union Memorial Hospital Date signed 11/3/42

VS 3

F 97291

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97291 Registered No. 1192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Lombard & Green Sts
(c) Hospital or institution: University Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 d
(e) Length of stay in Baltimore (yrs., mos., or days) 2 wks

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 11 E. Chesapeake Ave (If r[illegible] Towson Md
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME James Bay

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 14 1942 information not obtainable

8. AGE: Years	Months	Days	If less than one day
—	—	14 d	2 hr. — min.

9. Birthplace Balto., Md. (Town, county, and state)

10. Usual Occupation infant

11. Industry or business

FATHER
12. Name Henry Bay
13. Birthplace Maryland

MOTHER
14. Maiden Name Ethel Morningstar
15. Birthplace Maryland

16 (a) Informant mother
(b) Address Mrs. Henry Bay 11 E. Chesapeake Ave Towson

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/1942 (month) (day) (year)
(c) Cemetery or crematory Prospect Hill Cem.
Location Towson, Md.

18 (a) Funeral director John Burns Long
(b) Address Towson, Md.

NOV 4 – 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1942 at 7:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1942 to Nov 3 1942 and that I last saw h[illegible] alive on Nov 3 1942

Immediate cause of death	Duration
Dehydration & Acidosis	6 days
Due to infections Gastritis	
Due to of newborn	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Etta C. Sink, M. D.
Address Univ. Hosp Date signed

F 97292

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97292 Registered No. 12/a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits write RURAL and name town)
(d) Street No. 1020 E. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Joseph Prisko or Presko

3 (b) If veteran, name war: yes - U.S. World War
3 (c) Social Security Account No. 217-03-3619

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widowed

6 (b) Name of husband or wife ?
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 50 ?			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Russia

MOTHER
14. Maiden Name Unknown
15. Birthplace Russia

16 (a) Informant Mrs. John Kowal
(b) Address 1127 E. Lombard St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5-42 (month) (day) (year)
(c) Cemetery or crematory Balto. National U.S. Location Frederick Road

18 (a) Funeral director John A. Greblunaite Jr.
(b) Address 1923 E. Baltimore St.

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 4 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942 at 6 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry & inspection thereon and from the evidence obtained by said inquiry & inspection find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Acute pulmonary edema. — Duration
Due to arteriosclerotic cardiovascular-renal disease
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 3 1942.

VS 6

97293

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97293 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light St.
(c) Hospital or institution: South Balto Gen'l Hosp. 24-4
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1526 William St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ella Mac NORFOLK

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife William J.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 5/2/1893

8. AGE: Years	Months	Days	If less than one day
49	6	0	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business Home

FATHER
12. Name William Fitzgerald
13. Birthplace Md.

MOTHER
14. Maiden Name Mollie Brooks
15. Birthplace Md.

16 (a) Informant Family
(b) Address 1526 William St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof II/5/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Frederick Ave.

18 (a) Funeral director I.F. McCully
(b) Address 130 E. Fort Ave.

NOV 4 - 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2, 1942 at 4.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1, 1942 to Nov 2, 1942, and that I last saw her alive on Nov 2, 1942

Immediate cause of death	Duration
Hypostatic Bronchopneumonia.	
Due to Cerebral hemorrhage.	
Due to Chronic heart disease.	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E. Andrew Zapp M. D.
Address 1213 Light St Date signed

VS 150

F 97294

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1310

F 97294 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1517 Eastern ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1517 Eastern ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Stanislaus Laszczak

3 (b) If veteran, name war | 3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Alexandra Laszczak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 8 1881

8. AGE: Years	Months	Days	If less than one day
61	5	25	hr. min.

9. Birthplace Poland (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business

MOTHER'S MAIDEN SURNAME

12. Name Peter Laszczak
13. Birthplace Poland

14. Maiden Name Anna Jaguszewska
15. Birthplace Poland

16 (a) Informant Mrs. Alexandra Laszczak
(b) Address 1517 Eastern ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary Cem
Location Baltimore County

18 (a) Funeral director John M. Welsey
(b) Address 407 S. Chester Street

19 (a) NOV 4 1942 (Date received by Registrar) (b) Registrar's signature for Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2, 1942, at 11 M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940 to 11/2/42 19..; and that I last saw him alive on 11/1/42 19..

Immediate cause of death: UREMIA — Duration 2 days

Due to Hypertensive cardio-vascular renal disease — 3 years

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 0

Major findings of operation: 0

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Michael J. Wiecnick
Address 526 S. Bond St Date signed 11/4/42 M. D.

VS 2

F 97295

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97295 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 403 N. Bradford Street
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 403 N. Bradford Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Louis Joska

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-03-3866

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	separated

6 (b) Name of husband or wife Alice (nee Wilkens)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 28, 1896

8. AGE: Years	Months	Days	If less than one day
46 yrs	5	4	hr. min.

9. Birthplace Czechoslovakia
(Town, county, and state)
10. Usual Occupation Tailor
11. Industry or business

MOTHER'S MAIDEN NAME
12. Name Joseph Joska
13. Birthplace Czech.

14. Maiden Name Nebohy
15. Birthplace Czech.

16 (a) Informant Andrew Joska (brother)
(b) Address 403 N. Bradford Street

17 (a) burial (b) Date thereof 11/5/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Oak Hill Cemetery
Location Philadelphia Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) 11/3/42 (b) [illegible] Huntington Williams, M.D.
(Date received by local registrar) (Signature)

NOV 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2 1942 at 5:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1942 to Nov 2, 1942 and that I last saw him alive on Oct 31 1942.

Immediate cause of death	Duration
Bilateral pulmonary T.B.	7
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature James F. Kilmer M. D.
Address 2623 E. Monument Street Date signed 11/3/42

F 97296

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97296 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 801 N. Madeira (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Kolb

3 (b) If veteran, name war none

3 (c) Social Security Account No. 215-05-7957

4. Sex Male | **5. Color or race** White | **6 (a) Single, married, widowed, or divorced.** Single

6 (b) Name of husband or wife ~~Married to 1904~~

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6 1904

8. AGE: Years 38 | Months 36 | Days 7 | 25 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name John L Kolb
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Julia Wirth
15. Birthplace Baltimore Md.

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Nov. 5. 1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Reisterstown Road

18 (a) Funeral director Wendell & Chappell
(b) Address 3[illegible] S. Eutaw St.

NOV 4 — 1942 (Date rec'd by registrar)

(c) [illegible] (Signature of Funeral Director)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 1 1942 at 11-45 ~~PM~~

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1942 to Nov. 1 1942 and that I last saw him alive on Nov. 1 1942

Immediate cause of death Cerebral hemorrhage accident — **Duration** 3 hrs

Due to

Due to

Other Conditions Hypertension

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations: None

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Austrian

Address The Johns Hopkins Hosp Date signed 11-4-42

VS 250

F 97297

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

Registered No. F 97297

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2325 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2325 Reisterstown Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Edna Lillian Cavalier

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife Wm. J. Cavalier
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1877

8. AGE: Years	Months	Days	If less than one day
65	4	23	2 hr. min.

9. Birthplace Frederick Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

12. Name John Dennis
13. Birthplace Unknown

14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Mr. William J. Cavalier
(b) Address 2325 Reistertown Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-42 (month) (day) (year)
(c) Cemetery or crematory Western Cemetery
Location Baltimore, Maryland

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

19 (d) NOV 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 1942 at 2:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1942 to Nov 2 1942, and that I last saw h alive on Nov 1942

Immediate cause of death: Cerebral apoplexy — Duration

Due to Myocarditis Hbp.

Due to Arteriosclerosis.

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury No Needle

23. Signature
Address 731 N. North Ave. Date signed 11/7/42

VS 3

97298 7 97298 ✓ F 97298

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

944 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 736 Reservoir St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Ida R. Waranch

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married L.

6 (b) Name of husband ~~or wife~~ Abraham L.
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Jeffrey, Coppel
13. Birthplace ~~Russia~~, Lithuania

MOTHER
14. Maiden Name Stark, Temma
15. Birthplace ~~Russia~~ Lithuania

16 (a) Informant Abraham L Waranch
(b) Address 736 Resevoir St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 1942 (month) (day) (year)
(c) Cemetery or crematory Hebrew Herring Run
Location Bowleys Lane

18 (a) Funeral director Sol Levinson & Bros
(b) Address 1124 1126 W North Ave

19 Date received by Local Registrar NOV 5 1942 (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4-42 19 at 8:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1942 to 11-4 1942, and that I last saw her alive on 11-4 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Hearne Neaverbelmis M. D.
Address Union Hosp Date signed 11-4-42

97299 7 97299

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 930 F 97299

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3334 Segovia Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Hyman Hindin

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Minnie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE: Years	Months	Days	If less than one day
55			hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation
11. Industry or business Retired

FATHER
12. Name Leon Hindin
13. Birthplace Russia

MOTHER
14. Maiden Name Dora Radoff
15. Birthplace Russia

16 (a) Informant Leon Hindin
(b) Address 3301 Keyworth ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5/42 (month) (day) (year)
(c) Cemetery or crematory Hebrew Rondale
Location Hamilton ave

18 (a) Funeral director Sol Levinson Bros
(b) Address 1124-26 W North ave

NOV 5 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1942 4:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1942 to Nov 4 1942 and that I last saw him alive on Nov 4 1942.

Immediate cause of death Coronary thrombosis — Duration 2 days

Due to Hypertension cardio vascular dis — yrs.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Leary Macumber M. D.
Address Univ Hosp Date signed Nov 5-42

VS 150

F 97300

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94a 92300 H

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3810 Greenway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3810 Greenway
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME LOUIS MOLLER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 215-03-1069 no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife DAISY FALLIN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) OCT. 12.1872

8. AGE: Years	Months	Days	If less than one day
70	0 00	21	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Hardware merchant
11. Industry or business

FATHER
12. Name Conrad Moller
13. Birthplace Denmark

MOTHER
14. Maiden Name Mary Kaiser
15. Birthplace Germany

16 (a) Informant Daisy F. Moller
(b) Address 3810 Greenway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.5.1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Balto. Co. Md.

18 (a) Funeral director John O. Mitchell Sons
(b) Address 1900 Eutaw Place

19 (a) NOV 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3. 1942 19 at 12 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1-42 19 to 11-3 1942
and that I last saw him alive on 11-2 1942

Immediate cause of death Coronary Thrombosis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. K. Ewald Jr. M. D.
Address 36 York Court Date signed 11/5/42

VS 160

F 97301

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 47d

F 97301 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 73 dys.
(e) Length of stay in Baltimore (yrs., mos., or days) 64 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Brooklyn
(If outside city or town limits, write RURAL and give town)
(d) Street No. Unknown (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Burke 76162

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 21, 1861

8. AGE: Years	Months	Days	If less than one day
81	2	9	hr. min.

9. Birthplace Mass. (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Thomas Burke
13. Birthplace Mass.

MOTHER
14. Maiden Name Mary ?
15. Birthplace Mass.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)
(c) Cemetery or crematory Laurel Mount Cem
Location Greenmount Ave & Old Battle Gr Rd

18 (a) Funeral director John J. Fahey Mem
(b) Address 1324 Light St.

19 (a) Date received by registrar NOV 5 1942 (b) Registrar Huntington Williams M.D.

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 30 1942 at 3:25 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 18 1942 to Oct. 30 1942, and that I last saw h im alive on Oct. 30 1942

Immediate cause of death: Adeno-carcinoma of lung — Duration ?

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Adeno-carcinome of lung

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A S Hart
Address Balto City Hosp Date signed 11/5/42

F 97302

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 97302 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1730 E. Lanvale St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town) 16
(d) Street No. 1730 E. Lanvale St. (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Lula E. Boarman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife James L.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 10, 1884

8. AGE: Years	Months	Days	If less than one day
58	8	23	hr. min.

9. Birthplace Red Lion Pa. (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Washington Love
13. Birthplace Red Lion Pa.

MOTHER
14. Maiden Name Sarah Moffett
15. Birthplace Md.

16 (a) Informant Mrs. Ertha Clow
(b) Address Silver Springs Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Deer Creek.
Location Chesnut Hill Md.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) NOV 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 2 1942, at 4:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 11 1942 to Nov. 2 1942, and that I last saw her alive on Nov. 1 1942.

Immediate cause of death	Duration
Coronary thrombosis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Samuel Gertman

Address 1642 N. Washington Date signed 11/2/42

F 97303

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 131a

Registered No. F 97303

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2515 Orleans St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 56
(e) Length of stay in Baltimore (yrs., mos., or days) 0-6

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2515 Orleans (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Conrad King

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-01-9009

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Anna Louise King
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 8, 1886

8. AGE: Years	Months	Days	If less than one day
56	3	28	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Hard Wood Finisher
11. Industry or business

FATHER
12. Name Leo King
13. Birthplace Washington D C

MOTHER
14. Maiden Name Don't Know
15. Birthplace Baltimore

16 (a) Informant Anna L King
(b) Address 2515 Orleans St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7 '42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto Co

18 (a) Funeral director John Uhland
(b) Address 2008 Orleans St

19 (a) (Date rec'd by registrar) NOV 5 - 1942 (b) Hunting to Williams, Mgr

VR

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4th 1942 at 2:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1936 to Nov 4 1942 and that I last saw h alive on Nov 4 1942

Immediate cause of death Hypertensive cardiovascular renal disease — Duration 7 yrs.
Due to
Due to
Other Conditions Radial Asthma 8 yrs

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Alby L Sikorsky M. D.
Address 5939 Harford Rd Date signed 11/4/42

F 97304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97304 Registered No. 181

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A-A.
(c) City or town Brooklyn (If outside city or town limits, write RURAL and give town)
(d) Street No. 62 Old Annapolis Road (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Marvin Elgar Bussey

3 (b) If veteran, name war: no
3 (c) Social Security Account No. 216-05-6465

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Alberta Bussey
6 (c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): July 24, 1914

8. AGE: Years	Months	Days	If less than one day
28	3	10	hr. min.

9. Birthplace: Admiral Md (Town, county, and state)
10. Usual Occupation: Fishing Station Operator
11. Industry or business

MOTHER
12. Name: Frank Bussey
13. Birthplace: Md

FATHER
14. Maiden Name: Edith Wagner
15. Birthplace: Md

16 (a) Informant: Ben H. Eckman
(b) Address: 2602 Alameda

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6/42 (month) (day) (year)
(c) Cemetery or crematory: Glen Haven Cem. Co.
Location: A A Co. Rural

18 (a) Funeral director: Ulrich Funeral Home
(b) Address: 2004 E. Oliver
NOV 5 1942

19 (a) (Date rec'd by registrar) (b) Huntington Pikesville Md. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4-1942, at 7:10 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by Autopsy and that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Toxemia	
Due to: 1st & 2nd degree burns	
Due to:	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide: accident
(b) Date of occurrence 10-29-42 at 1 P M
(c) Where did injury occur? Colonial Service Station in Glen Burnie Md (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Garden While at work? No (Specify type of place) automobile.
(e) Means of injury: Explosion of gasoline tank.

23. Signature: Howard J. Whitehead M.D. Medical Examiner.
Date signed 11-4-42

VS 6

F 97305

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

Registered No. F 97305

1. PLACE OF DEATH: 1610
(a) Baltimore City, Maryland
(b) Street address 1610 Abbott St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto.
(If outside city or town limits, write Rural and give town)
(d) Street No. 1610 Abbott St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Barbara Lee Howard (Birth F 53674)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race C

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 7/19/42

8. AGE: Years | Months 3 | Days 14 | If less than one day hr. min.

9. Birthplace Balto City
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Charles Howard
13. Birthplace Ga.

MOTHER
14. Maiden Name Bernice Soney
15. Birthplace Norfolk Co Va

16 (a) Informant Isabella Soney
(b) Address 1610 Abbott St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/5/42 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cemetery
Location Balto. Co., Md.

18 (a) Funeral director Robert Williams
(b) Address 1315 McElderry St

19 (a) Huntington Williams (Date rec'd by registrar) Registrar

NOV 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1942 at 9:15 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy or inquiry thereon and from the evidence obtained by said autopsy or inquiry find that said deceased came to her death on the day stated above.

Immediate cause of death Bronchial pneumonia — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 3 1942

VS 6

F 97306 ✓ F 97306

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170C

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2-0-A
(e) Length of stay in Baltimore (yrs., mos., or days) 20 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 740 Pierce Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wm McKinley Booker

3 (b) If veteran, name war	3 (c) Social Security Account No. 219-01-1373
-	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1902

8. AGE: Years	Months	Days	If less than one day hr.	min.
40				

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Business man
11. Industry or business

MOTHER / FATHER

12. Name Unknown
13. Birthplace Virginia
14. Maiden Name Carrie Woods
15. Birthplace Virginia

16 (a) Informant Wm. Booker
(b) Address 740 Pierce Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Cabary
Location Brooklyn Md.

(a) Funeral director Jas Brooks
(b) Address 1463 N. Carey St

(a) NOV 5 - 1942 (Date rec'd by registrar) (b) Hunting for Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-1- 1942 at 9:45 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above:

Immediate cause of death	Duration
Fractured Skull.	
Due to	
Due to	
Other Conditions Fractured ribs & leg bone right multiple lacerations head & brain. (Include pregnancy within 3 months of death)	

Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 11/4
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-1-42 at 9:25 A M
(c) Where did injury occur? 1100 block of Madison ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? Yes
(e) Means of injury Standing & struck by auto. Hit & run

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-2-42

F 97307

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1241 Registered No. F 97307

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 43 days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 711 S. Broadways (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JA[illegible]S ALISO[illegible] (Real name MACKESEY)

3 (b) If veteran, name war ---

3 (c) Social Security Account No. 406 03 0025

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	divorced

6 (b) Name of husband or wife Ida M. Gordon
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 12, 1880

8. AGE: Years	Months	Days	If less than one day
62	3	17 22	hr. min.

9. Birthplace Ireland (Town, county, and state)
10. Usual Occupation Steward
11. Industry or business

FATHER
12. Name John Madison
13. Birthplace Ireland

MOTHER
14. Maiden Name Annie Elizabeth Murphy
15. Birthplace Ireland

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 5-1942 (month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location Baltimore, Md.

18 (a) Funeral director A. J. Kirkpatrick
(b) Address 4198 York Road

19 (a) NOV 5-1942 (Date rec'd by registrar) Huntington Wm. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29, 1942, at 10:00 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17, 1942, to Oct. 29, 1942, and that I last saw him alive on Oct. 29, 1942.

Immediate cause of death Cirrhosis of liver, atrophic — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation [illegible]

Major findings of operations Paracenteses

of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. S. Bro[illegible] M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 11/4/42

F 97308 T.N. 77849

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97[illegible] Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 105 S. Rotunda Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Walter Kovesko KOBESKO

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-09-3445

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: ~~Angela~~ CARRIE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 8th, 1894

8. AGE: Years 47 | Months 10 | Days 24 | If less than one day hr. min.

9. Birthplace Poland

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Stanley ~~Kovesko~~ KOBESKO
13. Birthplace Poland

MOTHER
14. Maiden Name Annie Smboyskie
15. Birthplace Poland

16 (a) Informant Baltimore City Hospitals
(b) Address 4904 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6 42 (Month) (day) (year)
(c) Cemetery or crematory Holy Cross
Location German Hill Road

18 (a) Funeral director M. A. Bopp's Sons
(b) Address Lombard & Aug. sts.

19 (a) NOV 5 - 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-2 1942 at 10 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-9 1942 to 11-2 1942
and that I last saw h[illegible] alive on 11-2 1942

	Duration
Immediate cause of death: Pulmonary hemorrhage	(Interval between onset and death)
Due to: ? Carcinoma of lung	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. K. Rothman M. D.
Address Balto. City Hosp Date signed 11-3-42

F 97309

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

106a

Registered No. F 97309

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 913 Bennett Place
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 913 Bennett Place (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Baby Herbert S. Brown (Birth F 61793)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-2-42

8. AGE: Years	Months	Days	If less than one day
		3	hr. min.

9. Birthplace Balto. Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Harvey Brown
13. Birthplace Balto. Md

MOTHER
14. Maiden Name Eva Butler
15. Birthplace Balto. Md

16 (a) Informant Harvey Brown
(b) Address 913 Bennett Pl.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5-1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Zion Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

Nov 5 - 1942 (Date rec'd by Registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4- 1942 at 11 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy or Inquiry thereon and from the evidence obtained by Autopsy or Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Acute Bronchitis	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Weaver M.D. Medical Examiner.
Date signed 11-4-42

VS 6

97310

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 9/a

F 97310
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.,
(c) Hospital or institution:
U. S. Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo17da
(e) Length of stay in Baltimore (yrs., mos., or days) 21 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 912 Harlem Avenue
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY MORGAN HOBBS

3 (b) If veteran, name war WW

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife Alice Overby
6 (c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Feb. 3, 1896

8. AGE: Years	Months	Days	If less than one day
46	9	0	hr. min.

9. Birthplace Clinton, North Carolina
(Town, county, and state)
10. Usual Occupation JANITOR
11. Industry or business

FATHER
12. Name James Hobbs
13. Birthplace Clinton, N. C.

MOTHER
14. Maiden Name Fannie Hobbs,
15. Birthplace Clinton, N. C.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6, 1942 (month) (day) (year)
(c) Cemetery or crematory National Cemetery
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St

NOV 5 - 1942 (Date rec'd by Registrar)

(b) Hunting for Williams H.P.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3, 1942 at 1:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 13, 1942 to Nov. 3, 1942 and that I last saw him alive on Nov. 3, 1942

Immediate cause of death	Duration
Subacute bacterial endocarditis	1½ months
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature U. S. Surg.
Address US Marine Hospital Baltimore, Maryland. Date signed 11/4/42 M. P.

VS 150

F 97311

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107 Registered No.

F 97311

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3223 Sun St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3223 Sun St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Catherine Bass.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	—

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 17, 1942

8. AGE: Years	Months	Days	If less than one day
—	2	17/16	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business

MOTHER / FATHER

12. Name James Bass
13. Birthplace Dillion, S.C.

14. Maiden Name Margaret Montgomery
15. Birthplace Dillion, S.C.

16 (a) Informant Margaret Montgomery
(b) Address 3223 Sun St

17 (a) Burial (b) Date thereof Nov. 5, 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cem.
Location

18 (a) Funeral director Mrs Katie R. Williams
(b) Address 3223 Sheridan St

NOV 5 1942
(Date rec'd by registrar)

(b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1942, at 9 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

	Duration
Immediate cause of death Bronchial pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 5 1942

VS 6

97312
423719

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

469 Registered No. F 97312

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1205 Myrtle Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Annie Haywood
3 (b) If veteran, name war
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 9, 1882

8. AGE: Years	Months	Days	If less than one day
60	6	24	hr. min.

9. Birthplace MD. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John Hayward
13. Birthplace ?

MOTHER
14. Maiden Name Emma Wilford
15. Birthplace ?

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 5, 1942 (month) (day) (year)
(c) Cemetery or crematory
Location Cambridge, Md.
18 (a) Funeral director Mrs. Edw. J. Holland
(b) Address 1651 Druid Hill Ave.
19 NOV 5 1942 (Date rec'd by Registrar) (b) Huntington Hollingsworth Registrar

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1942 at 11:27 P.M
21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1942 to Nov 3 1942, and that I last saw her alive on Nov 3 1942.

Immediate cause of death	Duration
INTESTINAL OBSTRUCTION, BILIARY OBSTRUCTION	
Due to Carcinoma of head of pancreas	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Oct 31, 1942
Major findings of operation: Carcinoma head of pancreas
of autopsy: SAME

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature Marion Rawitch M. D.
Address Johns Hopkins Hosp. Date signed 11-4-42

F 97313

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

F 97313 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 343 Whitridge avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 - 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County ---
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 343 Whitridge avenue
(If rural give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3 (a) FULL NAME ANNA M. MAKOWSKA

3 (b) If veteran, name war ---

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Leonard H. Makowski

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 6, 1896

8. AGE: Years 46 | Months 9 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual Occupation: At home

11. Industry or business

12. Name of father: Casimer F. Dernoga
13. Birthplace of father: Poland

14. Maiden Name of mother: Mary Somur
15. Birthplace of mother: Poland

16 (a) Informant: Miss Bertha Makowska
(b) Address: 343 Whitridge avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/42 (month) (day) (year)
(c) Cemetery or crematory: St. Stanislaus
Location: Baltimore

18 (a) Funeral director: Chas. J. Evans Son
(b) Address: 118 N. Mt. Royal Ave.

19 (a) NOV 5 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1942 at M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/28/1941 to 11/4/1942 and that I last saw her alive on 11/4/1942.

Immediate cause of death: Coronary Thrombosis — Duration: Unknown

Due to: Arteriosclerosis — Duration: Unknown

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature: Thos. K. Gladstone M. D.
Address 1923 St. Paul St. Date signed 11/4/42

VS 3

F 97314

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97314

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 3409 Greenway

(c) Hospital or institution: none

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17

(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County none

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 3409 Greenway (If rural give location)

(e) Citizen of foreign country? no (Yes or No) If yes, name country

3 (a) FULL NAME Charity O. Craft

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife Thomas R. Craft

6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) July 16, 1892

8. AGE: Years	Months	Days	If less than one day
50	3	19	hr. min.

9. Birthplace Illinois (Town, county, and state)

10. Usual Occupation housewife

11. Industry or business

FATHER

12. Name Robert L. O'Ferrall

13. Birthplace Ill.

MOTHER

14. Maiden Name Ruberta Truax

15. Birthplace Ill.

16 (a) Informant Thomas R. Craft

(b) Address 3409 Greenway

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11/5/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location 3801 Frederick Ave., Baltimore

18 (a) Funeral director John O. Mitchell Sons

(b) Address 1900 Eutaw Place, Fr. Williams, Md.

19 NOV 5 - 1942 (Date rec'd by Registrar) (b) Registrar

VE 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1942 at 6:50 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from November 25 1941 to Nov. 3, 1942, and that I last saw her alive on Nov. 3, 1942.

Immediate cause of death	Duration
Spastic Paraphgia	About 25 yr.
Due to Carditis	About 25 yr.
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence — at — M

(c) Where did injury occur? — (City or town) — (County) — (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature Ford A. Rice M.D.

Address 825 E. 41st St. Date signed 11/4/42

F 97315

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 43

F 97315 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo7ds
(e) Length of stay in Baltimore (yrs., mos., or days) Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Montgomery
(c) City or town 136 Grafton Street
(If outside city or town limits, write RURAL and give town)
(d) Street No. Chevy Chase
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VIRGINIA FURST JONES

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Capt. Chester Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1, 1888

8. AGE: Years	Months	Days	If less than one day
54	2	3	hr. min.

9. Birthplace BALTIMORE, MARYLAND
(Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name JACOB FURST
13. Birthplace BALTIMORE, MARYLAND

MOTHER
14. Maiden Name MARY ALBERT
15. Birthplace BALTIMORE, MARYLAND

16 (a) Informant RECORDS-US MARINE HOSPITAL
(b) Address BALTIMORE, MARYLAND

17 (a) Burial (b) Date thereof Nov 7 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arlington nat
Location Arlington Va

18 (a) Funeral director J H Hines Co
(b) Address 2900-14 St n w Wash D C

19 NOV 5 - 1942 (b) Registrar
(Date rec'd by Registrar)

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4, 1942, at 11:53 M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 28, 1942, to Nov. 4, 1942, and that I last saw him alive on Nov. 4, 1942.

Immediate cause of death	Duration
Cachexia; anemia	1 months
Due to Mycosis, Fungoides, Generalized	2 years
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: None
of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify which place)
(e) Means of injury

23. Signature [signature]
M. D.
Address US Marine Hospital, Baltimore, Maryland. Date signed 11/5/42

97316

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

Registered No. E 97316

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 104 W Clement St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 104 W Clement St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME WILLIAM J. FLAUAUS

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	WIDOWED

6 (b) Name of husband or wife MARY. FLAUAUS
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 14 186

8. AGE: Years	Months	Days	If less than one day
81	1	20	hr. min.

9. Birthplace Balto Md.
(town, county, and state)
10. Usual Occupation Retired
11. Industry or business

12. Name Not known
13. Birthplace Germany.
14. Maiden Name Not known
15. Birthplace Germany

16 (a) Informant Elizabeth FLAUAUS
(b) Address 104 W Clement St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn.
Location Woodlawn Md

18 (a) Funeral director Wm Chas A G Rohde
(b) Address 2827 Edmondson Ave

(a) [illegible]
(b) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1942, at 4 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1940 to Nov. 4 1942
and that I last saw h[illegible] alive on Nov. 2 1942.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to General Arteriosclerosis Cerebral Sclerosis	
Due to	
Other Conditions Paralysis of left arm & leg after prior stroke	
(Include pregnancy within 3 months of death)	
Date of operation X	
Major findings of operations: X	
of autopsy: X	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [illegible] M. D.
Address 2301 Poplar Place Date signed 11/3/42

VS 1

F 97317

BALTIMORE CITY HEALTH DEPARTMENT XV 50

CERTIFICATE OF DEATH

F 97317 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert Streets
(c) Hospital or institution: The Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) 74 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Balto.
(c) City or Town Garrison (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME (MRS LORING ANDREW COVER) GRACE MORRISON COVER

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife LORING ANDREW COVER
6 (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) October 26, 1890

8. AGE: Years	Months	Days	If less than one day
52	1	7	hr. min.

9. Birthplace Danville Virginia (Town, county, and state)
10. Usual Occupation HOUSEWIFE
11. Industry or business

MOTHER'S MAIDEN NAME

12. Name Mr John Royal Morrison
13. Birthplace Virginia
14. Maiden Name Pattie Wilson
15. Birthplace Virginia

16 (a) Informant Hosp Record
(b) Address

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 6 42 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mountain View
Location Danville Va.

18 (a) Funeral director Henry N. Jenkins Sons Co
(b) Address McCulloch & Orchard Sts.

19 NOV 5 1942 (b) Huntington Williams, M.D. (Date received by registrar) Registrar Address

MEDICAL CERTIFICATION

20. DATE OF DEATH November third 1942, at 11:52 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from October 31 1942 to November 3 1942, and that I last saw her alive on November 3 1942.

Immediate cause of death	Duration
Cardio-Respiratory Collapse	
Due to Carcinoma of Lungs, Mediastinum metastatic FROM	
Due to Carcinoma Breast	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Newland Edward Day M. D.
Address Union Memorial Hospital Date signed Nov 3rd

VS 3

F 97318

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97318 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 624 Wyeth St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 642 Wyeth (If rural give location)
(e) Citizen of foreign country (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Ellen Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 12, 1921

8. AGE: Years	Months	Days	If less than one day
21	0	23	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None
12. Name Alex Smith
13. Birthplace Maryland
14. Maiden Name Alice Williams
15. Birthplace Maryland
16 (a) Informant Mrs. Alice Young
(b) Address 624 Wyeth St.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/42 (month) (day) (year)
(c) Cemetery or crematory Schwartz
Location B'Donnell St.
18 (a) Funeral director John J. Boyan & Son
(b) Address 904 Hollins St.
(a) (Date rec'd by registrar) (b) Registrar

NOV 5 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/4 1942, at 7:20 AM M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-20 1942, to 11-4 1942, and that I last saw her alive on 11-3 1942

Immediate cause of death: Pulmonary Tuberculosis — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Nathan Rosenni M. D.
Address 1165 Gilmor St. Date signed 11-5-42

F 97319

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

6

F 97319 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Harford Rd. & Herring Run
(c) Hospital or institution Lyndenham Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
Street No. 834 Woodward St.
(If rural give location)
(e) If foreign born, how long in U. S. A.) ..... years

3 (a) FULL NAME WALTER Stark

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-10-6681

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 22, 1908

8. AGE: Years 40 | Months 9 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual Occupation Clothes Model

11. Industry or business

12. Name Peter Stark

13. Birthplace Lith.

14. Maiden Name Mary ?

15. Birthplace

16 (a) Informant Mary Stark

(b) Address 834 Woodward St

17 (a) Burial (b) Date thereof Nov 7-42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Holy Rosary
Location Balto County

(a) Funeral director Joseph Rasmkas

(b) Address 607 W Lah. Balto

(a) ..... (b) ..... Registrar

(Date received) NOV 5 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1942, at 2:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1942 to Nov. 4 1942 and that I last saw him alive on Nov. 4 1942.

Immediate cause of death Respiratory Failure — Duration .....

Due to Cerebro Spinal Fever .....

Due to Meningococcus .....

Other Conditions .....

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature K. Kenneth Krulewitch M. D.
Address Lyndenham Hosp. Date signed 11/4/42

F 97320

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13/a

F 97320

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1006 E. Eager St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days) 37 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 1006 E. Eager St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Portugal

3 (a) FULL NAME Joseph J. Santos

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	C	married

6 (b) Name of husband or wife Sarah Santos
6 (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Aug 15-1888

8. AGE: Years	Months	Days	If less than one day
54	2	18	hr. min.

9. Birthplace Portugal (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

PARENTS
12. Name Peter J. Santos
13. Birthplace Portugal
14. Maiden Name Mary J.
15. Birthplace Portugal

16 (a) Informant Teresa J. Santos
(b) Address 1006 E. Eager St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 6-1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location A. A. Co. Md

18 (a) Funeral director Belfont Memorial Knights
(b) Address 725 Ashgrove St

NOV 5-1942 (Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1942 at 6-A M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942 to Nov 3 1942
and that I last saw h[illegible] alive on 11/3/1942

Immediate cause of death Cardio - Renal — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature B. N. Hatcher M. D.
Address 1 rns Parton Date signed 11/4/42

VS 8

F 97321

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

F 97321

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1643 Eddolx St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1643 Eddolx St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Josephine Helen Joner (Birth F-6144)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Infant

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 3, 1942

8. AGE: Years	Months	Days	If less than one day
		2	hr. min.

9. Birthplace Baltimore, Md (Town, county, and state)

10. Usual Occupation Infant

11. Industry or business

FATHER
12. Name William B. Jones
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Josephine H. Krabat
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Rose Swanke (Aunt)
(b) Address 3564 Horton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Dunkirk Cem.
Location B. & O. Co., Md.

18 (a) Funeral director R. Howard Evans
(b) Address 1400-02 E. Oliver St.

19 (a) Filed NOV 5 1942 (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1942 at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 3 1942 to Nov 4 1942 and that I last saw her alive on Nov 4 1942

Immediate cause of death Intracranial Hemorrhage — Duration 30 hrs.

Due to Precipitous Labor

Due to

Other Conditions Premature
Aspiration of Placenta
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon D. Jaffe M. D.
Address 700 Fairmount Date signed 11/3/42

VS 3

F 97322

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97322 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton + Nelson
(c) Hospital or institution: St. Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Catonsville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1 Overbrook Road
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Eva G. Minor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Charles H. Minor

6 (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) September 21, 1862

8. AGE: Years	Months	Days	If less than one day
62	1	12	hr. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John F. Kelty
13. Birthplace Md. Baltimore, Md.

MOTHER
14. Maiden Name Katie E. Sargent
15. Birthplace Baltimore County Md.

16 (a) Informant Mr. Charles H. Minor
(b) Address 1 Overbrook Road, Catonsville

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6, 1942 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cemetery
Location Woodlawn, Md.

18 (a) Funeral director E. Willis Somerville
(b) Address 1003 W. Baltimore St.

19 (a) (Signature of registrar) (b) Huntington Williams Registrar

NOV 5 1942

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1942, 2:45 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 27 1942 to Nov. 3 1942 and that I last saw h[illegible] alive on Nov. 3 1942.

Immediate cause of death	Duration
Lobar Pneumonia	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rossberg M. D.
Address St. Agnes Hosp. Date signed 11/5/42

F 97223 ✓ F 97323

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1936 Edmondson ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1936 Edmondson ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME George H. Hahn
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Williamanna Nee Crockett 6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 5, 1875

8. AGE: Years 67 | Months 5 4 | Days 29 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Water Dept.

11. Industry or business Balto. City

12. Name John H. Hahn

13. Birthplace Md

14. Maiden Name Ida Stitely

15. Birthplace Md.

16 (a) Informant Mrs. Williamanna Hahn

(b) Address 1936 Edmondson ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)

(c) Cemetery or crematory Pinney Grove

Location Mt. Airey Md

18 (a) Funeral director Harry H. Kirkley

(b) Address 4101 Edmondson Ave.

NOV 5 1942 Huntington Williams M.D. (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/3/42 19 at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 12-25 1941 to 11-3 1942, and that I last saw him alive on 11-3 1942.

Immediate cause of death: a- Hypostatic Pneumonia
b- Gallstones Arteriosclerosis — Duration: 1 year, 1 year

Due to

Due to

Other Conditions None

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Leon Coleman

Address 1201 Eutaw Place Date signed 11-5-42 M. D.

VS 3

F 97324

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 B

Registered No. F 97324

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: 4940 Eastern Ave.

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.

(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1311 Marshall St. (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Agnes Barnes 77805

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-20-7782

4. Sex: female | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: divorced

6 (b) Name of husband or wife: Howard Shubert

6 (c) If alive, give age: 12/30/1901 years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1896

8. AGE: Years 40 45 | Months 10 10 | Days 10 5 | If less than one day ... hr. ... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual Occupation: Cashier

11. Industry or business

FATHER

12. Name: Jno. Barnes

13. Birthplace: Md.

MOTHER

14. Maiden Name: Harriet Granger

15. Birthplace: Md.

16 (a) Informant: Hospital records

(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7/42 (month) (day) (year)

(c) Cemetery or crematory Cedar Hill

Location Brooklyn P.O. Md.

18 (a) Funeral director Maurice J. Flynn

(b) Address 442 Light St.

19 NOV 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams Mort.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 19 42 at 4:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 19 42 to Nov. 5 19 42, and that I last saw her alive on Nov. 5 19 42.

	Duration
Immediate cause of death: Heart failure	?
Due to: Cardiac enlargement	?
Due to: Auricular fibrillation	?
Due to:	
Other Conditions: Pulmonary tbc.	?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature N. K. Rathbun M. D.

Address Balto. City Hosp. Date signed 11-5-42

VS 180

(over)

F 97325

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 97325

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3333 N. Charles St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17 12
(e) Length of stay in Baltimore (yrs., mos., or days) 48 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3333 N. Charles St
(If rural give location)
(e) Citizen of foreign country? ------ (Yes or No)
If yes, name country ------

3 (a) FULL NAME Allen M. Booz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife ---------

6 (c) If alive, give age -- years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1893

8. AGE: Years	Months	Days	If less than one day
48	11	11	— hr. — min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual Occupation Attorney

11. Industry or business ---------

12. Name Washington B. Booz

13. Birthplace Baltimore, Maryland

14. Maiden Name Laura E. Michener

15. Birthplace Philadelphia, Pa.

16 (a) Informant Earl P. Gallaher

(b) Address 6408 Murray Hill Road

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)

(c) Cemetery or crematory Green Mount

Location Baltimore, Md.

18 (a) Funeral director H. W. Mears & Son

(b) Address 805 N. Calvert Street

19 (a) NOV 6 — 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1942, at 11 50 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Autopsy thereon and from the evidence (Autopsy & Inquiry) obtained by said Inquiry & Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Featherston M.D.
Medical Examiner.
Date signed Nov. 4 1942

VS 6

F 97326 ✓ F 97326

MPR 74799

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 45B

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 mos. 11 days
(e) Length of stay in Baltimore (yrs., mos., or days) 18 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 207 W. Mulberry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) **FULL NAME** Lee Fu Lee Took (Chinese)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced
Male	Yellow	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6/20/69

8. AGE: Years	Months	Days	If less than one day
73	4	1	hr. min.

9. Birthplace China (Town, county, and state)

10. Usual Occupation –

11. Industry or business –

FATHER
12. Name ?
13. Birthplace China

MOTHER
14. Maiden Name ?
15. Birthplace China

16 (a) Informant Bu. Co. He. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-5-42 (month) (day) (year)
(c) Cemetery or crematory Lorraine
Location Woodlawn-road.

18 (a) Funeral director Sullivan Mooney Co.
(b) Address 108 W North Ave.

19 (a) NOV 6 – 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-31 1942 at 7 45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 6-19 1942 to 10-21 1942, and that I last saw him alive on 10-31 1942

Immediate cause of death Carcinoma of tongue & extension to lymph nodes of submaxillary triangle

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Henry Moore M. D.
Address Baltimore City Hosp. Date signed 11-3-42

F 97327

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97327 Registered No. 940

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2219 Wilkens Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 0
(e) Length of stay in Baltimore (yrs., mos., or days) 70

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balt.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2219 Wilkens Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Herman Alker

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Ernestine W. Alker
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 20, 1871

8. AGE: Years	Months	Days	If less than one day
91	9	15	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Retired
11. Industry or business B. & O. R.R. car Inspector

MOTHER / FATHER

12. Name Herman Alker
13. Birthplace Germany
14. Maiden Name Sophia Hattman
15. Birthplace Germany

16 (a) Informant Ernestine Grang
(b) Address 2219 Wilkens Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director F. B. Wippert & Son
(b) Address 1300 Eutaw Place

19 (a) NOV 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 3 1942 at 6 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an In Query (Autopsy or Inquiry) thereon and from the evidence obtained by said In Query (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 3 1942

VS 6

97328

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

159

F 97328
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: The Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) 9 hrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Harford
(c) City or town Bel Air (If outside city or town limits, write RURAL and give town)
(d) Street No. 202 N. Main Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

(Birth F 5928)

3 (a) FULL NAME Mary Jane Schantz

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) October 10, 1942

8. AGE: Years	Months	Days	If less than one day
			9 hr. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

12. Name Edward Joseph Schantz

13. Birthplace Hartford, Wisconsin

14. Maiden Name Katherine Elizabeth Lee

15. Birthplace Wisconsin

16 (a) Informant Hospital Records

(b) Address Johns Hopkins Hospital

17 (a) ____ (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory JOHN HOPKINS MEDICAL SCHOOL NOV 6 1942

Location

18 (a) Funeral director Commissioner of Health

(b) Address

(c) NOV 6 1942 (d) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

VS 3

9546

MEDICAL CERTIFICATION

20. DATE OF DEATH October 10 1942, at 6:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from October 10 1942 to October 10 1942 and that I last saw her alive on October 10 1942.

Immediate cause of death Prematurity

	Duration
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Richard X. Jaffe M. D.

Address Johns Hopkins Hospital Date signed 10-15-42

PHYSICIAN
Underline the cause to which death should be charged statistically.

97329

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1600 Registered No. E 97329

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution: University Hospital 2nd
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d.
(e) Length of stay in Baltimore (yrs., mos., or days) 2 d.

2. USUAL RESIDENCE OF DECEASED:
(d) State Md. (b) County none
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3021 Belvedere Ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Boy Bitonti (Birth F 6,308)

3 (b) If veteran, name war none
3 (c) Social Security Account No. no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: Infant
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10-29-42

8. AGE: Years | Months | Days | If less than one day: 12 hr. 12 min.

9. Birthplace: University Hospital, Baltimore, Md. (Town, county, and state)
10. Usual Occupation: Infant
11. Industry or business

FATHER
12. Name: Louis Di Bitonti
13. Birthplace: Italy

MOTHER
14. Maiden Name: Celeste Di Bartolomeo
15. Birthplace: Baltimore, Md.

16 (a) Informant: Mother, Celeste Bitonti
(b) Address: 3021 Belvedere Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 6 1942
18 (a) Funeral director Commissioner of Health
(b) Address
19 (a) NOV 6 1942 (b) Huntington Williams, M.D. Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1942 at 11:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-29 1942 to 10-30 1942 and that I last saw HIM alive on 10-30 1942.

Immediate cause of death	Duration
Cardio-respiratory failure	
Due to Gastro Gonial Hemorrhage	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation none
Major findings of operation: none
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Richard Aborn M.D.
Address University Hospital Date signed 10-30-42

VS 8

9548

97330

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93c

Registered No. F 97330

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 903 W 40th St.
(c) Hospital or institution:
13 7
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 903 W 40th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Cromwell.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married.

6 (b) Name of husband or wife Clarence Cromwell
6 (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Feb 29, 1888

8. AGE: Years	Months	Days	If less than one day
54	8	5	hr. min.

9. Birthplace Md.
(Town, county, and state)
10. Usual Occupation Housewife.
11. Industry or business

FATHER
12. Name James F. Hearl.
13. Birthplace ?

MOTHER
14. Maiden Name Laura Miller.
15. Birthplace ?

16 (a) Informant Clarence Cromwell.
(b) Address 903 W 40th St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7/42 (month) (day) (year)
(c) Cemetery or crematory Maryland Park.
Location Taylor Ave.

18 (a) Funeral director Cromwell & Donovan
(b) Address 3615-17 Chestnut Ave

NOV 6 1942 Huntington Nolliams, M.D.
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4, 1942 at 4 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1st 1942, to Nov. 4 1942, and that I last saw h[illegible] alive on Nov 4 1942.

	Duration
Immediate cause of death Bronchopneumonia	2 days
Due to Congestive Heart Failure	2 years
Due to Pulmonate Fever	2 years
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Lennox V. T. Hamblen M. D.
Address 900 N. 32nd St. Date signed 11/6/42

VS 150

If not typewritten: please write the causes of death clearly and legibly.

HH4743

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

F 97231
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1206 N. Chester (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mary White
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widow
6 (b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 4-7-76
8. AGE: Years 66 | Months 6 | Days 27 | If less than one day hr. min.
9. Birthplace Md (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Stanley Dorn
13. Birthplace Prussia

MOTHER
14. Maiden Name Josfa Ress
15. Birthplace Prussia

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-7-42 (month) (day) (year)
(c) Cemetery or crematory St Stanislaus
Location Baltimore md

18 (a) Funeral director George A. Weber
(b) Address 705 E Ann st

19 (a) NOV 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4 1942 at 7.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from ~~April~~ Nov 1942 to Nov 4 1942 and that I last saw h[illegible] alive on Nov 4 1942

Immediate cause of death Hemorrhage from left Lentiulostriate artery — Duration

Due to Generalized arteriosclerosis

Due to

Other Conditions Hypertensive arteriosclerotic heart disease.
(Include pregnancy within 3 months of death)

Date of operation —

Major findings of operations —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L C Duncan Jr M. D.
Address Johns Hopkins Date signed 11-4-42

97332

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13 a

F 97332 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5314 Gwynn Oak Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 8 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Alice Enfield McNutt.

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEM.	WHITE	WIDOW

6 (b) Name of husband or wife Wm F McNutt
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct 5 1863

8. AGE: Years	Months	Days	If less than one day
79	1	1 0	hr. min.

9. Birthplace MD (Town, county, and state)
10. Usual Occupation Home work.
11. Industry or business

FATHER
12. Name Not Known
13. Birthplace " "

MOTHER
14. Maiden Name " "
15. Birthplace " "

16 (a) Informant Chas L McNutt
(b) Address 5314 Gwynn Oak Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8 1942 (month) (day) (year)
(c) Cemetery or crematory Darlington Cem.
Location MD

18 (a) Funeral director H. L. Bailey
(b) Address Darlington Md

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5 1942 at 11 55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/3/41 19 to 11/5/42 19
and that I last saw her alive on 11/5/42 19

Immediate cause of death Apoplexy — Duration Sudden

Due to

Due to

Other Conditions Hypertensive O.V.R. disease
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Edwin B Jarrell. M.D.
Address 11 E. Chase St., City Date signed 11/6/42

VS 8

F 97333 HORNSBY

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

Registered No. F 97333

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 Days
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 123 E. Temple St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Carl Hornsby

3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of ~~husband~~ or wife Mrs. Ethel Hornsby
6 (c) If alive, give age Years

7. Birth date of deceased (mo., day, yr.) 1899

8. AGE: Years	Months	Days	If less than one day
43	9		hr. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER 12. Name Arthur Hornsby - Deceased
13. Birthplace Maryland
MOTHER 14. Maiden Name Alberta Camel
15. Birthplace Virginia

16 (a) Informant, Mrs. Salamina Short
(b) Address Mercy Hosp.

17 (a) (Burial, cremation, or removal) (b) Date thereof 11-6-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location

18 (a) Funeral director Geo. G. Kelson
(b) Address 1303 Presstman St.

19 (a) 11-6-1942 (Date rec'd by registrar) (b) Clayton Hillis Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH October 31 1942, at 7:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 27 1942 to Oct 31 1942, and that I last saw him alive on Oct 31 1942

Immediate cause of death	Duration
Uraemia	
Due to, Lymphosarcoma Generalized	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Gibson M. D.
Address Mercy Hospital Date signed 11-6-42

E 97334

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1340 Registered No. E 97334

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

9-6

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1603 E. 29th St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME August Tornabene

3 (b) If veteran, name war	3 (c) Social Security Account No.
No	216-05-4997

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Marie
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) ~~April 2, 1877~~ 1877

8. AGE: Years	Months	Days	If less than one day
65	7	1	hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation ~~XXXXXXXX~~ Stone Mason
11. Industry or business

FATHER 12. Name ~~Calogero~~ ~~XXXXXXXX~~ Tornabene
13. Birthplace Italy

MOTHER 14. Maiden Name Rosie DiDomenico
15. Birthplace Italy

16 (a) Informant
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7/42 (month) (day) (year)
(c) Cemetery or crematory Holey Redeemer Cem.
Location Belair Rds. Baltimore Md.

18 (a) Funeral director Frank Della Noce
(b) Address 52 N. Morley St.

NOV 6 - 1942 (Date rec'd by registrar) Huntington Williams Mfg

MEDICAL CERTIFICATION

20. DATE OF DEATH November 3 1942, at 11.50 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 15 1942 to Nov 3 1942 and that I last saw h. IM alive on Nov 3 1942.

	Duration
Immediate cause of death Heart failure	
Due to Coronary thrombosis.	3 days
Due to Arteriosclerosis	
Other Conditions Ruptured stomach followed by shock, Oct 30, 1942 (Include pregnancy within 3 months of death)	
Date of operation Oct 30, 1942	
Major findings of operation Perforated right. Renal Calculi	
of autopsy: NO	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John S. Haines
Address Johns Hopkins Hosp. Date signed 11/7/42

VS 180

97335

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

937 ✓

F 97335
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 3
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 316 S. Exeter St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Concetta Napolillo

3 (b) If veteran, name war none

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
F	W	married

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1875

8. AGE: Years	Months	Days	If less than one day
66	11	-	hr. min.

9. Birthplace Larino, Italy (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business Home

FATHER
12. Name Giuseppe A. Marella
13. Birthplace Italy

MOTHER
14. Maiden Name Teresa Grinfaldi
15. Birthplace Italy

16 (a) Informant Francesco Napolillo (husband)
(b) Address 316 S. Exeter Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Frank Seller & Co.
(b) Address 752 N. Morley Street

19 (a) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1942, at 11.30 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Hypertensive cardio vascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert A. Graham M.D. Medical Examiner.
Date signed Nov. 5 1942.

VS 6

F 97336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 163M

Registered No. F 97336

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-14
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 500 E. 35th Street (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Frederick H. Lotz

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-05-8966

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Elsie Lee Lotz
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1879

8. AGE: Years	Months	Days	If less than one day
63	1	6	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Straw hat blocker
11. Industry or business Brigham Hopkins

MOTHER / FATHER
12. Name George Lotz
13. Birthplace Germany
14. Maiden Name Amelia Husselman
15. Birthplace Germany

16 (a) Informant Mrs. P. A. Guarino
(b) Address 3704 Hillsdale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42. (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) 11-6-1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 3 - 1942, at 6.25 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy and Inquiry did that said deceased came to his death on the day stated above.

Duration
Immediate cause of death: Asphyxiation
Due to: Exhaust fumes of automobile
Due to:
Other Conditions: Mental deficiency

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence 11-3-42 at 9 A M
(c) Where did injury occur? Garage, rear 500 E. 35th Street (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place). While at work? No automobile.
(e) Means of injury Inhalation of Carbon-monoxide gas

23. Signature Edmund J. Weidenhammer M.D. Medical Examiner.
Date signed 11/4/42

VS 6

E 97337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

131a

Registered No. E 97337

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Owings Mills, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Holbrook
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank J. Gries

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	widower

6 (b) Name of husband or wife Grace D. Gries
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 24, 1867

8. AGE: Years	Months	Days	If less than one day
75	3	11	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation retired
11. Industry or business

FATHER
12. Name John Gries
13. Birthplace Germany

MOTHER
14. Maiden Name Clara --
15. Birthplace Germany

16 (a) Informant Mr. Frank E. Gries
(b) Address Owings Mills P.O., Md.

17 (a) burial (b) Date thereof 11/9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Ward's Chapel
Location Balto. Co., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 6 1942 (b)
(Date rec'd by registrar) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5 1942, at 3:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1942 to 11-5 1942 and that I last saw h[illegible] alive on 11-5 1942.

Immediate cause of death Hypertensive Cardio vascular renal disease — Duration

Due to

Due to

Other Conditions Cerebral Embolism

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. H. Townsend Jr. M. D.
Address University Hospital Date signed 11-5-42

Huntington Williams, M.D.

97338

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 128

F 97338 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1315 W. Pratt Street
(c) Hospital or institution: St. Agnes Hospital 19
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1315 W. Pratt St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) **FULL NAME** Mrs. Lucy Reed (Lucille L. Reed)

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Robert G Reed
6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) May 3, 1897

8. AGE: Years	Months	Days	If less than one day
45	6	2	hr. min.

9. Birthplace Chesapeake Beach, Md. (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Samuel Norfolk
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant ~~xxxxxxxxxxxx~~ Robert G. Reed
(b) Address 1315 W. Pratt St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.
(c) Huntington Williams (Date received by registrar) NOV 9 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5 1942 at 2 P. M
21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1942 to 11-5 1942 and that I last saw h-- alive on 11-5 1942

Immediate cause of death Acute Pancreatitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature G. Arthur Rosberg
Address St. Agnes Hosp Date signed 11/5/42

VS 250

97339

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 133B

F 97339 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison & Linden Ave.
(c) Hospital or institution: Md. General Hospital 2
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9
(e) Length of stay in Baltimore (yrs., mos., or days) 14 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4305 Clifton Rd. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Raymond O. Waggoner

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 216-05-1660

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of ~~husband~~ or wife Jeanette Waggoner (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23, 1906

8. AGE: Years	Months	Days	If less than one day
36	6	12	hr. min.

9. Birthplace Ohio (Preble Co.) (Town, county, and state)
10. Usual Occupation Clerk - Continental
11. Industry or business Can Co Business

FATHER
12. Name Franklin E. Waggoner
13. Birthplace Ohio

MOTHER
14. Maiden Name Margaret A. ~~Brandon~~ Pepple
15. Birthplace Ohio

16 (a) Informant Mrs. Jeanette B. Waggoner
(b) Address 4305 Clifton Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)
(c) Cemetery or crematory
Location Ansonia, Ohio

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto. Md.

NOV 6 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 1942, at 7:08 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 26, 1942 to Nov. 5, 1942, and that I last saw him alive on Nov. 5, 1942.

Immediate cause of death Terminal ~~pneumonia~~

~~Due to~~ following perinephritic abscess.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Martin W. Krepp, Jr., M.D.
Address Md. Gen. Hosp. Date signed 11/6/42

VS 3

F 97340

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1860

F 97340
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood and Greene
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 23da
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Md~~ Tenn (b) County
(c) City or town Johnson City
(If outside city or town limits, write RURAL and give town)
(d) Street No. Glen Burnie, Md.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Cora Adams Peoples

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	White	Widow

6 (b) Name of husband or wife Thomas J Peoples
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5 1870

8. AGE: Years	Months	Days	If less than one day
72	3		hr. min.

9. Birthplace Johnson City Tenn (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name John J Adams
13. Birthplace Ga

MOTHER
14. Maiden Name Nancy Ford
15. Birthplace Ga

16 (a) Informant Mrs J Purnell Johnson
(b) Address Glen Burnie Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location Johnson City Tenn

18 (a) Funeral director Wilson Coffee Inc
(b) Address 1214 E Fond St

19 (a) NOV 6 - 1942 (Date rec'd by registrar) Baltimore, Md.

VS 150

Huntington for Williamsport Md

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1942, at 5:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10-13 1942 to 11-5 1942 and that I last saw her alive on 11-5 1942

Immediate cause of death Embolism - probably Pulmonary

Due to

Due to

Other Conditions Fractured left femur
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct 13 1942 at about 5:30 P M
(c) Where did injury occur? Glen Burnie Md.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home While at work? no
(Specify type of place)
(e) Means of injury Fell while walking across floor.

23. Signature H. H. Leitch M. D.
Address University Hospital Date signed 11/5/42

Howard J. MacLeod, M. D.

F 97341

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97341

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1407 Ensor St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 53 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 1407 Ensor St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Anna E. Lober

3 (b) If veteran, name war: No
3 (c) Social Security Account No.: None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife: Frederick J. Lober
6 (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov. 23, 1888

8. AGE: Years	Months	Days	If less than one day
53	11	13	hr. min.

9. Birthplace Baltimore Md (Town, county, and State)
10. Usual Occupation Home Work
11. Industry or business at Home

FATHER
12. Name Patrick Gallagher
13. Birthplace Ireland

MOTHER
14. Maiden Name Not known
15. Birthplace Ireland

16 (a) Informant Mr. Frederick J. Lober
(b) Address 1407 Ensor St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location 4300 Old Frederick Rd.

18 (a) Funeral director Edmund W. Conklin & Son
(b) Address 924 E. Eager St.

19 (a) NOV 6 – 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5th, 1942 at 12:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1942 to Nov 5 1942 and that I last saw her alive on Nov 1 1942

Immediate cause of death	Duration
Nephritis	
Due to Arthritis deformans	
Due to (Illegible)	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Jack J. Singer MD
Address 50 E North Ave Date signed 11/6/42

VS 3

F 97342

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

462

F 97342

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo.
(e) Length of stay in Baltimore (yrs., mos., or days) Just Arrived

2. USUAL RESIDENCE OF DECEASED:
(a) State California (b) County
(c) City or town San Francisco
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1326 A--6th Ave., San. Fran.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME ARNE E. TANKE

3 (b) If veteran, name war: No
3 (c) Social Security Account No. 555-28-2802

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 19, 1892.

8. AGE: Years	Months	Days	If less than one day
50	2	11	hr. min.

9. Birthplace Norway (Town, county, and state)
10. Usual Occupation Ordinary Seaman
11. Industry or business

MOTHER'S FATHER'S

12. Name Urgar Tanke
13. Birthplace Norway
14. Maiden Name Anna
15. Birthplace Norway

16 (a) Informant RECORDS*US MARINE HOSPITAL,
(b) Address BALTIMORE, MARYLAND.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 6-42 (month) (day) (year)
(c) Cemetery or crematory St Marys
Location Camden
18 (a) Funeral director A. Reiley Slade
(b) Address 4907 York Road.
19 (a) NOV 6-1942 (Date rec'd by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30, 1942, at 3:50a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 1, 1942, to Oct. 30, 1942, and that I last saw him alive on Oct. 30, 1942.

Immediate cause of death Carcinoma of stomach with metastases to liver. — Duration Unknown

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation 10/1/42-10/2/742

Major findings of operation: Aspiration biopsy liver; paracentesis.

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. Quelen M. D.

Address US Marine Hospital, Baltimore, Maryland. Date signed 10/30/42

VS 3

F 97343

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97343 Registered No. 1041

1. PLACE OF DEATH: St. Joseph's Hospital
(a) Baltimore City, Maryland
(b) Street address 1400 W. Lafayette
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED: Balto.
(a) State Md. (b) County ~~Baltimore~~
(c) City or town ~~Baltimore~~ Dundalk (If outside city or town limits, write RURAL and give town)
(d) Street No. 7026. Dunbar Road (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Germany

3 (a) FULL NAME John C. Musciano — Musciano

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-07-0283

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W.	married

6 (b) Name of husband or wife Gladys
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 11-9-03

8. AGE: Years	Months	Days	If less than one day
38	11	24	hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation Welder
11. Industry or business

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-3 1942 at 11½ P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-28 1942 to 11-3 1942 and that I last saw h 11th alive on 11-3 1942.

Immediate cause of death Meningeal encephalitis — Duration
Due to Post-operative sinusitis
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation 9-11-42
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D.
Address St. Joseph's Hosp. Date signed 11-3-42

FEMALE ONLY

12. Name Emilo Musciano
13. Birthplace Italy
14. Maiden Name Maria Camilla
15. Birthplace Italy

16 (a) Informant Mrs Gladys Musciano
(b) Address 7026 Dunbar Rd (Dundalk)

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave

18 (a) Funeral director William M Mareck
(b) Address 715 Light St.

19 (a) NOV 6-1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

VS 3

11-3-42

F 97344

F 97344

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1931

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: Provident Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1069 W. Lexington St (If rural give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3 (a) FULL NAME Isaac Gaile Gailes

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife Lena

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 16, 1884

8. AGE: Years	Months	Days	If less than one day
58	5	17	hr. min.

9. Birthplace Chase City, Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER

12. Name Robert Gaile

13. Birthplace Chase City, Va.

MOTHER

14. Maiden Name Amy Barnes

15. Birthplace Chase City, Va.

16 (a) Informant Garnett Gailes

(b) Address 1913 Loretta Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 6, 1942 (month) (day) (year)

(c) Cemetery or crematory Arbutus Mem. Pk.

Location Balto Co. Md.

18 (a) Funeral director Mrs. Geo. M. Holland

(b) Address 1631 David Hill Ave.

NOV 6 1942 (Date rec'd by Registrar) Huntington Williams, M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-3 1942 at 12 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-13 1942 to 11-3 1942 and that I last saw h\m alive on 11-3 1942

Immediate cause of death Myocardial failure — Duration 2 months

Due to Hypertension — ? — sweet

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature H. Kenneander M. D.

Address 844 N. Carey St. Date signed 11-4-42

VS 8

F 97345

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97345 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Wyman Park Drive and 31st St.
(c) Hospital or institution:
US Marine Hospital, Baltimore, Maryland.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in Baltimore (yrs., mos., or days) 1 day

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Anne Arundel
(c) City or town Meadedale, Odenton PO
(If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RUTH REMITTA MCCAULEY

3 (b) If veteran, name war WW

3 (c) Social Security Account No. NONE

4. Sex FEMALE

5. Color or race WHITE

6 (a) Single, married, widowed, or divorced. MARRIED

6 (b) Name of husband or wife George A. McCauley

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1892

8. AGE: Years 50 | Months 0 | Days 0 | If less than one day hr. min.

9. Birthplace Lehigh County, Pa.
(Town, county, and state)

10. Usual Occupation Nurse ---1922

11. Industry or business US ARMY

FATHER
12. Name Paul Brown
13. Birthplace Lehigh County, Pa.

MOTHER
14. Maiden Name Eva S. Ruck
15. Birthplace Lehigh County, Pa.

16 (a) Informant Records-US Marine Hospital,
(b) Address Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)

(c) Cemetery or crematory Lexington Memorial Park
Location Govt. Plot

18 (a) Funeral director William Cook Inc.
(b) Address 1219 E. Fort Ave.

19 NOV 6 - 1942 Huntington Williams M.D.
(Filed rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 1942 at 9:00a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4, 1942, to Nov. 5, 1942, and that I last saw him alive on Nov. 5, 1942.

Immediate cause of death Gangrene of ilium — Duration

Due to Mesenteric embolism

Due to

Other Conditions Hypertensive heart disease, renal arteriolar sclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: None

of autopsy: As above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify kind of place)
(e) Means of injury

23. Signature J. C. Archer M. D.
Address US Marine Hospital Baltimore, Maryland. Date signed 11/5/42

VS 180

F 97346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97346 Registered No. 13 a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: W. Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1107 Eutaw Land Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William Joseph O'Brien, Sr.

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Widower

6 (b) Name of husband or wife Dorothea Mae O'Brien
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years	Months	Days	If less than one day
53			hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Carriage Builder
11. Industry or business Retired

FATHER
12. Name John Michael O'Brien
13. Birthplace Ireland

MOTHER
14. Maiden Name Alice Maria Grisit
15. Birthplace Virginia

16 (a) Informant Wm. J. O'Brien Jr.
(b) Address 1107 Eutaw Land St.

17 (a) Burial (b) Date thereof 11/7/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood
Location Baltimore, Md.

18 (a) Funeral director William Cook Jr.
(b)

19 (a) NOV 6 - 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1942 at 3 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry) obtained by said inquest (Autopsy or Inquiry) and my inspection find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardio-renal disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 5 1942

VS 6

F 97347 (1)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97347 / 131a

Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Monument St and Rutland Ave.

(c) Hospital or institution:

Sinai Hospital of Baltimore, Inc.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 34 days

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County

(c) City or town Balto.

(If outside city or town limits, write RURAL and give town)

(d) Street No. 511 S. Lehigh St

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Willie Penn Divers

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
	218-09-2900	M	W	Married

6 (b) Name of husband or wife Zelda

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 4/9/02

8. AGE: Years	Months	Days	If less than one day
40	6	26	hr. min.

9. Birthplace Virginia (Town, county, and state)

10. Usual Occupation Ship Fitter

11. Industry or business Bethlehem Steel Corp.

FATHER

12. Name Charles Divers

13. Birthplace Virginia

MOTHER

14. Maiden Name Brown

15. Birthplace Virginia

16 (a) Informant Zelda Mayo Divers (wife)

(b) Address 511 S. Lehigh Street

17 (a) removal (Burial, cremation, or removal) (b) Date thereof 11/6/42 (month) (day) (year)

(c) Cemetery or crematory Stanton Baptist Cem.

Location Bedford County, Va.

18 (a) Funeral director Charles E. Schimunek

(b) Address 2601 E. Madison Street

19 (a) 11/6/42 (Date rec'd by registrar) Huntington Williams, Jr.

6 NOV 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1942 at 6:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 2 1942 to Nov 5 1942 and that I last saw h im alive on Nov 5 1942.

Immediate cause of death	Duration
Pulmonary edema	
Due to Uremia	
Due to Malignant hypertension	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy Malignant Nephrosclerosis

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Robert A. Moses M. D.

Address Sinai Hosp. of Balto. Inc. Monument, St & Rutland Ave Date signed 11-5-42

F 97348 (1)

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97348

Registered No. 423089

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 924 N. Washington ST (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frank Charvat.

3 (b) If veteran, name war

3 (c) Social Security Account No. 218-05-5686

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	divorced

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-10-87

8. AGE: Years	Months	Days	If less than one day
55	4	24	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Fireman

11. Industry or business

FATHER
12. Name Frank Charvat
13. Birthplace Bohemia

MOTHER
14. Maiden Name Frances Green
15. Birthplace ?

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11/7/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Road

18 (a) Funeral director Charles E. Schimunek
(b) Address 2601 E. Madison Street

19 (a) 11/6/42 (Date received by registrar) (b) Huntington Williams M.D. (Signature of registrar)

MEDICAL CERTIFICATION 23

20. DATE OF DEATH November 4 1942 at 12P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 30 1942 to Nov. 4 1942 and that I last saw him alive on Nov. 4 1942

Immediate cause of death aplastic anemia — Duration ?2 yrs

Due to probably due to benzol

Due to

Other Conditions hypochromic anemia, pneumococcal bacteremia

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: aplastic marrow

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. C. Duncan Jr. M. D.
Address Johns Hopkins Date signed 11-4-42

VS 100

Please answer all questions. Physicians: please write the causes of death clearly and legibly. Cross out words not necessary. The space for "Other Conditions" is for conditions contributing to death but not related to the principal cause given.

F 97349 424331

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 14

F 97349 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 290 Bolton Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Betty Lou Layte

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: F | 5. Color or race: W | 6 (a) Single, married, widowed, or divorced: Child

6 (b) Name of husband or wife:
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6 yrs. 6 mos.

8. AGE: Years 6 | Months 6 | Days 17 | If less than one day hr. 4 | min. 15

9. Birthplace BALTIMORE, MD. (City, county, and state)

10. Usual Occupation Child

11. Industry or business

FATHER
12. Name James LAYTE.
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Dorothy Jonick
15. Birthplace New York.

16 (a) Informant FATHER
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof NOV. 9/42 (month) (day) (year)
(c) Cemetery or crematory ST. STANALAUS
Location DUNDALK AVE.

18 (a) Funeral director Duffy & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

NOV 6 — 1942 (Date rec'd by Registrar) (b) Huntington Wilkerson, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1942, at 11 20 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 23 1942 to Nov 5 1942 and that I last saw her alive on Nov 5 1942.

Immediate cause of death: Tuberculous meningitis — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank W. Kibbe M. D.
Address Johns Hopkins Date signed 11/6/42

F 97350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97350 Registered No. 942

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Caroline St.
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(b) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 S. Clinton Street (If rural give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country

3 (a) FULL NAME John W. Sullivan

3 (b) If veteran, name war: NO

3 (c) Social Security Account No. 213-10-1373

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Mary A. Sullivan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAY 21 1886

8. AGE: Years	Months	Days	If less than one day
56	5	14 15	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation Street Car Operator
11. Industry or business

MOTHER / FATHER
12. Name JOHN W. SULLIVAN SR.
13. Birthplace NEW YORK
14. Maiden Name ROSA BROWN
15. Birthplace MARTINSBURG W.VA.

16 (a) Informant MARY A. SULLIVAN (WIFE)
(b) Address 107 S. CLINTON ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 9/42 (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly & Zeller Inc.
(b) Address 3 S. WOLFE ST.

19 (a) NOV 6 1942 (Date rec'd by registrar) Hunting for Williams M.D. (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5, 1942, at 4:40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5, 1942 to Nov. 5, 1942 and that I last saw h.l.m alive on Nov. 5, 1942.

Immediate cause of death: Coronary Thrombosis - acute

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William J. Kypauk Jr. M. D.
Address St. Joseph's Hosp. Date signed 11-5-42

VS 3

F 97351

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH (93)

F 97351 Registered No.

PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1465 Woodall St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1465 Woodall St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William R. Squires

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	White	Widower

6 (b) Name of husband or wife Mary E. (Register) Deceased
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 18, 1859

8. AGE: Years	Months	Days	If less than one day
83	3	17	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation at Home
11. Industry or business Retired

FATHER
12. Name William Squires
13. Birthplace Md.

MOTHER
14. Maiden Name Nancey (?)
15. Birthplace Md

16 (a) Informant Benjamin F. Squires (Son)
(b) Address 1315 E. 38th St., Brick, Va.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7 1943 (month) (day) (year)
(c) Cemetery or crematory Baltimore Hill Cem.
Location B. C. & M. Md.

18 (a) Funeral director A. Dwight Evans
(b) Address 1422 N. Charles St

19 (a) Date received 1943 (b) Registrar Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1942, at 1 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1942, to 11-5 1942, and that I last saw him alive on 11-4 1942.

Immediate cause of death Chronic Myocardial Degeneration — Duration 5 yrs +
Due to Arteriosclerosis — Duration 5 yrs +
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. R. Sallod M. D.
Address 707 Fort Ave. Date signed 11-6-42

F 97352

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97352 Registered No. 823a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1168 Mc Elderry (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ruth Taylor

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1895 ?

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace VA ? (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Daniel Tucker
13. Birthplace Ky ?

MOTHER
14. Maiden Name MARY ?
15. Birthplace Ky

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Eastern Ave

NOV 6 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 3 1942 at 1:28 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 17 1942 to Nov 3 1942 and that I last saw her alive on Nov 3 1942

Immediate cause of death CEREBRAL HEMORRHAGE with rupture into ventricles.

Duration Abscess 3 wks.

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harold E. C. Thomlinson
Address Johns Hopkins Hosp. Date signed 11/4/42

Physicians: please write the causes of death clearly and legibly. The

97353

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97353

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or Institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Carter St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country Birth F 57707

3 (a) FULL NAME MILTON CRAWFORD (Michael)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: M

5. Color or race: Col

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 1 | Days | If less than one day: hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY HOSPITAL SCHOOL NOV 6 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 6 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 21 1942, at 5 25 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said " find that said deceased came to his death on the day stated above.

Immediate cause of death: Pneumonia, influenza — Duration

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thos. E. Williams M.D.
Medical Examiner.
Date signed Oct 24 1942

9350

VS 6

97354

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 158

Registered No. F 97354

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 minutes
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 676 W. Fayette St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Martin Frazier (Birth F. 59444)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 9-18-42

8. AGE: Years	Months	Days	If less than one day
		7 wks	hr. min.

9. Birthplace University Hospital
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Edgar Frazier
13. Birthplace Md

MOTHER
14. Maiden Name Edna Ewen
15. Birthplace Pa

16 (a) Informant Birth Cert. F. 59444
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location

UNIVERSITY MEDICAL SCHOOL NOV 6 1942
Commissioner of Health

18 (a) Funeral director
(b) Address

19 (a) NOV 6 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-29-1942, at M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Congenital debility

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 10-29-42

VS 6

9351

97355

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. E 97355

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dft
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 423 East 11th (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME FRANK BARNES

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1882

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 6 1942
Commissioner of Health

18 (a) Funeral director
(b) Address
(c) NOV 6 1942 Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27 1942 at 4:40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary occlusion — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer M.D.
Medical Examiner.
Date signed 10-29-42

VS 6

9552

97356

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

T.N 15716-158-6 (93)

Registered No. E 97356

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) since 1901

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1130 Fulton Ave N. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel W. Dubb

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 4th, 1869

8. AGE: Years	Months	Days	If less than one day
73	1	9	hr. min.

9. Birthplace Pa. (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Geo Dubb
13. Birthplace Pa.

MOTHER
14. Maiden Name Lucy Roses
15. Birthplace Pa.

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory
Location UNIVERSITY MEDICAL SCHOOL NOV 6 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 (a) NOV 6 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 10-13 1942, at 6 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 6-11 1940, to 10-13 1942, and that I last saw him alive on 10-13 1942.

Immediate cause of death	Duration
Coronary occlusion	10 min ?
Due to Arteriosclerotic heart disease	?
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Not done

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balt. City Hosp Date signed 11-4-42

VS 3

9549

F 97357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97357 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution Mercy Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1818 W. Lexington St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Laurence B Henry

3 (b) If veteran, name war: None
3 (c) Social Security Account No. 293-09-8114

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 20-1910

8. AGE: Years	Months	Days	If less than one day
32	6	15	hr. min.

9. Birthplace Parkersburg W. Va
(Town, county, and state)
10. Usual Occupation Painter
11. Industry or business Bethlehem - Fairfield

FATHER
12. Name Frank Henry
13. Birthplace West Virginia

MOTHER
14. Maiden Name Margaret E Hamilton
15. Birthplace Monroe Co. Ohio

16 (a) Informant Mark Henry
(b) Address 1514 West Balto St

17 (a) Removal (b) Date thereof Nov 6 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkersburg W. Va
Location West Virginia

18 (a) Funeral director Williams Cook Inc
(b) Address 1617 St Paul St Balto

19 (a) Nov 6 1942 Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1942, at 8:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fracture of skull — Duration

Due to accident

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 10/2
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 3 1942 at 10 P.M.
(c) Where did injury occur? Baltimore Stockton St.
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public While at work? ?
(Specify type of place)
(e) Means of injury Struck by street car

23. Signature Robert Lee Graham M.D.
Medical Examiner
Date signed Nov. 5 1942

VS 6

F 97358

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 97358 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address #1520 N. Rose St
(c) Hospital or institution: —

(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1520 Rose St (If rural give location)
(e) Citizen of foreign country? — (Yes or No) If yes, name country

3 (a) FULL NAME Laurence G. Johnson

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Beulah M. Johnson
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 29-1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	5	6		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Street Conductor
11. Industry or business Baltimore Transit Co

FATHER
12. Name Milton Johnson
13. Birthplace Maryland

MOTHER
14. Maiden Name Hettie Colburn
15. Birthplace Maryland

16 (a) Informant Beulah M. Johnson
(b) Address 1520 Rose St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director F. B. WIPPERT. SON
(b) Address 300 Eastern Ave Baltimore, Md.

19 (a) NOV 6 1942 (Date received by registrar) (b) Registrar

VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 1942, at 7:35 a. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 1942 to Nov 5 1942 and that I last saw him alive on Nov 3 1942.

Immediate cause of death	Duration
Coronary Thrombosis (Accidental)	
Due to Hypertensive Cardiac Vascular Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. W. Kinsey M. D.
Address Date signed

F 97359

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1147

F 97359 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 months
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3203 W. Charles St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Meyer Small

3 (b) If veteran, name war —

3 (c) Social Security Account No. ? 216-05-1619

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar. 25, 1902

8. AGE: Years	Months	Days	If less than one day
39	10	1110	hr. min.

9. Birthplace Augusta Ga. (town, county, and state)

10. Usual Occupation Salesman

11. Industry or business

FATHER
12. Name M. Small
13. Birthplace Russia

MOTHER
14. Maiden Name Rebecca Seigel
15. Birthplace Russia

16 (a) Informant Mrs. Emma Morris
(b) Address Columbia, S. C.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/7/42 (month) (day) (year)
(c) Cemetery or crematory Gaston St. Reformed
Location Columbia, S. C.

18 (a) Funeral director Maria Joachim
(b) Address 1902 Embassy Place

19 (a) NOV 6 1942 (b) Registrar Williams M.D.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5, 1942, at 12:00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1942 to Nov. 5 1942 and that I last saw him alive on Nov. 5, 1942.

Immediate cause of death	Duration
Stroke	
Due to Asphixia	
Due to (b)	
Other Conditions Lung abscess	

(Include pregnancy within 3 months of death)

Date of operation Nov. 5, 1942

Major findings of operation: Lung abscess

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Smith M. D.
Address Sinai Hosp. Date signed 11/3/42

F 97360

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

F 97360 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3650 Hineline Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 49 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3650 Hineline Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William P. Einolf

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widowed

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 29-1858

8. AGE: Years	Months	Days	If less than one day
84	6	76	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation Retired
11. Industry or business Blacksmith

FATHER
12. Name Einolf
13. Birthplace Germany

MOTHER
14. Maiden Name Unknown
15. Birthplace Germany

16 (a) Informant Otto. Wm Einolf
(b) Address 3650 Hineline Rd.

17 (a) Burial (b) Date thereof Nov. 7-1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Western
Location Baltimore Md.

18 (a) Funeral director George L. Lefevre
(b) Address 2101 Frederick Ave
(c) Huntington Williamsport Pa

NOV 6 - 1942
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5th 1942, at 9 A.M

21. I certify that death occurred on the date above stated, that I attended deceased from August 1942 to Nov 5 1942, and that I last saw him alive on Nov 3 1942.

Immediate cause of death	Duration
Uremia	2 Weeks
Due to Senile Vascular Renal Disease With Hypertension	3 Years
Due to	
Other Conditions Cerebral Hemorrhage	ay 1940

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Elliot W. Johnson M. D.
Address 2432 Frederick Ave Date signed

VS 3

F 97361

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 159

F 97361 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 288 Mason Ct.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Born Here.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 288 Mason Court.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Infant Henry Summers (Birth F 67454)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 5. 42

8. AGE: Years | Months | Days | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name Joseph Summers
13. Birthplace Penn.

MOTHER 14. Maiden Name Beatrice Marcum
15. Birthplace Penn

16 (a) Informant Mr Jos. Summers
(b) Address 288 Mason Ct.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7. 42 (month) (day) (year)
(c) Cemetery or crematory Ft Mc H G. Luth Cemetery
Location Ordnell St

18 (a) Funeral director S Heimann & Son
(b) Address 32 S. Broadway

NOV 6 - 1942
(Date rec'd by registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1942, at 5 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 5 1942 to Nov 5 1942 and that I last saw h— alive on Nov 5 1942

Immediate cause of death Premature Birth — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry Summers M. D.

Address 25 3 W. Fayette St Date signed Nov 6 42

VS 3

F 97362

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97362

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Green & Redwood
(c) Hospital or institution: Maternity Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days
(e) Length of stay in Baltimore (yrs., mos., or days) 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Queen Anne Co
(c) City or town Church Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. Church Hill (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Charles Wesley Harrington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Henry Harrington (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Nov 17, 1880

8. AGE: Years	Months	Days	If less than one day
61 62	11	11 19	hr. min.

9. Birthplace Queen Anne Co (Town, county, and state)
10. Usual Occupation Dirt Dealer
11. Industry or business

FATHER
12. Name Wm. Harrington
13. Birthplace Queen Annes Co.

MOTHER
14. Maiden Name Susie V. [illegible] Sparks
15. Birthplace Q. Annes Co

16 (a) Informant Mrs J. Harrington
(b) Address Church Hill Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9, 42 (month) (day) (year)
(c) Cemetery or crematory Church Hill Cem
Location Church Hill Md

18 (a) Funeral director Wm. H. Hood
(b) Address Church Hill Md

NOV 7 — 1942 (Date rec'd by Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1942, at 5:40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-1 1942 to 11-6 1942, and that I last saw him alive on 11-6 1942.

Immediate cause of death	Duration
Anoxemia	
Due to Pulmonary Obstruction	
Due to Carcinoma of Larynx & Lungs (Metastasis)	4-6 mo.
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation Absent 8-21-42
Major findings of operation: Carcinoma Larynx. Tracheotomy done
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence none at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. G. Bond M. D.
Address University Hosp Date signed 11-6-42

VS 150

Please sign in ink and be especially important. Physicians: please write the causes of death clearly and legibly.

Dr Laughlin 679 Mark Ave

97363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

45 F

Registered No. E 97363

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 518 South Fremont Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2

(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Balto Md

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No. 518 South Fremont

(If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Marion R. Tyler

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Lillian

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 25 1865

8. AGE: Years 77 | Months 8 | Days 9 | If less than one day hr. min.

9. Birthplace Baltimore Md (Town, county and state)

10. Usual Occupation Painter

11. Industry or business

FATHER 12. Name Daniel Tyler

13. Birthplace Maryland

MOTHER 14. Maiden Name Elizabeth Anthony

15. Birthplace Maryland

16 (a) Informant Mrs Lillian Tyler

(b) Address 518 South Fremont St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7-42 (month) (day) (year)

(c) Cemetery or crematory Baltimore County

Location East End of North Ave

18 (a) Funeral director William Cook Inc

(b) Address 1217 St Paul St

19 NOV 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 4-42 1942 at 1030 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/2 1942 to 11/4 1942 and that I last saw h[illegible] alive on 11/4 1942

Immediate cause of death Acute Cardiac Failure — Duration 10 hr

Due to Renal Arteriosclerotic Cardiovascular Disease — 5 yr

Due to Cancer of Rectum

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Joseph H. Laughlin

Address 679 W Lanvale St Date signed 11/6/42

VS 8

97364 AB 77086

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1370

F 97364 Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo. 7 da
(e) Length of stay in Baltimore (yrs., mos., or days) 27 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1738 Webster St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James B. Smith

3 (b) If veteran, name war W
3 (c) Social Security Account No. 1048

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Widowed

6 (b) Name of husband or wife Mary
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~March~~ 29-1855

8. AGE: Years	Months	Days	If less than one day
87	7	8	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name John Smith
13. Birthplace Md.

MOTHER
14. Maiden Name Rebecca White
15. Birthplace Md.

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)
(c) Cemetery or crematory Glenwood
Location Baltimore Md

18 (a) Funeral director Williams Col Inc
(b) Address 1217 E Coal St

NOV 7 - 1942 (Date rec'd by Registrar) (b) Huntington Williams M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1942 at 7-15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-30 1942 to 11-6 1942 and that I last saw him alive on 11-6 1942

Immediate cause of death: Pulmonary embolus — Duration

Due to Arteriosclerotic C.V.D.

Due to

Other Conditions Benign prostatic hypertrophy (Exclude pregnancy within 3 months of death)

Date of operation 11-3-42 Prostatectomy

Major findings of operation: as shown

of autopsy: As shown

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr Henry Haas
Address Balto City Hosp. Date signed 11-6-42 M. D.

E 27365

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 27365

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 107 S Decker Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME VERNON OREM (Birth F 29494)

3 (b) If veteran, name war: W
3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 19, 1941

8. AGE: Years	Months	Days	If less than one day: hr.	min.
	11	35		

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Chester Orem
13. Birthplace Baltimore Md

MOTHER
14. Maiden Name Sarah Wilson
15. Birthplace Baltimore Md

16 (a) Informant Chester Orem
(b) Address 707 S Decker Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/7/41 (month) (day) (year)
(c) Cemetery or crematory Mouland Park
Location Baltimore Co Md

18 (a) Funeral director Wilson Col Inc
(b) Address 1217 E Pratt St

19 (a) Date received by Registrar NOV 7 1941 (b) Huntington Wilkerson, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6, 1941, at 1:40 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24 1941 to Nov 6, 1941, and that I last saw h alive on Nov 6, 1941.

Immediate cause of death	Duration
Circulatory Collapse	
Due to Peritonitis + Pneumonia	
Due to	
Other Conditions Exophrogeal stenosis	

(Include pregnancy within 3 months of death)

Date of operation Nov 22, 28, 1941
Major findings of operation: Exophrogeal atresia
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Thomas E. Ramos M. D.
Address Mercy Hosp Date signed 11/6/41

Certificate is especially important. Physicians: please write the causes of death clearly and legibly.

92366 AB-77653

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 437

Registered No. E-92366

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2101 Cold Spring Lane (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

2 7945

3 (a) FULL NAME Blanche Weber

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: F

5. Color or race: W

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Charles

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 26-1874

8. AGE: Years 68 | Months - | Days 10 9 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Francia Gates
13. Birthplace ?

MOTHER
14. Maiden Name Maryann ?
15. Birthplace ?

16 (a) Informant Baltimore City Hospitals
(b) Address Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 7 47 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md
Wm Cold Inc

18 (a) Funeral director
(b) Address 1217 E Cold St

NOV (Date rec'd by Registrar) 1947 Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5-47 19 at 8.15 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27 1947 to 11-5 1947, and that I last saw h[illegible] alive on 11-5 1947

Immediate cause of death: Cerebral hemorrhage — Duration: 5 min.

Due to: Arteriosclerotic C.V.D. — Duration:

Due to: & hypertension — Duration:

Other Conditions: Senile Parkinsonism — Duration:

(Include pregnancy within 3 months of death) — Duration:

Date of operation — Duration:

Major findings of operation: — Duration:

of autopsy: Do above — Duration:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Henry Adam M.D.
Address Baltimore City Hosp. Date signed 11-7-47

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be careful supplied. The

F 97367

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13a

F 97367 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 713 Warren St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 713 Warren St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lillie Dennis

3 (b) If veteran, name war —
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 18, 1910

8. AGE: Years	Months	Days	If less than one day
32	1	14	hr. min.

9. Birthplace Yorktown, Va. (Town, county, and state)
10. Usual Occupation Housework
11. Industry or business

FATHER
12. Name Robert Hamilton
13. Birthplace Va.

MOTHER
14. Maiden Name Mary Dennis
15. Birthplace Va.

16 (a) Informant Mary Bradberry
(b) Address 834 N. Central Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7 1942 (month) (day) (year)
(c) Cemetery or crematory Mt Calvary
Location a a Co. Md

18 (a) Funeral director James A Stango
(b) Address 142 W Fayette St

19 (a) NOV 9 1942 (Date rec'd by registrar) Huntington Williams, Mgr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1942, at 40 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (Autopsy or Inquiry) thereon and from the evidence obtained by said inquest (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death Cerebral embolism
cardio renal disease

Due to

Due to

Other Conditions Obesity, marked.
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert E. Gratam M.D. Medical Examiner.
Date signed Nov 5 1942

VS 6

F 97368

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5242

F 27368 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Greene & Redwood St.
(c) Hospital or institution: Univ. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 24 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Queen Anne's
(c) City or town Queenstown (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William B. Morris

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	widowed

6 (b) Name of husband or wife Alice Bryan Morris
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 15. 1865

8. AGE: Years	Months	Days	If less than one day
77	2	22 21	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER 12. Name CHARLES T. MORRIS
13. Birthplace MD.

MOTHER 14. Maiden Name ELEANOR KIRBY
15. Birthplace MD.

16 (a) Informant MRS. ANNA CROSS
(b) Address 2707 GARRISON BOULEVARD

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 9.1942 (month) (day) (year)
(c) Cemetery or crematory CHESTERFIELD CEMETERY
Location CENTREVILLE MD.

18 (a) Funeral director John Crutchell Sons
(b) Address 1900 EUTAW PLACE

19 (a) (Date rec'd by registrar) NOV 6 - 1942 (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 6 1942 at 9:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10 - 13 1942 to 11/6 1942 and that I last saw h[illegible] alive on 11 - 6 1942.

Immediate cause of death	Duration
Pulmonary embolism	
Due to preumo suprapubic cystotomy	
Due to Carcinoma of the bladder.	
Other Conditions Arteriosclerosis (Include pregnancy within 3 months of death)	

Date of operation 10/16/42
Major findings of operation: Ca. of Bladder.
of autopsy: Pulmon. Embolism, Ca. of bladder, arteriosclerosis

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Meade M. D.
Address Univ. Hosp. Date signed 11/6/42

Please answer all questions. Information should be carefully supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97363 T.N

BALTIMORE CITY HEALTH DEPARTMENT

77820 CERTIFICATE OF DEATH 94a

F 97363 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 hrs
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 9 W. Randall St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Shipley

3 (b) If veteran, name war

3 (c) Social Security Account No. 217-07-8231

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bessie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? 1890

8. AGE: Years 52 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Bartender

11. Industry or business

FATHER
12. Name Charles Shipley
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Kirkwood
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md.

18 (a) Funeral director C. Richard Fleming
(b) Address 476 Light St.

19 (a) NOV 6 1942 (Date filed by registrar) Huntington Williams, M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5- 1942, at 4 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5 1942 to 11-5- 1942, and that I last saw h alive on 11-5- 1942.

Immediate cause of death: Myocardial infarction — Duration: ?

Due to: Coronary sclerosis — Duration: ?

Due to:

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No about

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the followings
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balt. City Hosp. Date signed 11-6-42

F 97370

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97370 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Balto. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 d
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3213 O'Donnell
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Anna B. Schmidt

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	M

6 (b) Name of husband or wife George

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11, 1878

8. AGE: Years	Months	Days	If less than one day
64	4	23	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Joseph Barlegg
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Anna Matthews
15. Birthplace Baltimore Md.

16 (a) Informant George Schmidt
(b) Address 3213 O. Donnell St.

17 (a) Burial (b) Date thereof 11/7/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity
Location O. Donnell St.

18 (a) Funeral director Clarence F. Hoffmann
(b) Address 1639 N. Broadway.

19 (a) NOV 6 - 1942 (b) Huntington Williams, Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/3 1942, at 2.29 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest thereon and from the evidence obtained by said Inquest find that said deceased came to death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
Arteriosclerotic Cardio-vascular disease.	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. O'Reilly M.D.
Medical Examiner
Date signed 11/4/42.

VS 6

F 97371

T, N 77065

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 97371 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4940 Eastern Ave

(c) Hospital or institution: Baltimore City Hospitals

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1-mo. 5 days

(e) Length of stay in Baltimore (yrs., mos., or days) 54 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1708 Eutaw Place (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Charles Carl Berg

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June ? 1872

8. AGE: Years	Months	Days	If less than one day
70	5	?	hr. min.

9. Birthplace Europe (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER 12. Name John Berg

FATHER 13. Birthplace Europe

MOTHER 14. Maiden Name Elizabeth ?

MOTHER 15. Birthplace Europe

16 (a) Informant Baltimore City Hospitals

(b) Address 4940 Eastern Ave (Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9-1942 (month) (day) (year)

(c) Cemetery or crematory St. Matthews

Location Odonnell St Extended

18 (a) Funeral director Henry Hecker & Son Inc

(b) Address 3201 E. Eager St Williamsport, Md

19 (a) NOV 6 1942 (Date received by registrar) Huntington Williams, M.D. Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5-42 19.. at 7.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 9-29 1942, to 11-5 1942, and that I last saw h alive on 11-5 1942.

Immediate cause of death	Duration
Bronchopneumonia	2 days
Due to	
Due to	
Other Conditions Gen. Arteriosclerosis Arteriosclerotic gangrene Rt foot	?

(Include pregnancy within 3 months of death)

Date of operation 10-30-42

Major findings of operation: Gangrene Rt. Foot

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Donald B Stott M. D.

Address Balto City Hosp Date signed 11-6-42

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Information should be carefully supplied

F 97372

424123

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97372 Registered No. 46 Y

Please type or print plainly in black ink. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution: JOHNS HOPKINS HOSPITAL

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 d

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Queen Annes

(c) City or town Centreville (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3 (a) FULL NAME Alice Harrison Scott

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	Married

6 (b) Name of husband or wife John W. Scott Jr

6 (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Dec-24-1897

8. AGE: Years	Months	Days	If less than one day
44	11	12	hr. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER 12. Name Dr. A. G. Harrison

13. Birthplace Va.

MOTHER 14. Maiden Name Anna Warfield

15. Birthplace md.

16 (a) Informant Records

(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-7-42 (month) (day) (year)

(c) Cemetery or crematory Lexington, Ky.

Location Lexington, Ky.

18 (a) Funeral director STEWART & MOWEN COMPANY

(b) Address (E. F. BOOKER SUC.) 100 W. MAIN AVENUE

19 (a) Filed NOV 9 1942 (b) Registrar Huntington W. Williams, M.D.

VS 250

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1942, at 2 05 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 20 1942 to Nov. 6 1942 and that I last saw her alive on Nov. 6 1942.

	Duration
Immediate cause of death: Carcinoma of the pancreas	
Due to	
Due to	
Other Conditions: Diabetes mellitus	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Hazel L. Norment

Address Johns Hopkins Hospital Date signed 11/6/42

F 97373

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a F 97373 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital 15
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days
(e) Length of stay in Baltimore (yrs., mos., or days) 35 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3920 Greenspring ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Benjamin Rochlin

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Eva nee Goldfadin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1890

8. AGE: Years	Months	Days	If less than one day
52			hr. min.

9. Birthplace Russia
(Town, county, and state)

10. Usual Occupation
11. Industry or business Ladies Dress es

FATHER
12. Name Abraham Rochlin
13. Birthplace Russia

MOTHER
14. Maiden Name
15. Birthplace Russia

16 (a) Informant David Poland
(b) Address 3805 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Windsor Mill Road
Location Windsor Mill Road

18 (a) Funeral director Sol Levindon & Bros
(b) Address 1124 1126 W North Ave

19 (a) NOV 6 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6- 1942, at 1:35 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inspection & Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Inspection & Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Fractures Skull	
Due to	
Due to	
Other Conditions Subarachnoid Hemorrhage	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 41
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 10-27-42 at 4 P M
(c) Where did injury occur? Balto. (City or town) Howard (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public (Specify type of place) While at work? No
(e) Means of injury Fall on pavement

23. Signature Howard J. Mallett M.D.
Medical Examiner.
Date signed 11-6-42

VS 6

F 97374

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 107

F 97374

Registered No.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Any item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1357 W North Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days) 59 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1357 W North Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Bertha Poss

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Late Moses
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1869

8. AGE: Years	Months	Days	If less than one day
73			hr. min.

9. Birthplace Germany (Town, county, and state)
10. Usual Occupation
11. Industry or business House Work

FATHER
12. Name Simon Eckhaus
13. Birthplace Germany

MOTHER
14. Maiden Name Babette ?
15. Birthplace Germany

16 (a) Informant Lsidor Poss
(b) Address 1357 W North Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8, 1942 (month) (day) (year)
(c) Cemetery or crematory Oheb Shalom Cemetery
Location Mt Carmel Road

18 (a) Funeral director Sol Levindon & Bros
(b) Address 1242 1226 W North Ave

19 (a) (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

7.10

20. DATE OF DEATH November 5, 1942 at 8 M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1937 to Nov 4 1942
and that I last saw Mr alive on Nov 4 1942

Immediate cause of death Broncho pneumonia — Duration 5 d

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edw Fulton M. D.
Address 27 E Pleasant St Date signed

Huntington Williams Mgr

F 97375

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. E 97375

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2505 Flet St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Tillie Chojnacki

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex F | **5. Color or race** W | **6 (a) Single, married, widowed, or divorced.** Married

6 (b) Name of husband or wife Joseph

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1895

8. AGE: Years 47 | Months 8 | Days 11 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Jan Wasowicz
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Waskajcik
15. Birthplace Poland

16 (a) Informant Joseph Chojnacki
(b) Address 2505 Flet street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Odonnell St Ext.

18 (a) Funeral director Wm. S. Fialkowski
(b) Address 700 Eastern Ave

19 (a) NOV 6 - 1942 (Date rec'd by registrar) Hunting for Witness

VS 6

MEDICAL CERTIFICATION

30

20. DATE OF DEATH Nov. 4 1942, at 8 7 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary occlusion — **Duration**

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Nov. 5 1942

F 97376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97376 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Saratoga & Calvert Sts
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25 days
(e) Length of stay in Baltimore (yrs., mos., or days) 28 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore City (If outside city or town limits, write RURAL and give town)
(d) Street No. 419 S. Register (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Valentine Kasak

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-01-5229

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Caroline Kasak
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 17, 1896

8. AGE: Years	Months	Days	If less than one day
45 46	11	17	hr. min.

9. Birthplace Poland (town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Bethlehem Fairfield

FATHER
12. Name John Kasak
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Hosp. Admission Sheet
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-42 (month) (day) (year)
(c) Cemetery or crematory St. Stanislaus
Location Baltimore Md

18 (a) Funeral director George A. Weber
(b) Address 705 S. Ann st

19 (a) NOV 6 - 1942 (Date rec'd by registrar) Remington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1942, at 9.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1942, to Nov 4 1942, and that I last saw him alive on Nov. 4 1942.

Immediate cause of death	Duration
Respiratory Failure	
Due to Cerebral Thrombosis	
Due to Arteriosclerosis	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature William A. Gibson M.D.
Address Mercy Hospital Date signed 11/5/42

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 97377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 97377 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1931 McCulloh St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1931 McCulloh St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Samuel W. Hayward

3 (b) If veteran, name war	3 (c) Social Security Account No. 216-16-6082

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Annabelle Hayward
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1871

8. AGE: Years	Months	Days	If less than one day
71	1 2	2 3	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation Clerk
11. Industry or business

FATHER
12. Name Mercedes Hayward
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Armstrong
15. Birthplace Md.

16 (a) Informant Mrs Annabelle Hayward
(b) Address 1931 McCulloh St.

17 (a) Burial (b) Date thereof 11-9-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Arbutus Mem. Park
Location Baltimore Co., Md.

18 (a) Funeral director Mrs Frances A. Hemsley
(b) Address 578 W. Biddle St.

19 (a) NOV 6 1942 Huntington Williams Registrar
(Date received by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/5 1942, at 4 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/20 1942 to 11/5 1942.
and that I last saw h alive on 11/5 1942.

Immediate cause of death Lobar Pneumonia — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Ben R Leetch M. D.
Address 134 Druid Hill Ave Date signed

VS 3

F 97378

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97378 Registered No. 832

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3239 Elmley Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 2 3yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 3239 Elmley Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert C. Copen

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-0204

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife Melvina V. Copen
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 22nd 1877

8. AGE: Years	Months	Days	If less than one day
65	6	16	hr. min.

9. Birthplace Va (Town, county, and state)
10. Usual Occupation Lithographer
11. Industry or business Le. C. & S. Co.

FATHER
12. Name Milton Copen
13. Birthplace Va

MOTHER
14. Maiden Name Carolyn Lynn
15. Birthplace Va

16 (a) Informant Mrs. H. C. Gebhard
(b) Address 4136 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9th 42 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park
Location Balto

18 (a) Funeral director Cassadaw Funeral Home
(b) Address 7401 Belair Rd.

19 (a) NOV 6 — 1942 (b) (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7th 1942 at 2:30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-18-1942 to 11-7-1942 and that I last saw him alive on 11-6-1942

Immediate cause of death: Cerebral Apoplexy — Duration 19 days
Due to: Generalised Arteriosclerosis — 10-8-38
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Milton C. Lang M. D.
Address 2117 Belair Rd Date signed 11-7-42

VS 3

F 97379

St. Anthony's

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1937

F 97379 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 4314 Anantana Ave

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Balte. (If outside city or town limits, write RURAL and give town)

(d) Street No. 4314 Anantana Ave (If rural give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3 (a) FULL NAME Josephine M. Butterhoff - Giller

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Fem.	W.	Married

6 (b) Name of husband or wife George - —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28, 1860

8. AGE: Years	Months	Days	If less than one day
82	4	8	hr. min.

9. Birthplace Balte, Md. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business —

FATHER 12. Name Franz Giller

13. Birthplace Germany

MOTHER 14. Maiden Name Pauline Rhode

15. Birthplace Germany

16 (a) Informant Emma Marie Stock

(b) Address 4314 Anantana Ave -

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 / 10 / 42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer

Location /

18 (a) Funeral director Leonard J. Ruda

(b) Address 5505 Harford Rd

19 (a) NOV 6 - 1942 Huntington Williams, M.D. (Date filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/6/42 19 , at 3 30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/7/42 19 , to 11/2 1942 and that I last saw h e alive on 11/2 19 42.

Immediate cause of death	Duration
Cerebral hemorrhage	3 weeks
Due to arteriosclerotic cardio -	—
Due to vascular disease,	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Harold A. Gold M. D.

Address 5100 Harford Rd Date signed 11/7/42

VS 8

F 97380

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 92a

F 97380 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2646 Boone Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Warren O. Andrews

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-05-1400

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Negro	Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 5, 1891

8. AGE: Years	Months	Days	If less than one day
51	8	29	hr. min.

9. Birthplace Georgia (Town, county and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Luther Laverdie
(b) Address 2453 Brentwood Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 7, 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary Cemetery
Location A. G. County Md

18 (a) Funeral director Mrs Robert A. Ellwanger
(b) Address 129 N. Carolina St.

19 (a) [illegible] (Date rec'd by registrar) (b) Huntington Willis Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-4- 1942 at 11:25 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death — Duration

Hypertrophy & Acute Dilatation of heart

Due to Emphysema

Due to Chronic Valvulitis - Mitral & Aortic.

Other Conditions Atherosclerosis.

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard J. Maddox M.D.
Medical Examiner.
Date signed 11-4-42

97381

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97381

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1153 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1153 N. Fulton Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Shilliday

3 (b) If veteran, name war: Yes
3 (c) Social Security Account No. 213-12-4207

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife: Mary E. Shilliday
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 26, 1899

8. AGE: Years	Months	Days	If less than one day
42	11	9	hr. min.

9. Birthplace Philadelphia Pa.
(Town, county, and state)
10. Usual Occupation Air Plane Mec.
11. Industry or business Marine

FATHER
12. Name Andrew Shilliday
13. Birthplace Scotland

MOTHER
14. Maiden Name Mary Mc Graham
15. Birthplace Scotland

16 (a) Informant Marie E. Shilliday
(b) Address 1153 N. Fulton Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9-42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location

18 (a) Funeral director Charles P Powell
(b) Address 2427 Edmondson Ave

NOV 7 - 1942
(Date rec'd by registrar)

(b) Huntington Williams, M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1942 at 3 55 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest find that said deceased came to his death on the day stated above.

Immediate cause of death coronary occlusion

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 5 1942.

VS 6

97382

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1939

F 97382
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 600 Willow Ave.,
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore, City.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 600 Willow Ave.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Anne Gillespie Whittington,

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single,

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 10, 1927.

8. AGE: Years	Months	Days	If less than one day
15	1	24	hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)
10. Usual Occupation School Girl.
11. Industry or business

FATHER
12. Name Paul L. Whittington,
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Florence G. Gillespie,
15. Birthplace Baltimore, Md.

16 (a) Informant Mr. Paul L. Whittington,
(b) Address 600 Willow Ave.,

17 (a) Burial (b) Date thereof 11/7/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Govans Psty. Cem.
Location Baltimore City.

18 (a) Funeral director C. Vernon Lemmon.
(b) Address 4611 Park Heights Ave.

NOV 7 1942
(Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4, 1942. 19 8.45P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1940 to 11/4 1942, and that I last saw h or alive on 11/4 1942.

Immediate cause of death Chronic Myocarditis — Duration 1938
Due to
Due to
Other Conditions Acute Cardiac Dilatation — 1942
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature G. W. Bishop M. D.
Address York Rd. & Sheridan Ave.
Date signed 11/5/42

VS 8

F 97383

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 97383 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1721 Division St (If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME William Jones

3 (b) If veteran, name war

3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M.	C.	Married

6 (b) Name of husband or wife Fannie Jones
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 12-1894

8. AGE: Years	Months	Days	If less than one day
51	4	24	hr. min.

9. Birthplace Balto. Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name E. John H. Jones
13. Birthplace Md

MOTHER
14. Maiden Name Emma L. Pulley
15. Birthplace Md

16 (a) Informant Fannie E. Jones
(b) Address 2242 Penna. Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-42 (month) (day) (year)
(c) Cemetery or crematory Mt. Calvary
Location A. G. Co.

18 (a) Funeral director Layton L. Ross
(b) Address 618 Gold St.

NOV 8 = 1942 (Date rec'd by registrar) (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5 1942 at 12 05 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-25 1942 to 11-5 1942 and that I last saw him alive on 11-5 1942.

Immediate cause of death Myocardial failure — Duration 2 mos.
Due to Hypertension — ? over
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature W. H. Mossenden M. D.
Address 824 N. Carey St Date signed 11-6-42

F 97384

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97384 Registered No. 93D

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1650 Shady Side Rd.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1650 Shady Side Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eva Gross

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	widow

6 (b) Name of husband or wife George P. Gross
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7, 1874

8. AGE: Years	Months	Days	If less than one day
67	11	0	hr. min.

9. Birthplace Cumberland, Md.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Henry Schlunt
13. Birthplace Cumberland, Md.

MOTHER
14. Maiden Name Catherine Rohbach
15. Birthplace Cumberland

16 (a) Informant Lewis H. Gross
(b) Address 1650 Shady Side Rd.

17 (a) Burial (b) Date thereof 11/8/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Trinity Lutheran
Location Cumberland, Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address North & Pa. Aves.

NOV 10 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7, 1942, at 1:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 14 1942, to Nov 7 1942, and that I last saw her alive on Nov 6 1942.

Immediate cause of death: Cerebral thrombosis
Myocardial degeneration

Duration: 10 yrs 6 mos

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Thos E Jones M. D.
Address 2888 Pa. Ave Date signed Nov 10 1942

VS 8

F 97585

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 97385

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 700 W. 40th ST.
(c) Hospital or institution:
Home for Incurables
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs. 7 mo. 16 days
(e) Length of stay in Baltimore (yrs., mos., or days) 71 yrs. 7 mo. 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 700 W. 40th ST.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Emma Klinge

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 29-1871

8. AGE: Years	Months	Days	If less than one day
71	1	7	4 hr. 59 min.

9. Birthplace Balto.
(Town, county, and state)

10. Usual Occupation None
11. Industry or business Fitter

FATHER
12. Name William Klinge
13. Birthplace Germany

MOTHER
14. Maiden Name Minnie Lawley
15. Birthplace Switzerland

16 (a) Informant R. D. Rae
(b) Address 700 W. 40th St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. Tickner & Sons
(b) Address Balto., Md.

19 (a) NOV 7 - 1942 (Date rec'd by registrar) (b) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1942, at 4:59 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/21 1936, to 11/6 1942, and that I last saw h[illegible] alive on 11/6 1942.

Immediate cause of death	Duration
Cerebral Vascular Accident	6 Days.
Due to Hypertension	2 Years
Due to arteriosclerosis Diabetes Mellitus	8 Years 8 Years 7 Years
Other Conditions Spinal Cord Tumor	

(Include pregnancy within 3 months of death)

Date of operation over

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. Grafton Hersperger M.D.
Address 214 Medical Arts Bldg. Date signed Nov. 10 1942

VS 3

F 97386

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97386 Registered No. 108

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Calvert
(c) City or town Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Olivet P.O.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George Blake

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Black	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1923

8. AGE: Years	Months	Days	If less than one day hr.	min.
19				

9. Birthplace Calvert Co. Md.
(Town, county, and state)

10. Usual Occupation Cement Finisher

11. Industry or business

FATHER 12. Name Alexander Blake

13. Birthplace Md

MOTHER 14. Maiden Name Annie Thomas

15. Birthplace Md.

16 (a) Informant Alexander Blake

(b) Address Olivet P.O. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-42 (month) (day) (year)

(c) Cemetery or crematory Calvert Co. Cemetery

Location Calvert Co. Md.

18. (a) Funeral director Adolphus Halstead

(b) Address 918 Druid Hill Ave.

19 (a) [illegible] (b) [illegible]
(Date received by registrar) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH November 4 1942, at 2:00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1942 to Nov. 4 1942, and that I last saw him alive on Nov. 3 1942.

	Duration
Immediate cause of death Cardiac failure	
Due to Rheumatic Cardio-Vascular Disease	
Due to	
Other Conditions Lobar pneumonia - right	

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: None

of autopsy: Lobar pneumonia - at Cardiac Dilatation & Hypertrophy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Theodore Kardash

Address University Hospital Date signed M 11 D 6 /42

Tab

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied.

F 97387

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97387 Registered No. 1192

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Middle River
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Francis D. Cox.

3 (b) If veteran, name war: no
3 (c) Social Security Account No.: no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Infant
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months: 2½ | Days | If less than one day: hr. min.

9. Birthplace: Middle River
(Town, county, and state)
10. Usual Occupation: Infant.
11. Industry or business

FATHER
12. Name: James D Cox
13. Birthplace: Barrelly W Va

MOTHER
14. Maiden Name: Pauline Vaughn
15. Birthplace: Wayne W Va

16 (a) Informant: James D Cox
(b) Address: Middle River Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)
(c) Cemetery or crematory: Annapolis
Location: Annapolis Md

18 (a) Funeral director: William Cook Inc
(b) Address: 217 St Paul at Lexington or Mulberry

19 NOV 7 1942 (b) Registrar

NOV 8 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7th 1942, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 19th 1942, to Nov. 7th 1942, and that I last saw him alive on Nov. 7th 1942.

Immediate cause of death: Diarrhea of Newborn — Duration: 2 weeks
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William H. Keating M.D.
Address St. Joseph's Hosp. Date signed 11-7-42

F 97388

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1937 F 97388

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1400 N. Carolina Street
(c) Hospital or institution:
St. Joseph's Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 4 mos
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1047 N. Carolina St. (If rural give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3 (a) FULL NAME Lillian Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female
5. Color or race: Black
6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1868

8. AGE: Years 74 Months ? Days ? If less than one day hr. min.

9. Birthplace ? Maryland. (Town, county, and state)

10. Usual Occupation Domestic

11. Industry or business

FATHER
12. Name ?
13. Birthplace ?

MOTHER
14. Maiden Name ?
15. Birthplace ?

16 (a) Informant Mary Scherer.
(b) Address 1047 N Carolina St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Frederick Rd. Baltimore Md.

18 (a) Funeral director Belmont Thomas & Williams N. Dugan
(b) Address 724 Dusquesne St.

19 (a) Registrar (b) Huntington Williams M.D. (Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4th 1942, at 3:20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1st, 1942 to Nov. 4th 1942 and that I last saw her alive on Nov. 3rd, 1942

Immediate cause of death Heart failure — Duration

Due to Arthritis - Sclerosis Heart disease.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William H. Lueting M. D.
Address St. Joseph's Hosp. Date signed Nov. 9-1942

MPR 77837
F 97389

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 117a

✓ F 97389 Registered No.

Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Balt. City Hosp. 4940 Eastern Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3702 E. Lombard St 1st. F (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Rose E. Gillespie

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Separated

6 (b) Name of husband or wife John Gillespie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 16, 1900

8. AGE: Years	Months	Days	If less than one day
42	7	20	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Peter Sakowski
13. Birthplace Poland

MOTHER
14. Maiden Name Anna Wittsakowski
15. Birthplace Germany

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn Cem. ~~New Cathedral~~
Location Baltimore Co., Md.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul St.

19 (a) NOV 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1942, at 5-40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5 1942 to 11-6 1942, and that I last saw h[illegible] alive on 11-6 1942.

Immediate cause of death	Duration
Bleeding peptic ulcer	1 day
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-9-42

Dr Grossman - 1212 N Patterson Pk. F 97390

F 97390

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2321 E. Preston St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8
(e) Length of stay in Baltimore (yrs., mos., or days) .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 E. Preston St.
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Annie Louisa Meek

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Wid.

6 (b) Name of husband or wife William W.

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Sept 3-1868

8. AGE: Years 74 | Months 2 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Frederick Hornung
13. Birthplace Germany

MOTHER
14. Maiden Name Mary —
15. Birthplace Germany

16 (a) Informant Pearl Seipple
(b) Address 2321 E. Preston St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Em.
Location Baltimore

18 (a) Funeral director William Cook Inc
(b) Address 1917 St Paul St

NOV 8 1942

19 (a) ..... (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6- 1942, at ..... M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6 1942 to Nov 6 1942 and that I last saw h[illegible] alive on 11/6 1942

Immediate cause of death Coronary Thrombosis — Duration .....

Due to arteriosclerosis & Coronary arteries — Duration 16 hours

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide .....
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? .....
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ..... While at work? .....
(Specify type of place)
(e) Means of injury .....

23. Signature O. Karl Grossman M. D.

Address 1212 N. Patterson Pk Date signed 11/7/42

ar

F 97391 ✓ × F 97391

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 170 C

Registered No. .....

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address .....
(c) Hospital or institution: University Hosp. 4 W
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 hour
(e) Length of stay in Baltimore (yrs., mos., or days) 1 year

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Baltimore
(c) City or town Balto Pikesville
(If outside city or town limits, write RURAL and give town)
(d) Street No. 101 St. Martins Ave Lane
(If rural give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3 (a) FULL NAME Maximillian F. Becker

3 (b) If veteran, name war No

3 (c) Social Security Account No. 113-07-9353

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced. Separated

6 (b) Name of husband or wife Louise Becker

6 (c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1882

8. AGE: Years 60 | Months 3 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace Louisville, Ky
(Town, county, and state)

10. Usual Occupation Civil Engineer

11. Industry or business

FATHER
12. Name Charles Otto Becker
13. Birthplace Brooklyn, N.Y.

MOTHER
14. Maiden Name Caroline Thindelick
15. Birthplace Fulda, Germany

16 (a) Informant Emily A. Becker
(b) Address Brooklyn, N.Y.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-42 (month) (day) (year)

(c) Cemetery or crematory Maryland Park
Location Baltimore & Taylor Ave.

18 (a) Funeral director William Cook Inc.
(b) Address 1217 St. Paul Street

19 (a) ..... (Date rec'd by registrar) (b) ..... Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1942, at 12 35 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death Fracture of skull; Multiple lacerations
Due to accident
Due to .....
Other Conditions .....
(Include pregnancy within 3 months of death)

Duration

Date of operation .....
Major findings of operation: .....
of autopsy: .....

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide ?
(b) Date of occurrence Nov. 4 1942 at ..... M
(c) Where did injury occur? Reisterstown Rd near Owings Mills (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? .....
(e) Means of injury Run over by auto

23. Signature Robert L. Graham M.D.
Medical Examiner.
Date signed Nov. 5 1942

NOV 8 1942

VS 6

F 97392

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 B

F 97392 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1014 Webb Court
(c) Hospital or institution: At Home
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 56 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1014 Webb Court
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Timothy A. Riordan

3 (b) If veteran, name war: No

3 (c) Social Security Account No. 219-16-732

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife: Marie E. Hagan Riordan
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 18. 1886

8. AGE: Years	Months	Days	If less than one day hr.	min.
56 yrs	9 mo	18 da		

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Bar Tender
11. Industry or business Young's Salon

FATHER
12. Name Timothy Riordan
13. Birthplace Ireland

MOTHER
14. Maiden Name Elizabeth Whelan
15. Birthplace Ireland

16 (a) Informant Mrs. Marie E. Riordan
(b) Address 1014 Webb Court

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location 4500 Belair Rd.

18 (a) Funeral director Edney W. Conklin Son
(b) Address 924 E. Eager St.

NOV 8 1942 (b) Hunterington Williams M.D.
(Date rec'd by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6th 1942, at 7 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940. to Nov 6 1942. and that I last saw h[illegible] alive on Nov 4 1942.

Immediate cause of death: Cardiac failure - Uremia
Due to: Carcinoma of bladder with metastasis
Due to:
Other Conditions
(Include pregnancy within 3 months of death)

Date of operation June - 1942
Major findings of operation: Carcinoma of bladder
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(City or town) (County) (State)
(c) Where did injury occur?
Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. G. Connell M. D.
Address 9 E Mt Royal Ave Date signed Nov 7 1942

F 97393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Redwood & Greene Sts
(c) Hospital or institution:
University Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 32 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5608 Narcissus Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME George W. Ament

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife Annie M. Naylor
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 9-1868

8. AGE: Years	Months	Days	If less than one day
74	6	27	hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual Occupation Retired
11. Industry or business

FATHER
12. Name George Ament
13. Birthplace Germany

MOTHER
14. Maiden Name Sophia Hurtz
15. Birthplace Maryland

16 (a) Informant Mrs. Edward Ament
(b) Address 826 W 33rd St

17 (a) Burial (b) Date thereof Nov. 9 1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Emmanuel Lutheran
Location Manchester Md.

18 (a) Funeral director Geo. L. Bayer Jr
(b) Address 1 Hollins St

19 NOV 8 - 1942 Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6 1942, at 7:15 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 4 1942 to Nov. 6 1942, and that I last saw him alive on 11-6 1942.

Immediate cause of death: Hypertensive Cardio-Vascular Disease
Due to: Cerebral Vascular Accident
Due to:
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George Macculloch M.D.
Address Univ. Hosp. Date signed 11-6-42

VS 150

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The ... STANDING INK.

F 97394

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97394 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Howard & Madison Sts
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 days
(e) Length of stay in Baltimore (yrs., mos., or days) 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 470 Park Heights Ave. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Elizabeth B. Edwards

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	married

6 (b) Name of husband or wife Harry C. Edwards
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 20, 1894

8. AGE: Years	Months	Days	If less than one day
48	1	16	hr. min.

9. Birthplace Baltimore Co. Md. (Town, county, and state)
10. Usual Occupation Home wife
11. Industry or business

FATHER
12. Name Grant Naylor
13. Birthplace Baltimore Co. Md.

MOTHER
14. Maiden Name Lida Count
15. Birthplace Baltimore Co. Md.

16 (a) Informant Harry C. Edwards
(b) Address 470 Park Heights Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10-1942 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge
Location Pikesville, Md.

18 (a) Funeral director Horace E. Burgee
(b) Address 1631 Falls Road

19 (a) NOV 8 — 1942 (Date city registrar) Hunting for Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1942 at 10:10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/2 1942 to 11/6 1942 and that I last saw h[illegible] alive on 11/6 1942.

Immediate cause of death Cardiac decompensation — **Duration**

Due to a-v. block

Due to

Other Conditions Lymphatic leukemia
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. T. McGuigan M. D.
Address Maryland Gen. Hosp. Date signed 11/6/42

VS 3

F 97395

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97395

Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1230 Dellwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 13
(e) Length of stay in Baltimore (yrs., mos., or days) 57 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1230 Dellwood Ave.
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Rosie E. Sindall

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Walter R. Sindall
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 30-1879

8. AGE: Years	Months	Days	If less than one day: hr.	min.
63	9	6		

9. Birthplace Carroll Co. Md
(Town, county, and state)
10. Usual Occupation At Home
11. Industry or Business

FATHER
12. Name Jacob R. Simonson
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachael A. Tables
15. Birthplace Maryland

16 (a) Informant Mrs. Ada E. Bull
(b) Address 1230 Dellwood Ave.

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Nov. 9-1942 (month) (day) (year)
(c) Cemetery or crematory Hereford Baptist
Location Hereford, Baltimore Co. Md.

18 (a) Funeral director Horace F. Burgee
(b) Address 3631 Falls Road

NOV 8 — 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6. 1942 at 8.45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1 1942 to Nov 6 1942 and that I last saw h[illegible] alive on Nov 5 1942

Immediate cause of death Myocardial Insufficiency
Due to
Due to Cerebral Hemorrhage
Other Conditions
(Include pregnancy within 3 months of death)

Duration

Date of operation —
Major findings of operation: —
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? —
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature W. R. Smith M. D.
Address 3927 Chesterfield Date signed 11/6/42

VS 3

F 97396

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

F 97396 Registered No.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 1700 E Monument St

(c) Hospital or institution: Sinai Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2004 E. Baltimore St (If rural give location)

(e) Citizen of foreign country? (Yes or No) ✓

If yes, name country

3 (a) FULL NAME Isaac Shuman

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Widower

6 (b) Name of husband or wife Lena Yetka

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1858

8. AGE: Years	Months	Days	If less than one day
84			hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business

FATHER

12. Name Abraham Shuman

13. Birthplace Russia

MOTHER

14. Maiden Name Rachel

15. Birthplace Russia

16 (a) Informant Morris Shuman

(b) Address 2004 E Baltimore St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 8/42 (month) (day) (year)

(c) Cemetery or crematory Bnai Israel

Location Southern ave

18 (a) Funeral director Sol Levinson & Bros

(b) Address 1234-36 W. North ave

19 (a) NOV 8 - 1942 (Date rec'd by registrar) (b) Huntington Hollins M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 1 1942 at 5 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1942, to Nov 1 1942, and that I last saw him alive on Nov 1 1942.

Immediate cause of death	Duration
Cardiac failure	
Due to pneumonia	over
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)

(e) Means of injury

23. Signature Morton J. Hamburger M.D.

Address Sinai Hospital Date signed 11/8/42

VS 3

F 97397

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97397 Registered No. 49a

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4520 Mansfield Av.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) V
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. 4520 Mansfield Av. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Annie E. Kennedy

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F M	W	Widow

6 (b) Name of husband or wife James Kennedy (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 22, 1874

8. AGE: Years	Months	Days	If less than one day
68	-	14	hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name William E. Kennedy
13. Birthplace Ireland

MOTHER
14. Maiden Name Anny Kennedy
15. Birthplace Ireland

16 (a) Informant Mrs Greenwell
(b) Address 4520 Mansfield Av

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-42 (month) (day) (year)
(c) Cemetery or crematory Holy Sepulchre
Location

18 (a) Funeral director Leonard F. Peck
(b) Address 5306 Harford Rd

NOV 8 1942 (Date received by registrar) Wm. H. Peter Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV 6 1942 at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 14 1942 to NOV 6 1942 and that I last saw her alive on NOV 6 1942

Immediate cause of death	Duration
Cancer of Uterus	4 mo
Due to Intestinal Obstruction	10 days
Due to Pulmonary Embolism	2 days
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ed F. Zimmerman M. D.
Address 2838 Harford Date signed 11/7/42

F 97398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97398 Registered No. 13 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3238 ODONNELL ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 M 11
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3238 ODONNELL ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ANNIE GUMMER

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife JOSEPH GUMMER
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) MAR. 8 1878

8. AGE: Years	Months	Days	If less than one day
64	7	28 27	hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name JOHN DORN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ELIZABETH FELDMAN
15. Birthplace BALTO. MD.

16 (a) Informant PETER GUMMER (SON)
(b) Address 3238 ODONNELL ST.

17 (a) BURIAL (b) Date thereof NOV. 9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory SACRED HEART
Location GERMAN HILL ROAD

18 (a) Funeral director Lilly and Jailer INC
(b) Address 403 S. WOLFE ST.

19 NOV 8 - 1942 (b) Huntington Williams M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 5 1942, at 10/30 PM.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to Nov. 5 1942
and that I last saw Dec alive on Nov. 5 1942

Immediate cause of death Pulmonary tuberculosis — Duration 2 yrs

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature George D. Lyons M. D.
Address 1 W. Baltimore Park Date signed Nov. 7 1942

VS 8

F 97393

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1242

F 97393 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1010 S.BAYLIS ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 1010 S.BAYLIS ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME HENRY F.LAMBDIN

3 (b) If veteran, name war: NO
3 (c) Social Security Account No.: NONE

4. Sex: MALE
5. Color or race: WHITE
6 (a) Single, married, widowed, or divorced.: MARRIED

6 (b) Name of husband or wife: BARBARA LAMBDIN
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) DEC.29 1879

8. AGE: Years: 62 | Months: 10 | Days: 8 ? | If less than one day: hr. min.

9. Birthplace BALTIMORE MD. (Town, county, and state)
10. Usual Occupation NONE
11. Industry or business

FATHER
12. Name WILLIAM LAMBDIN
13. Birthplace BALTO. MD.

MOTHER
14. Maiden Name ISIBELLA GARRISON
15. Birthplace BALTO.MD.

16 (a) Informant BARBARA LAMBDIN (WIFE)
(b) Address 1010 S.BAYLIS ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV.9/42 (month) (day) (year)
(c) Cemetery or crematory OAK LAWN
Location EASTERN AVE EXT.

18 (a) Funeral director Lilly and Zeiler INC.
(b) Address 403 S.WOLFE ST.

19 (a) NOV 8 1942 (Date received by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION AM.

20. DATE OF DEATH NOV. 6th 1942, at 6/30M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 1928, to Nov 6 1942.
and that I last saw him alive on Nov 5 1942.

Immediate cause of death	Duration
Pulmonary Edema Cardio Respiratory failure	18 hrs
Due to Mitral & Aortic Insufficiency	18 yrs
Due to Acute Hepatic Cirrhosis	2 mos
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. V. Clift M. D.
Address 5010 Greenleaf Road Date signed 11-8-42

VS 8

F 97400

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97400 / 937 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3725 Reisterstown Rd
(c) Hospital or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in Baltimore (yrs., ~~mos., or days~~) 33

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3725 Reisterstown Rd
(If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Rebecca Baylin

3 (b) If veteran, name war	3 (c) Social Security Account No.
✓	✓

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	Wh	Married

6 (b) Name of husband or wife Louis
6 (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) 1-3-1891

8. AGE: Years	Months	Days	If less than one day
51	10	5	hr. min.

9. Birthplace Russia (Town, county, and state)
10. Usual Occupation Home
11. Industry or business None

FATHER
12. Name Hillel Silverfarb
13. Birthplace Russia

MOTHER
14. Maiden Name Shandel
15. Birthplace Russia

16 (a) Informant Husband
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-42 (month) (day) (year)
(c) Cemetery ~~crematory~~ Bobrusha Loc. Location Rosedale

18 (a) Funeral director Jack Lewis Inc.
(b) Address 1439 E. Baltimore St

NOV 8 - 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1942 at ✓ A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to Nov 8 1942 and that I last saw ~~him~~ her alive on Nov 8 1942

Immediate cause of death	Duration
Malignant Hypertension	2yr
Due to arteriosclerosis	5yr
Due to Cerebrovascular	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M J Baylin
Address 2040 Eutaw Pl (Date signed 11/8/42)

VS 150

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

F 97401

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97401 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1806 N. PULASKI ST.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town BALTO
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1806 N. PULASKI ST
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JACOB STEINBERG

3 (b) If veteran, name war —

3 (c) Social Security Account No. 212-18-7221

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
MALE	WHITE	DIVORCED

6 (b) Name of husband or wife JENNIE
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1871

8. AGE: Years	Months	Days	If less than one day
71			hr. min.

9. Birthplace RUSSIA (Town, county, and state)
10. Usual Occupation BUTTON HOLE MAKER
11. Industry or business

FATHER
12. Name MAX STEINBERG
13. Birthplace RUSSIA

MOTHER
14. Maiden Name CLARA
15. Birthplace RUSSIA

16 (a) Informant WILLIAM STEINBERG
(b) Address N37 N. PULASKI ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-8-42 (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location GERMAN HILL RD

18 (a) Funeral director Jack Lewis Inc
(b) Address 1439 E. Balto St

19 NOV 8 - 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8-42 19 30, at 6 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/5 19 42 to 11/8 19 42
and that I last saw h[illegible] alive on 11/8 19 42

Immediate cause of death Cardio-Vascular Renal disease — Duration 2

Due to — Duration

Due to — Duration

Other Conditions Arteriosclerosis — Duration 2

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Benj. Saulson M.D.
Address 728 W. Fayette Date signed 11/9/42

VS 3

F 87402 Rompolsky

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 87402 Registered No. 118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Sinai Hospital
(c) Hospital or institution Monument St. Rutland Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 N. Chester St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME TILLIE ROMPOLSKY

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-07-6919

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) — 1874

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Retired

11. Industry or business (Worked in at Butler Bros)

FATHER
12. Name Isaac Rompolsky
13. Birthplace Russia

MOTHER
14. Maiden Name —
15. Birthplace Russia

16 (a) Informant Sophie Berman
(b) Address 3604 N. Rogers Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-8-42 (month) (day) (year)
(c) Cemetery or crematory Wyelmen Circle
Location Herman Mill Rd.

18 (a) Funeral director Jacob Levin Inc
(b) Address 1439 E. Balto. St

(c) Date received by registrar NOV 8 - 1942 (b) Registrar Huntington Williams

V8 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/8/ 1942, at 12 15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/6 1942 to 11/8 1942 and that I last saw her alive on 11/8 1942.

Immediate cause of death Renal Failure — Duration

Due to Lobar Pneumonia Rt. Lower Lobe.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: Lobar

Pneumonia

of autopsy: Lobar Pneumonia

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Eugene Goldstein, M.D.
Address Sinai Hospital Date signed 11/9/42

F 87403

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 87403 / 183a

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Provident Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1213 W. Mulberry St (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Fred Washington

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male | 5. Color or race: Colored | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 8, 1885

8. AGE: Years	Months	Days	If less than one day
57	7	27	hr. min.

9. Birthplace Lake, Miss. (town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER
12. Name Less. Washington
13. Birthplace West Point, Miss.

MOTHER
14. Maiden Name Charlotte Clement
15. Birthplace West Point, Miss

16 (a) Informant Lottie Hardy
(b) Address 423 E 46th Chicago, Ill.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/8/42 (month) (day) (year)
(c) Cemetery or crematory Lincoln Mem. Pk.
Location Balto. Co. Md.

18 (a) Funeral director Mrs. Eug. H. Hatton
(b) Address 1631 Pennsylvania Ave

19 (a) Thos. Williams, M.D. (Registrar) Registrar
(b) Date 10/8/42

OVER

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5 1942 at 12 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-27 1942 to 11-5 1942 and that I last saw h/m alive on 11-5 1942

Immediate cause of death: Cerebral Hemorrhage — Duration: 9 days

Due to: Essential Hypertension

Due to:

Other Conditions: Right Hemiplegia

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury
(f) Signature G. P. Mossenden M. D.
Address 824 N. Carey St Date signed 11-5-42

F 37404 423595

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 b

F 37404 Registered No.

The F... correct age is especially important. Physicians: please write the causes of death clearly and legibly. ...ING INK. Every item of information should be carefully supplied.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County A. Arundel
(c) City or town Parole
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Eleanor Brooks

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	Black	Married

6 (b) Name of husband or wife Ulysses
6 (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) 10-2-98

8. AGE: Years	Months	Days	If less than one day
44	1	4	hr. min.

9. Birthplace Md (Town, county, and state)
10. Usual Occupation H Wife
11. Industry or business

FATHER
12. Name Samuel Spriggs
13. Birthplace Md

MOTHER
14. Maiden Name Frances Carpenter
15. Birthplace Md

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov (month) (day) (year)
(c) Cemetery or crematory Brown Hill
Location Annapolis

18 (a) Funeral director J. B. Johnson
(b) Address Annapolis

19 NOV 9 1942 (Date received by Local Registrar) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1942, at 1150 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 9 1942 to Nov 6 1942; and that I last saw her alive on Nov 6 1942

Immediate cause of death Pulmonary tuberculosis, bilateral with Cavities — Duration About 2 yrs.

Due to

Due to

Other Conditions Ca pulmonale

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy: Bilateral TBC, ca pulmonale

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Howard I.C. Thewlis
Address Johns Hopkins Hosp. Date signed 11/8/42

VS 180

97405

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

✓107 Registered No. F 97405

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2321 W. Lexington St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2321 W. Lexington St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Joseph J. Stein

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex Male

5. Color or race W.

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Mary S. Stein

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 30, 1898

8. AGE: Years 44 | Months 6 | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation Retired Letter Carrier

11. Industry or business

FATHER
12. Name Michael Stein
13. Birthplace Md

MOTHER
14. Maiden Name Sophia Wharton
15. Birthplace Balto. Md.

16 (a) Informant Mary S. Stein
(b) Address 2321 W. Lexington St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)
(c) Cemetery or crematory Loraine Pk
Location Woodlawn, Md

18 (a) Funeral director Harry H. Nuttle
(b) Address 1401 Edmondson Ave Huntingtown Williams, Md.

19 (a) NOV 9 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 24th 1942, to Nov 3rd 1942 and that I last saw h~~e~~ alive on Nov 3rd 1942.

Immediate cause of death	Duration
Cardiac Failure	4 days
Due to Bronchial Pneumonia	11 days
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. J. Jenkins M.D.
Address 100 N. Fulton Date signed 11/7/42

VS 8

F 97406

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97406 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 114 S. COLLINS AVE
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 114 S COLLINS AVE (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME John George Peters

3 (b) If veteran, name war NONE

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	White	MARRIED

6 (b) Name of husband or wife MARGARET L. PETERS
6 (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) JANUARY 22 1859

8. AGE: Years	Months	Days	If less than one day
83	9	13 14	hr. min.

9. Birthplace BALTIMORE MD (Town, county, and state)
10. Usual Occupation RETIRED SALESMAN
11. Industry or business QUAKER OATS CO

FATHER
12. Name John G. PETERS
13. Birthplace GERMANY

MOTHER
14. Maiden Name Augusta KRAFT
15. Birthplace GERMANY

16 (a) Informant Margaret L. PETERS
(b) Address 114 S. COLLINS AVE

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 9 1942 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location City

18 (a) Funeral director Roth & B. M. Walters
(b) Address Pratt & Stricker Sts

19 (a) NOV 9 1942 (b) Huntington Williams, M.D.
Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH NOVEMBER 5TH 1942 at 11 05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from April 19 38 to Nov 5 1942 and that I last saw h in alive on Nov 5 1942

Immediate cause of death myocardial failure
Arteriosclerotic cardiovascular disease

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Andrew E Stacy M. D.
Address 3803 Edmondson Ave Date signed 11/6/42

F 97407

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No. F 97407

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1138 May Street
(c) Hospital or Institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits write RURAL and give town)
(d) Street No. 1138 May Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Winston

3 (b) If veteran, name war	3 (c) Social Security Account No.
—	—

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Negro	—

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
68			hr. min.

9. Birthplace Richmond Va
(Town, county, and state)

10. Usual Occupation unoccupied

11. Industry or business

FATHER
12. Name unknown
13. Birthplace "

MOTHER
14. Maiden Name unknown
15. Birthplace "

16 (a) Informant Maggie Francis
(b) Address 1138 May St

17 (a) Burial (b) Date thereof 11 9 42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Mt Calvary Cem
Location Brooklyn A.A. Co. Md

18 (a) Funeral director Mrs Ida Bailey
(b) Address 1421 Jefferson St
Huntington Williams, M.D.

19 (a) NOV 9 1942 (b)
(Date received by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5- 1942, at 1 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said Autopsy and find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Chronic Myocardial Degeneration — Duration

Due to

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-6-42

VS 6

over

F 97498

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93 N

Registered No. F 97498

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1414 Battery ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 24
(e) Length of stay in Baltimore (yrs., mos., or days) 50

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1414 Battery ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Michael J. May

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Annie
6 (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 2 1878

8. AGE: Years	Months	Days	If less than one day: hr.	min.
64	4	5		

9. Birthplace Ireland (State or country, and state)
10. Usual Occupation Retired
11. Industry or business

FATHER	12. Name	Michael May
	13. Birthplace	Ireland
MOTHER	14. Maiden Name	Bridget Kelly
	15. Birthplace	Ireland

16 (a) Informant Michael J. May Jr.
(b) Address 1414 Battery ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV. 10 '42 (month) (day) (year)
(c) Cemetery or crematory Cathedral
Location Balto. md.
18 (a) Funeral director Maurice J. Flynn
(b) Address 1432 Light St
19 NOV 9 – 1942 Huntington Williams M.D. (Date rec'd by Local Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1942 at 4.15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1942 to Nov 7 1942 and that I last saw him alive on 11. 7 1942

Immediate cause of death
Chronic Bronchitis
Chronic Myocarditis

Due to

Due to

Other Conditions Acute Cardiac Dilatation

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration
Not known
1 day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. Edward Norris M. D.
Address 1016 East Weaver Date signed Nov. 8 1942

VS 3

97409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 61

Registered No. E 97409

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 525 E. 25th St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County - - -
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 525 E. 25th St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No) no
If yes, name country

3 (a) FULL NAME KATHERINE ZITTINGER BAMBERGER

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex: female
5. Color or race: white
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife John S. Bamberger
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 13. 1873

8. AGE: Years 69 | Months 9 | Days 23 | If less than one day ... hr. ... min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name George Zittinger
13. Birthplace Germany

MOTHER
14. Maiden Name Katherine Luft
15. Birthplace Germany

16 (a) Informant Mr. John T. Bamberger
(b) Address 1533 E. North Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9. 1942 (month) (day) (year)
(c) Cemetery or crematory Lorraine Park Cem.
Location Baltimore County

18 (a) Funeral director HENRY SANDER & SONS, INC.
(b) Address North Ave

19 NOV 9 - 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6. 1942 at 11.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 28 1942 to Nov. 6 1942 and that I last saw her alive on Nov. 5 1942.

Immediate cause of death ... Duration ?

Due to Diabetes Mellitus

Due to Septic infection ... 9 days

Other Conditions (old)

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ... at ... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

Signature Hoyt Stansbury M. D.
Address 714 Park Ave Date signed Nov 7 42

VS 3

E 27410

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 27410

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto
(If outside city or town limits, write RURAL and give town)
(d) Street No. 115 S. Exeter St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Christopher Salvatore

3 (b) If veteran, name war	3 (c) Social Security Account No. 0

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	?

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1880

8. AGE: Years	Months	Days	If less than one day
62			hr. min.

9. Birthplace Italy (Town, county, and state)
10. Usual Occupation
11. Industry or business Labor

FATHER
12. Name
13. Birthplace Italy

MOTHER
14. Maiden Name
15. Birthplace Italy

16 (a) Informant
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 7 42 (Month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location 4300 Belair Rd

18 (a) Funeral director Martin W. E. Dippel
(b) Address 37 S. Ann St.

19 (a) NOV 9 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 5 1942 at 2.45 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy or inquiry thereon and from the evidence obtained by said autopsy or inquiry and that said deceased came to his death on the day stated above.

Immediate cause of death	Coronary occlusion	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at P.M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Fratarcangeli M.D.
Medical Examiner.
Date signed Nov. 5 1942

F 97411

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 166

Registered No. F 97411

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 hrs
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 612 N. Bond Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME James Thornton

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
—	—	Male	Negro	Married

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 15, 1913

8. AGE: Years	Months	Days	If less than one day
29	5	21	hr. min.

9. Birthplace Thomasville, Va.
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

FATHER
12. Name Robert Thorton
13. Birthplace ?

MOTHER
14. Maiden Name Anne Thorton
15. Birthplace ?

16 (a) Informant Louise Thorton
(b) Address 208 N. Eden Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)
(c) Cemetery or crematory
Location Farmville, Va

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Belair Avenue. Huntington Williams, M.D.

19 NOV 9 - 1942 (b)
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6- 1942, at 3:15 P.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.
(Autopsy or Inquiry)

Immediate cause of death
Burst of abdomen
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: Yes

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Homicide
(b) Date of occurrence 11-5-42 at 9 P.M
(c) Where did injury occur? Tavern - 1124 N. Wolfe Pl
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No
(Specify type of place)
(e) Means of injury Bullet wounds (Revolver)

23. Signature Howard J. Mercer M.D.
Medical Examiner.
Date signed 11-6-42

VS 6

F 97412

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

424021 / 3004 Registered No. F 97412

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1513 E. Fayette St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Russell Harrell

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	Black	married

6 (b) Name of husband or wife India

6 (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) 1895

8. AGE: Years	Months	Days	If less than one day
47			hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name James ?
13. Birthplace Va.

MOTHER
14. Maiden Name Catherine Artis
15. Birthplace Va.

16 (a) Informant Records
(b) Address JOHNS HOPKINS HOSPITAL

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)

(c) Cemetery or crematory
Location Suffolk Va.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

NOV 9 - 1942
(Date rec'd by registrar) Huntington Williams Health

VS 186

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1942 10 50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 18 1942 to Nov. 7 1942 and that I last saw him alive on Nov. 7 1942

Immediate cause of death C.N.S. Syphilis
1 general paresis + Tabes dorsalis — Duration at least 1 year

Due to

Due to

Other Conditions Bronchopneumonia, due to aspiration; lung abscess
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy: Bronchopneumonia, R.L. & L.L.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Harold E.C. Zeanthin
Address Johns Hopkins Hosp. Date signed 11/8/42

PHYSICIAN
Underline the cause to which death should be charged statistically.

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S7413

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91

Registered No. F S7413

1. PLACE OF DEATH:
(a) Baltimore City, Maryland E.
(b) Street address 2731 Biddle
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 D
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2731 Biddle (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary A Smith

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	white	widowed

6 (b) Name of husband or wife Orlando L Smith

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 16 1870

8. AGE: Years	Months	Days	If less than one day
72		21 19	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation at home

11. Industry or business

FATHER
12. Name Frederick Gross
13. Birthplace Germany

MOTHER
14. Maiden Name Elizabeth Mohr
15. Birthplace Germany

16 (a) Informant Mrs Amelia Buhrman
(b) Address 2731 Biddle St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9/42 (month) (day) (year)

(c) Cemetery or crematory Oak Lawn
Location Balto Co Md

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St

19 (a) [illegible] (b) Huntington Williams, M.D. Registrar

NOV 9 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 5/42 1942, at 4 30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1, 1942 to Nov. 5, 1942 and that I last saw her alive on Nov. 5, 1942

Immediate cause of death Cerebral Arteriosclerosis — Duration 1 year

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Eugene L. Cervazzo M. D.
Address 514 Drury Lane Date signed Nov 6, 1942

97414

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

Registered No. F 97414

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 414 S. East Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME William E. Burkins

3 (b) If veteran, name war

3 (c) Social Security Account No. 215-01-8259

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife Elsie Burkins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1877

8. AGE: Years	Months	Days	If less than one day
65	10	10	hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business

FATHER
12. Name John S. Burkins
13. Birthplace Md.

MOTHER
14. Maiden Name Susan A. Carroll
15. Birthplace Md.

16 (a) Informant Mrs. Elsie Burkins
(b) Address 414 S. East St.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 11/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Balto & Md

18 (a) Funeral director John Ullrich
(b) Address 2004 W. Baltimore St

19 (a) NOV 9 - 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1942, at 12:50 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence (Autopsy or Inquiry)
obtained by said inquest & investigation find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Arteriosclerotic Cardiovascular disease — Duration

Due to — Duration

Due to — Duration

Other Conditions — Duration

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner.
Date signed Nov. 8 1942

VS 6

F 97415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

186a Registered No. F 97415

1. PLACE OF DEATH:
(a) Baltimore City, Maryland 4940 Eastern Ave.
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1009 Riverside Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Sarah J. Seward

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	White	Widowed

6 (b) Name of husband or wife John (D)
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1859

8. AGE: Years	Months	Days	If less than one day
82	10	9	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Lives with granddaughter
11. Industry or business

FATHER
12. Name Mark Harrison
13. Birthplace England

MOTHER
14. Maiden Name Margaret Davis
15. Birthplace Ireland

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10/1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill Cem
Location B. C. Co. Md.

18 (a) Funeral director C. Howard Evans
(b) Address 1400-02 S. Charles St.

19 (a) NOV 9 - 1942 (Date rec'd by registrar) (b) Registrar Huntington Williams, M.D.

VS 100

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6, 1942, 8:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1942 to Nov 6, 1942 and that I last saw h[illegible] alive on Nov. 6, 1942.

Immediate cause of death: Hypertensive cardio-vascular disease — Duration: years
Due to generalized arteriosclerosis — years
Due to fracture right femur — 6 days
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Oct. 31, 1942 at 7 P. M
(c) Where did injury occur? 1009 Riverside Ave. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? At home While at work? no (Specify type of place)
(e) Means of injury: Fell over step

23. Signature Paul Schwarder, M. D.
Address Baltimore City Hospitals Date signed 11-7-42

R. L. Wollenweber, M.D.
Per Roland Lee Eustaces M.D.

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S7416

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 13/a

F S7416
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 434 N. Payson St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 D
(e) Length of stay in Baltimore (yrs., mos., or days) 57 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 434 N. Payson St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Griffith Spittle.

3 (b) If veteran, name war: None.
3 (c) Social Security Account No.: None.

4. Sex: male | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Annie R. Spittle.
6 (c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): Jan. 15-1866

8. AGE: Years: 76 | Months: 9 | Days: 22 | If less than one day: hr. min.

9. Birthplace: Virginia.
(Town, county, and state)

10. Usual Occupation: Retired Mechanic.
11. Industry or business: Balto. Transit Co.

FATHER
12. Name: Henry Spittle.
13. Birthplace: Virginia.

MOTHER
14. Maiden Name: Unknown.
15. Birthplace: Unknown.

16 (a) Informant: Mrs. Annie R. Spittle.
(b) Address: 434 N. Payson St.

17 (a) Burial. (b) Date thereof: Nov. 10-42.
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory: Western Cemetery.
Location: Baltimore, Md.

18 (a) Funeral director: Charles J. Schwab.
(b) Address: 505 N. Monroe St.

NOV 9 - 1942
(Date rec'd by Registrar) (b) Huntington Willis, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1942 at 3.30 A. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 24 1942 to Nov. 7 1942, and that I last saw him alive on Nov. 6 1942.

	Duration
Immediate cause of death: Uraemia	6 days
Antecedent cardiac renal disease	7 years
Due to:	
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: Edwin Fleming, M.D.
Address: 1904 W Balto St. Date signed: 11/9/42

VS 8

97417

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1920 Registered No. F 97417

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4211 Parkwood Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) No
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4211 Parkwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Lula D.Fowler

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F.	W.	Married

6 (b) Name of husband or wife Wilson E.Fowler
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr.10,1888

8. AGE: Years	Months	Days	If less than one day
54	5 6	26	hr. min.

9. Birthplace Baltimore Md.
(Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name Andrew Volk
13. Birthplace Germany

MOTHER
14. Maiden Name Lula McKenny
15. Birthplace Va.

16 (a) Informant Wilson E.Fowler
(b) Address 4211 Parkwood Ave.

17 (a) Burial (b) Date thereof Nov.9,1942
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Parkwood Cem
Location Baltimore Md.

18 (a) Funeral director Philip Henry Sons
(b) Address 2024 Orleans St.

19 (a) NOV 9 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 6, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1942, to Nov 6 1942, and that I last saw h.. alive on Nov 6 1942.

Immediate cause of death	Duration
Chronic valvular	
Due to Heart disease	10 yrs
Due to (a)	
Other Conditions	
(Include pregnancy within 3 months of death)	
Date of operation	
Major findings of operation	
of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Henry E Jones
Address 2918 Al Road Date signed 11/7/42

VS 3

57418 #

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 108

Registered No. F 57418

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1509 Laurens St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) 16 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1509 Laurens St (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Daniel Moore

3 (b) If veteran, name war —

3 (c) Social Security Account No. 216-09-7892

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	Col	M.

6 (b) Name of husband or wife Fannie
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/9/1901

8. AGE: Years	Months	Days	If less than one day
41	5	27	hr. min.

9. Birthplace Va
(Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name Henry Moore
13. Birthplace Va.

MOTHER
14. Maiden Name Parthenia Robeson
15. Birthplace Va.

16 (a) Informant Fanny Moore
(b) Address 1509 Laurens St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)
(c) Cemetery or crematory Mt Auburn
Location Md

18 (a) Funeral director Wm. H. Kelson
(b) Address 1303 Pennsylvania Ave

19 (Date rec'd by registrar) NOV 9 1942 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1942 at 9:15 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 20 1942 to Nov 5 1942 and that I last saw him alive on Nov 5 1942

Interval between onset and death

Duration
8 days
—

Immediate cause of death Lobar Pneumonia

Due to

Contributory Chronic Nephritis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operation: —

of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature S B Hughes M. D.
Address 1443 Druid Hill Ave Date signed

VS 2

F 97419

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

160a

Registered No. F 97419

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Md. Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days) 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Balto.
(c) City or town Md. Gen. Hosp. (If outside city or town limits, write RURAL and give town)
(d) Street No. 303 Wyman Park Drive. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Baby Girl Phipps. (Birth F 6914)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Fem.	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased mo., day, yr.) Nov 8, 1942

8. AGE: Years	Months	Days	If less than one day
			11 hr. 55 min.

9. Birthplace Md. Gen. Hosp. (Town, county, and state)

10. Usual Occupation None.

11. Industry or business None.

FATHER
12. Name William J. Phipps.
13. Birthplace Md.

MOTHER
14. Maiden Name Ruth E. Baker
15. Birthplace Md.

16 (a) Informant Wm. J. Phipps.
(b) Address 303 Wyman Park Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9/42 (month) (day) (year)
(c) Cemetery or crematory Druid Ridge.
Location Pikesville

18 (a) Funeral director Ehrenfeld & Donovan
(b) Address 3615-17 Chestnut Ave.

19 NOV 9 — 1942 (Date Rec'd by Registrar) (b) Huntington Hill, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/8 1942, at 7:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/8 1942 to 11/8 1942, and that I last saw h alive on 11/8 1942.

Immediate cause of death	Duration
Central Hemorrhage.	11 hr. 55 min.
Due to Premature Labor.	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature William A. Mitchell M. D.
Address Md. Gen. Hosp. Date signed 11/8/42

VS 8

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97420

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3724 Brooklyn Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 25
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Brooklyn (Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3724 Brooklyn
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Grace V. Schneider

3 (b) If veteran, name war | 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F. M.	W.	Married

6 (b) Name of husband or wife John H.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 22 1889

8. AGE: Years	Months	Days	If less than one day
53	7	14	hr. min.

9. Birthplace Balto
(Town, county, and state)
10. Usual Occupation House work at home
11. Industry or business

FATHER
12. Name John B [redacted] Sanford
13. Birthplace Md

MOTHER
14. Maiden Name Cora [redacted] ?
15. Birthplace Md

16 (a) Informant John H Schneider
(b) Address 3724 Brooklyn
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 8 1942 (month) (day) (year)
(c) Cemetery or crematory Cedar Hill
Location Brooklyn A & A Md
18 (a) Funeral director William M Mareck
(b) Address 716 Light St
19 (a) NOV 9 - 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1942 at 9.50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 15 1942 to Nov 6 1942 and that I last saw her alive on Nov. 5 1942.

Immediate cause of death: CANCER OF Cervix with metastasis to liver — Duration 3 years
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury
23. Signature Chas Lobin
Address 920 Patapsco Ave Date signed 11/6/42 M.D.

VS 288

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. TYPEWRITER, WITH UNFADING INK.

S 7421

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1140 Registered No. E 87421

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 17 S. Augusta Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days) 47

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 17 S Augusta Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME John Thomas Miller

3 (b) If veteran, name war

3 (c) Social Security Account No. 705-09-1827

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Married

6 (b) Name of husband or wife Mary P
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan 7 1875

8. AGE: Years	Months	Days	If less than one day
67	9 10	30 0	hr. min.

9. Birthplace W. Va.
(Town, county, and state)
10. Usual Occupation Engineer, B & O.
11. Industry or business

FATHER
12. Name J T Miller
13. Birthplace W. Va

MOTHER
14. Maiden Name Mary E Robins
15. Birthplace W. Va

16 (a) Informant Mary P Miller
(b) Address 17 S. Augusta ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location 3801 Frederick Ave

18 (a) Funeral director William M Marech
(b) Address 716 Light St

19 (a) NOV 9 1942 (Date received by registrar) Huntington Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1942 at 4:55 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-1 1942 to 11-7 1942, and that I last saw him alive on 11-7 1942.

Immediate cause of death Myeloid Leukemia — Duration 1 yr.

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature A. Ballod
Address 707 Fort Ave. Date signed 11-4-42

VS 2

422

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. E 82422

Every item of information should be carefully supplied. Type or write with UNFADING INK. Physicians: please write the causes of death clearly and legibly. Correct age is especially important.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da.
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2316 Annapolis Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Harry A. Brown 15626

Admitted to Inf. 5/30/31

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
male	white	widowed

6 (b) Name of husband or wife Agnes Marie

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 24, (1868) (74)

8. AGE: Years	Months	Days	If less than one day
68 (74)	5	8	hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual Occupation Laborer

11. Industry or business

FATHER
12. Name John T. Brown
13. Birthplace Md.

MOTHER
14. Maiden Name Laura Reed
15. Birthplace Md.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Balto. Md.

18 (a) Funeral director Agney M. Fritze
(b) Address 1401 Edmondson Ave

19 (a) 11/9/42 (Date received by registrar) Huntington Williams, Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1942, at 5:25 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 4 1942, to Nov. 6 1942, and that I last saw him alive on Nov. 6 1942.

Immediate cause of death: Pulmonary tuberculosis — Duration: 11 yrs?

Due to

Due to

Other Conditions Arteriosclerotic Heart disease (Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Dr alive -

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A. J. Hurtt
Address Balto City Hosp. Date signed 11/9/42

97423

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 N

Registered No. E 97423

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-4
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3111 Fleet Street
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Margaret L. Quinn

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Philip

6 (c) If wife, give age years

7. Birth date of deceased (mo., day, yr.): July 27 1876

8. AGE: Years 66 | Months 3 | Days 10 | If less than one day: hr. min.

9. Birthplace: Balto. Md.
(Town, county, and state)

10. Usual Occupation: Housework

11. Industry or business

FATHER
12. Name: Michael Reagan
13. Birthplace: Balto. Md.

MOTHER
14. Maiden Name: Margaret Riggins
15. Birthplace: Balto. Md.

16 (a) Informant: Mrs Brandon
(b) Address: 1 Upland Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10 42 (month) (day) (year)

(c) Cemetery or crematory: New Cath.
Location: Old Frederick Rd.

18 (a) Funeral director: John G. McCann
(b) Address: 300 E. Baltimore St

NOV 9 - 1942
(Date rec'd by registrar)

(b) Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6- 1942 at 10:30 A.M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.
(Autopsy or Inquiry) (Autopsy or Inquiry)

Immediate cause of death	Duration
(a) Arteriosclerotic Cardio-Vascular	
Due to Disease	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy: Two

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-6-42

VS 6

97424

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931 F 97424 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 518 N. Highland Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 518 N. Highland Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Henry Klase

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
None	None	Male	White	Widower

6 (b) Name of husband or wife Rose Klase
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 18. 1860

8. AGE: Years	Months	Days	If less than one day
82	0	18	hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Retierd Reciving Clerk
11. Industry or business Penna. R. R.

FATHER
12. Name Henry Klase
13. Birthplace Gremany

MOTHER
14. Maiden Name Unknowned
15. Birthplace Unknowned

16 (a) Informant Robert Leistner
(b) Address 518 N. Highland Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/1942 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Eastern Ave.

18 (a) Funeral director John J. Moran
(b) Address 3000 E Baltimore St.

19 NOV 9 - 1942 (Date rec'd by Registrar) Hamilton or Williamsburg

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6. 1942 at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from January 1940 to Nov. 6 1942 and that I last saw h alive on Nov 6 1942.

Immediate cause of death	Duration
Myocardosis	
Due to arteriosclerosis	
Due to Senility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John J Moran M. D.
Address 142 N. Eastern Date signed 11-9-42

VS 3

F 97425

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94A

F 97425 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2818 Elliott St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME James Foley Gilley

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-10-6517

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Annie P. Gilley
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 20. 1883

8. AGE: Years	Months	Days	If less than one day
59	8	19th	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)
10. Usual Occupation Watchman
11. Industry or business Rest - Bakery

FATHER
12. Name Edward Enoch Gilley
13. Birthplace Balto. Md.

MOTHER
14. Maiden Name Mary Ellen Carson
15. Birthplace Balto. Md.

16 (a) Informant Mrs Annie P. Gilley
(b) Address 2818 Elliott St

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 11-11-42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto. Md.

18 (a) Funeral director John C. Milby Son
(b) Address 2455 E. Lanvale St.

19 (a) NOV 9 - 1942 (Date rec'd by registrar) Wellington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1942, at 4:15 A.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy & inquest thereon and from the evidence obtained by said autopsy & inquest find that said deceased came to his death on the day stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to	
Due to	
Other Conditions Chronic bronchitis	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Graham M.D. Medical Examiner
Date signed Nov. 8 1942

VS 8

F 97426

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1316 Registered No.

F 97426

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 307 S. Bethel St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and the town)
(d) Street No. 307 S. Bethel St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Sarah E. Hughes.

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. F

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Widow

Female

6 (b) Name of husband or wife John H. Hughes

(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 80 | Months | Days | If less than one day: hr. min.

9. Birthplace Balto. Md.
(Town, county, and state)

10. Usual Occupation At Home

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Martha L.

15. Birthplace Md

16 (a) Informant Killegrup Lettoyd

(b) Address 307 S. Bethel St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 1942 (month) (day) (year)

(c) Cemetery or crematory Mt. Calvary

Location

18 (a) Funeral director Robert L. Gruver

(b) Address NOV 9 1942 Caroline St.

19 (a) (Date rec'd by registrar) (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5 1942, at 5.40 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1942 to Nov 5 1942 and that I last saw h alive on Nov 4 1942.

Immediate cause of death Chronic Nephritis — Duration Complete

Due to

Due to

Other Conditions General Senile Debilitation

(Include pregnancy within 3 months of death)

Date of operation None

Major findings of operations:

of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. Y. Young M. D.

Address 729 E Monument St Date signed 11/7/42

VS 3

F 97427
JL- 77848

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

43 MF Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully checked. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2da
(e) Length of stay in Baltimore (yrs., mos., or days) ?

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2016 Pennsylvania Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Louise McLaughlin (Louise)

3 (b) If veteran, name war	3 (c) Social Security Account No.	4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
none	none	F	White	Widowed

6 (b) Name of husband or wife George L. McLaughlin
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) About 1868

8. AGE: Years	Months	Days	If less than one day
about 94	?	?	hr. min.

9. Birthplace England (Town, county, and state)
10. Usual Occupation none
11. Industry or business ?

FATHER
12. Name Thomas Hudson
13. Birthplace England ?

MOTHER
14. Maiden Name Unknown
15. Birthplace ?

16 (a) Informant B. C. H. Records
(b) Address 4940 Eastern Ave.

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory St. Peters Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by registrar) (b) (Registrar)
NOV 9 1942 Huntington Williams, M.D.

VS 160

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7 1942, at 7:30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1942 to 11-7 1942, and that I last saw her alive on 11-7 1942.

Immediate cause of death	Duration
Arterio-sclerotic cardiac disease	Chronic
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Clifford T. Oster M. D.
Address Bal. City Hosp. Date signed 11-7-42

F 97428

F 97428

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

5-2K

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2426 W. Lanvale St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2426 W. Lanvale St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME ZULA HELEN HORN

3 (b) If veteran, name war	3 (c) Social Security Account No.
--	--

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife J. E. Kemp Horn
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 25, 1887

8. AGE: Years	Months	Days	If less than one day
55	7	12	hr. min.

9. Birthplace Fairfield, Pa.
(Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name George Spalding
13. Birthplace Pa.

MOTHER
14. Maiden Name Alice Wintrode
15. Birthplace Pa.

16 (a) Informant Rev. J. E. Kemp Horn
(b) Address 2426 W. Lanvale St.

17 (a) Burial (b) Date thereof 11/9/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Druid Ridge Cem.
Location Pikesville, Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address NOV 9 1942 Balto., Md.

19 (a) (Date rec'd by registrar) (b) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7, 1942 at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 31 1941 to Nov 7 1942 and that I last saw h[illegible] alive on Nov. 2 1942

Immediate cause of death	Duration
Carcinoma of the bladder	1 yr
Due to	
Due to	
Other Conditions none	

(Include pregnancy within 3 months of death)
Date of operation Dec 17, 1942
Major findings of operation: Carcinoma of the bladder
of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature [signature]
Address 3403 Fairmount Blvd Date signed 11/9/42 M. D.

VS 3

F 97429

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97429 Registered No. 92b

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1830 Clifton Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 76 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1830 Clifton Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Anna Mariah DeVore

3 (b) If veteran, name war: none
3 (c) Social Security Account No. none

4. Sex: F
5. Color or race: W
6 (a) Single, married, widowed, or divorced: widowed
6 (b) Name of husband or wife: Geo. W. DeVore
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug. 1- 1862

8. AGE: Years 80 | Months 3 | Days 6 | If less than one day: hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Housewife
11. Industry or business At Home

FATHER
12. Name Jno. Donnelly
13. Birthplace Maryland

MOTHER
14. Maiden Name Mollie McCabe
15. Birthplace Virginia

16 (a) Informant Mrs Edna DeVore
(b) Address 1830 Clifton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore Cemetary
Location Balto. Md.

18 (a) Funeral director Wm. J. Tichner & Son
(b) Address Balto Md

19 NOV 9 — 1942 Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1942 at 6 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1942 to Nov. 7 1942, and that I last saw h. alive on Nov. 7 1942

Immediate cause of death	Duration
Coronary Thrombosis	1/6/42
Due to Hypertension Heart Disease (Mitral Insufficiency)	1930
Other Conditions Arteriosclerosis (Include pregnancy within 3 months of death)	1930

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul Brown M.D.
Address 1623 W. North Ave. Date signed 11/9/42

VS 3

F 97430

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

462 F 97430 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PRINT WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Cul-de-sac ✓ Saratoga St.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos 21 days
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Balto.
(c) City or town Balto. Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5000 York Rd.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs Lillie Weatherley. (Lillie Pugh Weatherley)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 9-1862

8. AGE: Years: 80 | Months: 0 | Days: 29 | If less than one day: hr. min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual Occupation none.

11. Industry or business

FATHER 12. Name James Wilson

13. Birthplace Baltimore

MOTHER 14. Maiden Name Maria L. Ringgold

15. Birthplace Virginia

16 (a) Informant Miss Grace C. Weatherley

(b) Address 5000 York Road.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11-1942 (month) (day) (year)

(c) Cemetery or crematory St. Mary's

Location Govans

18 (a) Funeral director H. W. Mearsolon

(b) Address 805 N. Calvert St.

19 (a) NOV 9 — 1942 (Date filed by registrar)

Registrar Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7/42 1942 at 12 ~~P~~ M

21. I certify that death occurred on the date above stated; that I attended deceased from 8/18 1942 to 11/8 1942 and that I last saw h~~e~~ alive on 11/2 1942

Immediate cause of death Cardiac Failure.

Due to Metastatic Cancer

Due to Cancer Rectum

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation none

Major findings of operation:

of autopsy:

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature F. Edward Lokey M. D.

Address Mercy Hospital Date signed 11/10/42

F 97431

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97431 Registered No.

Type or print plainly, with UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 17 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1620 McElderry St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Charles Henry Durrett 77540

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-5445

4. Sex: male | 5. Color or race: black | 6 (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1909

8. AGE: Years 33 | Months 1 | Days 28 | If less than one day: hr. min.

9. Birthplace Va. (Town, county, and state)

10. Usual Occupation Painter

11. Industry or business

FATHER
12. Name Carey Durrett
13. Birthplace Va.

MOTHER
14. Maiden Name Elizabeth Eubouke
15. Birthplace Va.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10-1942 (month) (day) (year)
(c) Cemetery or crematory Lynchburgh
Location Virginia

18 (a) Funeral director Robt E Williams
(b) Address 15 15 McElderry St

19 (a) NOV 9 — 1942 (Date rec'd by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1942 at 2:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 22 1942 to Nov. 7 1942, and that I last saw him alive on Nov. 7 1942.

Immediate cause of death	Duration
Pulmonary tuberculosis	6 wks?
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A S Hartz M.D.
Address Balto City Hosp Date signed 11/9/42

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 97432 ✓ F 97432

CERTIFICATE OF DEATH 480

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 Edmondson Ave Ward)

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?? yrs. ?? mos. ?? ds. How long in U. S. If of foreign birth? ?? yrs. ?? mos. ?? ds.

2. FULL NAME Hattie Lomack — If U. S. Veteran specify WAR _____

(a) Residence: No. 835 Edmondson Ave Ward. _____
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female — 4. Color or Race: Colored — 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm H. Lomack

6. DATE OF BIRTH (month, day, year): Aug 9, 1877

7. AGE: Years 65 | Months 3 2 | Days 26 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): _____ 11. Total time (years) spent in this occupation: _____

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

FATHER
13. NAME: Richard Mack
14. BIRTHPLACE (city or State or country): Howard Co Maryland

MOTHER
15. MAIDEN NAME: Olivia Phipps
16. BIRTHPLACE (city or town) (State or country): Howard Co Maryland

17. INFORMANT: Lillian Harris
(Address): 835 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place: Laurel Date: Nov 9, 1942

19. UNDERTAKER: Mrs Kate R. Williams
(Address): 322 N Schroeder St

20. FILED: NOV 9 1942 — Huntington for Williams M.D. Resident.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Nov 5, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1942 to Nov 5, 1942
I last saw her alive on Nov 5, 1942 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lungs	
Other contributory causes of importance: Carcinoma Uteri	

Was an operation performed? _____ Date of _____
For what disease or injury? _____
Name of operation _____
What test confirmed diagnosis? Leg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19__
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) W. F. Howell Jr. M. D.
(Address) 601 N Carrollton Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 97433

CERTIFICATE OF DEATH

F 97433

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2603 Huron St., Ward)

Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U.S. Veteran specify WAR

2. FULL NAME Frances Harris

(a) Residence: No. 2603 Huron St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of David H. Harris

6. DATE OF BIRTH (month, day, year) Dec 19 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Raleigh N. Carolina

FATHER

13. NAME Paul Fletcher

14. BIRTHPLACE (city or town) (State or country) Raford N. Carolina

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Tyson N. Carolina

17. INFORMANT Daniel H. Harris

(Address) 2603 Huron St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov. 11, 1942

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St

Huntington Williams Mgr

20. Nov 9 — 1942 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 8, 1942

22. I HEREBY CERTIFY, That I attended deceased from Nov 5, 1942 to Nov 8, 1942

I last saw h alive on Nov 7, 1942 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obst + melena	Oct 29

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) David Francis M. D.

(Address) 1 W Lee St.

F 97434

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

13 F 97434 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 767 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ireme Smith (Coe) (Cole) 77828

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: sep.

6 (b) Name of husband or wife: Arthur Cole

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Feb. 25, 1901

8. AGE: Years 41 | Months 8 | Days 11 | If less than one day: hr. min.

9. Birthplace: Va. (Town, county, and state)

10. Usual Occupation: housewife

11. Industry or business

FATHER
12. Name: David Smith
13. Birthplace: Va.

MOTHER
14. Maiden Name: Minnie Johnson
15. Birthplace: Va.

16 (a) Informant: Hospital records
(b) Address: 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Portsmouth
Location Virginia

18 (a) Funeral director Mrs Kate R Williams
(b) Address 322 N Schroeder St.

NOV 8 - 1942 (Date rec'd by registrar) (b) Mrs Kate R Williams Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 1942 at 1:50 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1942 to Nov. 6 1942, and that I last saw her alive on Nov. 6 1942

Immediate cause of death: Pulmonary tuberculosis — Duration: 2 mos?

Due to

Due to

Other Conditions: Chronic pyelonephritis — Duration: ?

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: As above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature A J Hartz

Address Balto City Hosp Date signed 11/9/42 M.D.

Every item of information should be carefully supplied. Type or print with INDELIBLE INK. Physicians: please write the causes of death clearly and legibly. Exact age is especially important.

F 97435

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. F 97435

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 42 da.
(e) Length of stay in Baltimore (yrs., mos., or days) 3 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 156 N. Pearl St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Martha Keith 76991

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female

5. Color or race: black

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Isaac

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3, 1906

8. AGE: Years 36 | Months 5 | Days 3 | If less than one day: hr. min.

9. Birthplace N.C. (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Banks Alderman
13. Birthplace N.C.

MOTHER
14. Maiden Name Hannah Moore
15. Birthplace N.C.

16 (a) Informant Hospital records
(b) Address 4940 Eastern Ave.

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/9/42 (month) (day) (year)
(c) Cemetery or crematory
Location Wallace North Carolina

18 (a) Funeral director Isaac L Brown Son
(b) Address 108 W Montgomery St Huntington West Virginia

19 (a) NOV 8 1942 (b) Registrar

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 19 42 at 3:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25 1942 to Nov. 6 1942, and that I last saw her alive on Nov. 6 1942.

Immediate cause of death	Duration
Tbc. pleural effusion	?
Due to Tbc. peritonitis	?
Due to (pa)	
Other Conditions Spontaneous abortion	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: same as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

25. Signature A S Hart
Address Balto City Hosp Date signed 11/2/42

The ... supplied ... correct age is especially important. Physicians: please write the causes of death clearly and legibly. ... WITH UNFADING INK. Every item of information should be ...

F 97436

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93 N Registered No. F 97436

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Monument St + Rutland Ave
(c) Hospital or institution: Sinai Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2023 E. Balto. St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Freida Robrafsky

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Wolfe Robrafsky

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years 68 | Months | Days | If less than one day hr. min.

9. Birthplace Russia (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Nathan —
13. Birthplace Russia

MOTHER
14. Maiden Name Pearl —
15. Birthplace Russia

16 (a) Informant Ellis Poleshuk
(b) Address 3414 Springdale Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-42 (month) (day) (year)
(c) Cemetery or crematory Sharon Rosedale
Location

18 (a) Funeral director Jack Peiwa Inc
(b) Address 1439 E. Balto. St Huntington Williams

19 (a) (Date rec'd by registrar) (b) Registrar

NOV 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1942, at 6:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 4 1942 to Nov 9 1942 and that I last saw h[illegible] alive on Nov 9 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	12 hrs
Due to: Hypertension	? years
Due to:	?
Other Conditions: Hypertension & CVD Left Hemiplegia — 2 years. (Include pregnancy within 3 months of death)	? years

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Arthur Katz M. D.
Address Sinai Hospital, Baltimore Md. Date signed 11-9-42

F 97437

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1710

F 97437 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Baltimore General
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Yr 6 mos
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2201 Clifton Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOSEPH EXLER

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-09-0798

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced:
M	W	Widow

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1876

8. AGE: Years	Months	Days	If less than one day
66			hr. min.

9. Birthplace Russia. (Town, county, and state)
10. Usual Occupation Under Presser
11. Industry or business

FATHER
12. Name Aaron
13. Birthplace Russia

MOTHER
14. Maiden Name Helen
15. Birthplace Russia

16 (a) Informant Aaron Exler - Son
(b) Address 4021 Cold Spring Lane

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-42 (month) (day) (year)
(c) Cemetery or crematory Pikesville
Location Md. Rd & Hamilton Ave

18 (a) Funeral director Jack Levin Inc
(b) Address 1437 E. Baltimore St

19 (a) NOV 9 - 1942 (Date rec'd by registrar) Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1942, at 8 25 AM

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an (Autopsy or Inquiry) thereon and from the evidence obtained by said (Autopsy or Inquiry) find that said deceased came to death on the day stated above.

Immediate cause of death	Duration
Fracture of skull	
Due to	
Due to	
Other Conditions No	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation: No
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident No
(b) Date of occurrence Nov. 9, 1942 at 7 a M
(c) Where did injury occur? North Ave & Smallwood (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? No (Specify type of place)
(e) Means of injury Pedestrian struck by - streetcar
23. Signature H. L. Wallenmeyer M.D. Medical Examiner.
Date signed 11-9-42

VS 6

F 97438

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

61

F 97438

Registered No. Over

1. PLACE OF DEATH:
(a) Baltimore City, Maryland Lexington
(b) Street address 1906 W. Lafayette St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give township)
(d) Street No. 1906 W. Lafayette St.
(e) Citizen of foreign country? Lexington (Yes or No)
If yes, name country

3 (a) FULL NAME Mary Caroline Cassidy

3 (b) If veteran, name war — (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Walter J. Cassidy

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14, 1877

8. AGE: Years	Months	Days	If less than one day
64	2	24	hr. min.

9. Birthplace Baltimore, Md. (town, county, and state)
10. Usual Occupation Housework
11. Industry or business at home

FATHER
12. Name Bernard M. Hoffman
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden Name Amelia Goldstein
15. Birthplace Maryland.

16 (a) Informant Mr. Walter J. Cassidy
(b) Address 1906 W. Lafayette St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Old Frederick Rd.

18 (a) Funeral director John J. Dempsey & Son
(b) Address 901 Hollins St

19 (a) (Registrar) (b) Registered

NOV 9 - 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/7/42 19 , at 2:00 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Nov 1942 and that I last saw h[illegible] alive on Nov 6 1942

Immediate cause of death
Myocarditis
Due to Gen. arteriosclerosis with hypertension
Due to
Other Conditions Diabetes

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature John F. Coolahan M. D.
Address 24 N. Fulton Ave Date signed 11/9/42

F 97439 77783

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 91 F 97439

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution:
Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in Baltimore (yrs., mos., or days) 32 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3113 O'Donnell St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Julius Zielinski

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Jennie Zielinski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 8, 1886

8. AGE: Years 56 | Months 9 | Days 29 | If less than one day hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name John Zielinski
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Mielieski
15. Birthplace Poland

16 (a) Informant B. C. H. Records
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Govans on Hall Rd.

18 (a) Funeral director Jenner & Brandzynski
(b) Address 1407 Eastern Ave. Balto Md.

19 (a) (Date received) NOV 9 1942 (b) Harrington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7-1942, at 5:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-3 1942 to 11-7 1942 and that I last saw h[im] alive on 11-7 1942

Immediate cause of death
Pulmonary Embolism
Due to Arterio Sclerosis
Gangrene left leg.
Due to
Generalized Arteriosclerosis
Other Conditions

Duration 5 Min.

(Include pregnancy within 3 months of death)
Date of operation 11-7-42
Major findings of operation: Gangrene left leg
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Louis Vogel Jr. M. D.
Address Balto. City Hosp. Date signed 11-8-42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

97440 [illegible]

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 462

F 97440 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd & Calvert St.
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County —
(c) City or town Baltimore City
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2314 E. Lafayette Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3 (a) FULL NAME Wilbur Louis Hamilton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Married

6 (b) Name of husband or wife Mathilda Hamilton
6 (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Apr. 20, 1884

8. AGE: Years	Months	Days	If less than one day
58	6	18 17	— hr. — min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Railroad Engineer
11. Industry or business

FATHER
12. Name George Hamilton
13. Birthplace Maryland

MOTHER
14. Maiden Name Mathilda Pitts
15. Birthplace Maryland

16 (a) Informant Mrs. W. L. Hamilton
(b) Address 2314 E. Lafayette Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10. 1942 (month) (day) (year)
(c) Cemetery or crematory Most Holy Redeemer Cem.
Location Baltimore Md.

18 (a) Funeral director HENRY SANDER & SONS. INC.
(b) Address North Ave. & Broadway.

19 NOV 9 – 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1942, at 2:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 5 1942, to Nov 7 1942, and that I last saw h[illegible] alive on Nov. 7 1942

Immediate cause of death Cardio respiratory failure — Duration —
Due to Cachexia —
Due to Carcinomatosis, From recurrence of Ca of cervix —
Other Conditions —
(Include pregnancy within 3 months of death)
Date of operation —
Major findings of operation: —
of autopsy: —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence — at — M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? — (Specify type of place)
(e) Means of injury —

23. Signature James McC. Tinney M. D.
Address Union Memorial Hosp. Date signed Nov 7, 1942

F 97441

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 94a

F 97441 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Sinai Hosp
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days) 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto.
(If outside city or town limits, write RURAL and give town)
(d) Street No. 820 E. Lombard St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Kozlowski

3 (b) If veteran, name war

3 (c) Social Security Account No. 216-10-0183

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	married

6 (b) Name of husband or wife Mary Kozlowski
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 6, 1895

8. AGE: Years	Months	Days	If less than one day
47	8	1	hr. min.

9. Birthplace Poland
(Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Harris Paint Shop

FATHER
12. Name Unknown
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Mrs. Mary Kozlowski
(b) Address 801 S. Belnord ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore County

18 (a) Funeral director John M. Weber
(b) Address 401 S. Chester Street
Nov 9 1942 Huntington Williams, Mgr. Registrar
(Date received by registrar)

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1942, at 4:45 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry & Autopsy thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death Coronary Occlusion — Duration

Due to

Due to

Other Conditions Chronic bronchitis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Robert Lee Graham M.D.
Medical Examiner.
Date signed Nov. 8 1942

97442

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97442
Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Cold Spring Lane
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) N
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 N. Highland ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Rose Macek

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	Widow

6 (b) Name of husband or wife Stefan Macek
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1865

8. AGE: Years	Months	Days	If less than one day
77			hr. min.

9. Birthplace Poland
(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Michael Drella
13. Birthplace Poland

MOTHER
14. Maiden Name Unknown
15. Birthplace Poland

16 (a) Informant Frank Macek
(b) Address 2943 Hudson Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/43 (month) (day) (year)
(c) Cemetery or crematory Holy Trinity
Location Stoney Run Anne Arundel County

18 (a) Funeral director Wm. J. Chester
(b) Address John M. Weber

19 (a) (Date received by Registrar) (b) Huntington Williams, M.D.

NOV 9 1942
VS 2

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1942, at 12:10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 24 1942 to Nov 9 1942 and that I last saw her alive on Nov 6 1942.

Immediate cause of death	Duration
cerebral hemorrhage	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature M. M. Patterman M.D.
Address 2324 Reisterstown Rd Date signed 11/9/42

F 97443

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a

F 97443 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5733 Rockspring Avenue
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore, Maryland (If outside city or town limits, write RURAL and give town)
(d) Street No. 5733 Rockspring Avenue (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ellen Nora De Haven

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F.	W.	Widowed

6 (b) Name of husband or wife Henry R. De Haven
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 10, 1864

8. AGE: Years	Months	Days	If less than one day
78	0	7	hr. min.

9. Birthplace Hereford, Balto., Maryland (Town, county, and state)

10. Usual Occupation None
11. Industry or business

FATHER
12. Name William Chilcoate
13. Birthplace Hereford, Maryland

MOTHER
14. Maiden Name Phoebe Ensor
15. Birthplace Hereford, Maryland

16 (a) Informant Samuel H. De Haven
(b) Address 5733 Rockspring Avenue

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 10 42 (month) (day) (year)
(c) Cemetery or crematory St. Marys (Hampden)
Location Baltimore, Maryland

18 (a) Funeral director LORING BYERS
(b) Address 5005 Park Heights Avenue

19 (a) (Date received by Registrar) NOV 10 1942 (b) Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7, 1942, at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1942 to Nov. 7 19..., and that I last saw her alive on Nov. 7 1942.

Immediate cause of death Apoplexy (cerebral) — Duration 7 days

Due to Arterio Sclerosis

Due to Advanced Age

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Sherman R. Ward M.D.
Address 2601 Mankato Ave Date signed 11/9/42

F 97444

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

134 N Registered No. F 97444

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 hr.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County Carroll
(c) City or town Westminster, Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. R. F. D. # 5
(If rural give location)
(e) If foreign born, how long in U. S. A.) years

3 (a) FULL NAME Baxter H. Bowers

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-8903

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	married

6 (b) Name of husband or wife Emma Bowers
6 (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 12, 1877

8. AGE: Years	Months	Days	If less than one day
65	4	24	hr. min.

9. Birthplace Carroll Co. Maryland
(Town, county, and state)
10. Usual Occupation Night Watchman & Lunch man
11. Industry or business Meat packing & Canning Co.

FATHER
12. Name John Bowers
13. Birthplace Maryland

MOTHER
14. Maiden Name Eliza Nicholas
15. Birthplace Maryland

16 (a) Informant Mrs. Emma Bowers
(b) Address RFD 5 Westminster, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10, 1942 (month) (day) (year)
(c) Cemetery or crematory Meadow Branch
Location Westminster, Carroll Co. Md.

18 (a) Funeral director C. M. Walsh
(b) Address Westfield Md

19 NOV 10 1942 (Date received) Registrar Westminster, Md.

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-6 1942, at 9:30 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 11-6 1942, to 11-6 1942, and that I last saw h[illegible] alive on 11-6 1942.

Immediate cause of death Uremia — Duration

Due to Kidney Stone

Due to

Other Conditions Coronary occlusion? Heart failure
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature L. C. Broadrup Jr. M. D.
Address Franklin Sq Hosp. Date signed 11-6-42

F 97445

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97445 Registered No. 1830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 115 N. Stricker St (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME FLORENCE V. WYATT

3 (b) If veteran, name war —
3 (c) Social Security Account No. 213-20-2760

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	SINGLE

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) NOV 2 - 1924

8. AGE: Years	Months	Days	If less than one day
18	0	6	hr. min.

9. Birthplace FAULKNER W. VA (Town, county, and state)
10. Usual Occupation MACHINE OPERATOR
11. Industry or business LOCKE INSULATOR CO

FATHER
12. Name JACOB L. WYATT
13. Birthplace JOB W VA

MOTHER
14. Maiden Name MARY M. COBERLY
15. Birthplace W. VA

16 (a) Informant FLOYD M. VAUGHAN
(b) Address 1316 HOLLINS ST

17 (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof NOV 10 - 1942 (month) (day) (year)
(c) Cemetery or crematory
Location ELKINS W. VA

18 (a) Funeral director ROTH & B. M. WALKER
(b) Address MAIN & STRICKER STS

19 NOV 10 1942 (b) Huntington Williamson, W. Va.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1942 6 05 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy find that said deceased came to her death on the day stated above.

Immediate cause of death: Cerebral hemorrhage spontaneous — Duration
Due to
Due to
Other Conditions No
(Include pregnancy within 3 months of death)
Date of operation No
Major findings of operation:
of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. L. Wollenweber M.D. Asst. Medical Examiner.
Date signed 11-9-42

VS 6

F 97446

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

108

Registered No. F 97446

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 910 Eastern Ave
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 910 Eastern Ave (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John B. Cuneo

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 20/1919

8. AGE: Years	Months	Days	If less than one day
23	9	18	hr. min.

9. Birthplace Baltimore Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Henry F. Cuneo
13. Birthplace Baltimore Md.

MOTHER
14. Maiden Name Frances Bruno
15. Birthplace Baltimore Md.

16 (a) Informant Henry F. Cuneo (Father)
(b) Address 910 Eastern Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 10/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer Cem.
Location Belair Rd. Baltimore Md.

18 (a) Funeral director Powell Della Hous
(b) Address 52 N. Morley St.

19 (a) NOV 10 1942 (Date rec'd by registrar) Huntington Wilkinson MD

MEDICAL CERTIFICATION

20. DATE OF DEATH November 7 1942, at 4 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from September 3 1942, to November 7 1942, and that I last saw him alive on November 7 1942.

Immediate cause of death: Lobar Pneumonia — Duration: 4 days

Due to

Due to

Other Conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Joseph L. Valentine M.D.
Address 1132 N. Broadway

VS 3

F 97447

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

64 Registered No. F 97447

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 00 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1817 W. Saratoga St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MERTON S NADLASKI

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Rose F. Nadlaski

6 (c) If wife, give age 59 years

7. Birth date of deceased (mo., day, yr.) Jan 20-1871

8. AGE: Years	Months	Days	If less than one day
71	9	16	hr. — min.

9. Birthplace (town, county, and state) Germany

10. Usual Occupation Tailor

11. Industry or business Retired

FATHER 12. Name Conrad Nadlaski

FATHER 13. Birthplace Germany

MOTHER 14. Maiden Name Wiktorow

MOTHER 15. Birthplace Germany

16 (a) Informant Rose F. Nadlaski

(b) Address 1817 W. Saratoga St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Baltimore, Md.

18 (a) Funeral director F. B. Wilhelm's Son

(b) Address 311 Eutaw Place

19 (a) NOV 10 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1942 at 4:40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said autopsy find that said deceased came to his death on the day stated above.

Immediate cause of death: Bullet Wound of left forehead

Due to

Due to

Other Conditions Mental derangement

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: No

Duration

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Suicide
(b) Date of occurrence Nov. 8, 1942 3:40 P.M.
(c) Where did injury occur? above address (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home While at work? No (Specify type of place)
(e) Means of injury 22 cal. bullet pistol

23. Signature Ted L. Wollenweber M.D. Medical Examiner.

Date signed 11-9-42

VS 6

F 97448

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97448 Registered No. 5118

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 306 S Catherine St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 60 Y

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give county)
(d) Street No. 306 S. Catherine St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Nellie A. Phipps

3 (b) If veteran, name war —

3 (c) Social Security Account No. 213-10-9905

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Manuel L. Phipps

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov 3 1873

8. AGE: Years 69 | Months | Days 4 | If less than one day — hr. — min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation Carpenter

11. Industry or business Lady Baltimore Co

FATHER 12. Name Nellie A. Phipps

13. Birthplace Maryland

MOTHER 14. Maiden Name Laura Eaton

15. Birthplace Maryland

16 (a) Informant Edward H. Phipps

(b) Address 306 S Catherine St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 10 '42 (month) (day) (year)

(c) Cemetery or crematory Holy Redeemer Location Baltimore Md

18 (a) Funeral director F. S. Wellford

(b) Address 1340 Eutaw Place

19 (a) NOV 10 1942 (b) (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7th 1942 at 1:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1942, to Nov 7 1942, and that I last saw him alive on Nov 6 1942.

Immediate cause of death Pneumonia

Due to Influenza & Malaria

Due to

Other Conditions Pulmonary Oedema

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Herbert C. Hubert M.D.

Address 251 W. Lafayette Ave Date signed 11/9/42

VS 3

F 97-49

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1310 Registered No. F 92449

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1004 N. Fulton Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County Baltimore
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1004 N. Fulton Ave (If rural give location)
(e) Citizen of foreign country? ~~Yes or~~ No) If yes, name country

3 (a) FULL NAME John Harry Cox

3 (b) If veteran, name war: no
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	married

6 (b) Name of husband or wife: Sarah J Cox
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 11 - 1863

8. AGE: Years	Months	Days	If less than one day: hr.	min.
79	2	27		

9. Birthplace Baltimore Md (Town, county, and state)
10. Usual Occupation Carpenter
11. Industry or business Retired

FATHER
12. Name Henry Cox
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Granger
15. Birthplace Germany

16 (a) Informant Mrs Sarah J Cox
(b) Address 1004 N. Fulton Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Frederick Ave

18 (a) Funeral director William Cook Sons
(b) Address 1217 St Paul St

19 NOV 10 1942 (Date rec'd by registrar) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1942, at 8:10 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10-2 19 42 to 11-6 19 42 and that I last saw h~~im~~ alive on 11-6 19 42

Immediate cause of death	Duration
Uremia	
Due to arteriosclerotic kidney disease	
Due to	
Other Conditions Neurological deterioration	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Harry S. Cox M. D.
Address 2703 Edmondson Date signed 11-9-42

VS 3

E 97450

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93N

FE 97450 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2101 Old Springfield Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 19
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 21 S Caroy St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Catherine De Benfore

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W.	Widowed

6 (b) Name of husband or wife Thomas

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 29 1863

8. AGE: Years	Months	Days	If less than one day
79	0	9	hr. min.

9. Birthplace Baltimore Maryland (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name J Dunbrie
13. Birthplace Md

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant Mrs Georgia Watkins
(b) Address 919 1/2 N E Washington Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 1942 (month) (day) (year)
(c) Cemetery or crematory Loudon
Location Balto.

18 (a) Funeral director Wm Cook Jr
(b) Address 217 S Paca

19 (a) (Signature of registrar) (b) Huntington Williams, M.D. Registrar

NOV 10 1942

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1942 at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 16 1942 to Nov 8 1942, and that I last saw her alive on Nov 6 1942

Immediate cause of death	Duration
Myocarditis	
Due to (a)	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. H. Patterson

Address 2324 Reisterstown Rd Date signed 11/9/42 M.D.

E 97451

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

Registered No. E 97451

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Linden & Madison
(c) Hospital or institution: Maryland General Hosp. yes
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 615 Tunbridge Rd.
(If rural give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Ida C Green

3 (b) If veteran, name war none

3 (c) Social Security Account No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife Joshua R.

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 - 1880

8. AGE: Years 62 | Months 3 | Days N | If less than one day hr. min.

9. Birthplace Baltimore
(Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business

FATHER
12. Name Wesley Cuddy
13. Birthplace Baltimore Co Md

MOTHER
14. Maiden Name Rachel Statler
15. Birthplace Baltimore Co Md

16 (a) Informant Mrs Harry Marshall
(b) Address 615 Tunbridge Rd

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (month) 10 (day) 42 (year)

(c) Cemetery or crematory Parkwood
Location Taylor ave Balto

18 (a) Funeral director Wellington Cook Inc
(b) Address 1217 N Broadway

19 (a) NOV 10 1942 (Date rec'd by registrar) Wellington Williams Jr.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1942, at 7 35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 3 1942, to Nov 7 1942, and that I last saw h-er alive on Nov. 7 1942.

Immediate cause of death	Duration
Coronary failure	
Due to Coronary occlusion	
Due to Arterial	
Other Conditions Carcinoma ?	over

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature J. H. Maynard M. D.
Address Md. Gen. Hosp. Date signed 11/9/42

VS 2

F 97452

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. F 97452

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 33rd and Calvert
(c) Hospital or institution: Union Memorial Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Penna (b) County
(c) City or town Drexel Hill (If outside city or town limits, write RURAL and give town)
(d) Street No. 121 Turner Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Carrie C. Church
3 (b) If veteran, name war
3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
female	white	widowed

(b) Name of husband or wife
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) May 14, 1866

8. AGE: Years	Months	Days	If less than one day
76	5	26	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER 12. Name George Crouse
FATHER 13. Birthplace Maryland
MOTHER 14. Maiden Name Arabia Terrant
MOTHER 15. Birthplace

16 (a) Informant Mrs. P. W. Everitt
(b) Address 121 Turner Ave, Drexel Hill PA
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location E North ave
18 (a) Funeral director William Cook Inc
(b) Address 1217 W Baltimore St.
19 (a) (Date received by Registrar) (b) Hunting for Nellie L. M.D. Registrar

NOV 13 1942

VS-4

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1942 at 2.50 P.M.
21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 8 1942 to Nov 9 1942 and that I last saw her alive on Nov. 9 1942

Immediate cause of death	Duration
cardio respiratory failure	
Due to Peritonitis	
Due to Carcinoma of uterus metastases	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury
23. Signature James Douglas Leland M. D.
Address Union Memorial Hosp. Date signed 11/9/42

JL - 77187

97453

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1942 Registered No. F 97453

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1126 Kilwood Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME William Walton

3 (b) If veteran, name war: NO
3 (c) Social Security Account No. NONE

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Augusta Walton
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29. 1889

8. AGE: Years 53 | Months 9 | Days 9 | If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business Unemployed

FATHER
12. Name Robert Walton
13. Birthplace Md.

MOTHER
14. Maiden Name Anna ?
15. Birthplace Md.

16 (a) Informant B. C. H.
(b) Address 4940 Eastern Ave.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 12/42 (month) (day) (year)
(c) Cemetery or crematory ST PAUL CEM.
Location BOSTON ST. ST.

18 (a) Funeral director Lilly & Zeiler Inc.
(b) Address 403 S. WOLFE ST.

NOV 10 1942 (Date rec'd by Registrar) (Huntington Williams M.D.

VS 189

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8 1942 at 4 25 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10-5 1942 to 11-8 1942, and that I last saw h[illegible] alive on 11-8 1942.

Immediate cause of death: Tuberculosis Pulmonal ulcerativa — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. K. Rathbun M. D.
Address Balto. City Hosp. Date signed 11-9-42

F 97454

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1244a

F 97454 Registered No.

Please write clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5011 EASTERN AVE.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 5 YRS.

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 5011 EASTERN AVE.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MATTHEW SMITH

3 (b) If veteran, name war: 1 ST. WORLDS WAR

3 (c) Social Security Account No. NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
MALE	WHITE	SINGLE

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 8 1897

8. AGE: Years	Months	Days	If less than one day
45	2	1	hr. min.

9. Birthplace PENNA. (Town, county, and state)

10. Usual Occupation NONE

11. Industry or business

FATHER 12. Name STANLEY SMITH

13. Birthplace GERMANY

MOTHER 14. Maiden Name ANTONIA SUCHOCKER

15. Birthplace GERMANY

16 (a) Informant WALTER SMITH (BROTHER)

(b) Address 419 S. LEIGH ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 12/42 (month) (day) (year)

(c) Cemetery or crematory ARLINGTON NATIONAL

Location ARLINGTON VA.

18 (a) Funeral director Lilly & Zellenbach

(b) Address 403 S. WOLFE ST.

19 (a) Filed NOV 10 1942 (Date rec'd by registrar) (b) Registrar [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1942 at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1942 to Nov 9 1942 and that I last saw him alive on Nov 9 1942

Immediate cause of death	Duration
Coma	36 hrs.
Due to Hepatic Insufficiency	6 mo.
Due to Portal Cirrhosis of liver	1 year
Other Conditions Chronic alcoholism (Include pregnancy within 3 months of death)	5 yrs.

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Arthur Katz M. D.

Address Johns Hopkins Hosp. Balto, Md. Date signed 11-9-42

VS 8

97455 F 97455

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3706 E. PRATT ST.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MD. (b) County BALTO.
(c) City or town BALTIMORE
(If outside city or town limits, write RURAL and give town)
(d) Street No. 3706 E. PRATT ST.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME SARAH JANE BACHTEL

3 (b) If veteran, name war	3 (c) Social Security Account No.
NO	NONE

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
FEMALE	WHITE	WIDOW

6 (b) Name of husband or wife JOHN BACHTEL
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) FEB. 25 1852

8. AGE: Years	Months	Days	If less than one day
90	8	13	12 hr. min.

9. Birthplace BALTIMORE MD.
(Town, county, and state)
10. Usual Occupation HOUSE WIFE
11. Industry or business AT HOME

FATHER
12. Name HENRY MEYERS
13. Birthplace GER.

MOTHER
14. Maiden Name ELIZABETH WELLS
15. Birthplace BALTO. MD.

16 (a) Informant MOLLIE KENNEDY (DAUGHTER)
(b) Address 3706 E. PRATT ST

17 (a) BURIAL (b) Date thereof NOV. 10/42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory MT. CARMEL
Location O'DONNELL ST.

18 (a) Funeral director Tully & Zuelerhan
(b) Address 403 SOUTH WOLFE ST.

19 (a) NOV 10 1942 (b) Hunter Stockton Williams, M.D.
(Date received by Registrar) Registrar

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH NOV. 7 1942 at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug. 23, 1942 to Nov. 7, 1942 and that I last saw her alive on Nov. 7, 1942.

Immediate cause of death	Duration
Chronic myocarditis.	
Due to Cardio-vascular disturbances (Senile)	Unknown
Due to	Unknown
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William Deaver M. D.
Address 2901 E. Monument St. Date signed 11-8-42
Baltimore, Md.

F 97456

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1481

F 97456 Registered No.

Please write plainly with pen and ink and report all the facts of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Madison St. & Linden ave
(c) Hospital or institution: Maryland General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days
(e) Length of stay in Baltimore (yrs., mos., or days) 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3047 Northern Parkway (If rural give location)
(e) Citizen of foreign country? No (Yes or No) If yes, name country

3 (a) FULL NAME Mrs. Jennie Nisbet

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Married

6 (b) Name of husband or wife Thomas Nisbet
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 16, 1874

8. AGE: Years	Months	Days	If less than one day
68	9	23	hr. min.

9. Birthplace Wheatley, Pa. (Town, county, and state)
10. Usual Occupation housewife
11. Industry or business

FATHER
12. Name Joseph Lendenham
13. Birthplace Pa.

MOTHER
14. Maiden Name Amanda Saith
15. Birthplace Pa.

16 (a) Informant Mr. Thomas Nisbet, husband
(b) Address 3047 Northern Parkway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 10 1942 (Date received by registrar) Huntington Williams, M.D.

VS 8

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1942 at 1 35 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 10/18 1942 to 11/9 1942, and that I last saw her alive on 11/9 1942.

Immediate cause of death	Duration
Pulmonary Embolism	
Due to Adenocarcinoma of Uterus	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 10/23/42
Major findings of operation: Adenocarcinoma of Uterus (Hysterectomy)
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature John D. Young Jr. M.D.
Address Md. General Hosp. Date signed 11/9/42

F 97457

F 97457

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 830

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 208 E. Lafayette Ave.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 17
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 208 E. Lafayette Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME DR. EDUARD QUANDT

3 (b) If veteran, name war --

3 (c) Social Security Account No. --

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Sadie Carruthers Quandt

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 18, 1872

8. AGE: Years 70 | Months 8 | Days 19 | If less than one day hr. min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual Occupation Pharmacist (retired)

11. Industry or business Self

FATHER
12. Name Charles Quandt
13. Birthplace Germany

MOTHER
14. Maiden Name Sophie Bengdt
15. Birthplace Germany

16 (a) Informant Mr. Charles Quandt
(b) Address Windsor Court Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date received by Registrar) NOV 10 1942 (b) Huntington Williams, M.D. Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7, 1942, at 8:40A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 19, 1942 to Nov. 7, 1942 and that I last saw him alive on Nov. 1, 1942.

Immediate cause of death	Duration
Cerebral hemorrhage	4 days
Due to	
Due to Arteriosclerosis	1 yr.
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Hugh Forsythe M. D.
Address 424 E. Monk Ave. Date signed 11, 9, 42

F 97458

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

Registered No. F 9745d

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address 110 N. Calhoun St.

(c) Hospital or institution Franklin Sq Hosp.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town Balto Md
(If outside city or town limits, write RURAL and give town)

(d) Street No. 628 W. Cross St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Katie Flichman (Katherine Sabina Flichman)

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1868

8. AGE: Years	Months	Days	If less than one day
74	3	10	hr. min.

9. Birthplace Baltimore Co., Md.
(Town, county, and state)

10. Usual Occupation --

11. Industry or business

FATHER

12. Name Andrew J. Flichman

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth Brunn

15. Birthplace Germany

16 (a) Informant Mr. Charles W. Flichman

(b) Address 5503 Elsrode Ave.

17 (a) Burial (b) Date thereof 11/11/42
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Western Cemetery

Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS

(b) Address Balto., Md.

19 (a) NOV 10 1942 (b) Huntington Williams M.D. Registrar
(Date received by Registrar)

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/t 19 42, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/t 19 42 to 11/t 19 42 and that I last saw h[illegible] alive on 11/t 19 42

Immediate cause of death

Hypertensive C-V-D — Duration: yrs

Due to Hemiplegia — 7 mos

Due to

Other Conditions Ulcers of Leg — 2 mos

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)

(e) Means of injury

23. Signature H O Goodman Jr

Address Franklin Sq Hosp Date signed 11/12/42

F 97459

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

F 97459 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1137 Scott St.
(c) Hospital or institution

(d) Length of stay in hospital or inst. (yrs., mos., or days) 21
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MD (b) County
(c) City or town Balto (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME ROBERT. L DUCKETT

3 (b) If veteran, name war	3 (c) Social Security Account No. 220-05-8128
—	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife CATHERINE DUCKETT
6 (c) If alive, give age 75 years
7. Birth date of deceased (mo., day, yr.) AUG. 18 1866

8. AGE: Years	Months	Days	If less than one day
76	2	21	10 hr. min.

9. Birthplace BALTO MD (Town, county, and state)
10. Usual Occupation WATCHMAN
11. Industry or business HOFFBERGER. ICE Co

FATHER
12. Name JOHN DUCKETT
13. Birthplace BALTO MD

MOTHER
14. Maiden Name ELLEN FEENEY.
15. Birthplace MAINE

16 (a) Informant CATHERINE DUCKETT.
(b) Address 1137 SCOTT ST.

17 (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-12-42 (month) (day) (year)
(c) Cemetery or crematory ST. PETER'S CEM.
Location BALTO MD

18 (a) Funeral director Bernard C Harle
(b) Address 134 E West St

19 (a) NOV 10 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1942, at 6.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 2 1942 to Nov. 8 1942 and that I last saw h- alive on Nov. 8th 1942

Immediate cause of death: Auricular Fibrillation — Duration: 7 months
Due to
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Harry Hates M. D.
Address 517 Scott St Date signed 11-9-42

VS 3

F 97460

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97460 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 920 LeMon ST
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town BALTIMORE (If outside city or town limits, write RURAL and give town)
(d) Street No. 920 LeMon. ST. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME STEVE RILEY (STANLEY RIVNAK)

3 (b) If veteran, name war

3 (c) Social Security Account No. 139-10-1624

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	W	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 8-96

8. AGE: Years	Months	Days	If less than one day
46			hr. min.

9. Birthplace Lith. (Town, county, and state)

10. Usual Occupation labor.

11. Industry or business

FATHER 12. Name Q. Tonas.
13. Birthplace Lith.

MOTHER 14. Maiden Name C. PinKarich.
15. Birthplace Lith

16 (a) Informant MIKE RILEY
(b) Address 920 LeMon ST

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory ST. GerTrude
Location Woodbridge, N.J.

18 (a) Funeral director Joseph Kasmakas Dom.
(b) Address 602 Washington Blvd

19 NOV 10 1942 at Huntingtor Pulliams, Md. Registrar
(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1942, at 7:30 P M

21. I certify that death occurred on the date above stated, that I attended deceased from June 13 1942, to Nov 9 1942, and that I last saw h[illegible] alive on Nov 9 1942.

Immediate cause of death	Duration
Stomach Hemorrhages	Short Time
Due to Bronchial Asthma	June 13
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Edward J. Megan M.D. M. D.
Address 68 E Washington Blvd Date signed 11-10-42

VS 8

F 97461

Cause #9

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1944 W Registered No. F 97461

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Johns Hopkins Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1738 Thames St
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME JOHN FORD

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
61			hr. min.

9. Birthplace (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name
13. Birthplace

MOTHER
14. Maiden Name
15. Birthplace

16 (a) Informant
(b) Address

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery or crematory
Location PUBLIC CEMETERY NOV 10 1942

18 (a) Funeral director Commissioner of Health
(b) Address

19 NOV 10 1942 (b) Huntington Williams, M.D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 8, 1944, 11 53

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence
(Autopsy or Inquiry)
obtained by said " find that said deceased came
(Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death — Duration

Coronary occlusion

Due to

Due to

Other Conditions no

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation: no

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature H. L. Wollenweber M.D.
Medical Examiner.
Date signed 10-9-44

VS 6

Physicians: please write the causes of death clearly and legibly.

F 97462

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 432 F 97462

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1037 N. Broadway
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 4
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1037 N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Grace Clark Leach

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Divorced

6 (b) Name of husband or wife Horace H. Leach

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 4 1876

8. AGE: Years 66 | Months 8 | Days 4 | If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business At home

FATHER
12. Name Samuel Clark
13. Birthplace England

MOTHER
14. Maiden Name Catherine E. Lowe
15. Birthplace Nova Scotia

16 (a) Informant Mrs. Grace C. Leach
(b) Address 1037 N. Broadway

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore, Md.

18 (a) Funeral director Ehrlich Lamotray
(b) Address 1003 N. Baltimore St.

19 (a) (Date received by Local Registrar) NOV 10 1942 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1942 at 3:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from October 19 42 to November 19 42, and that I last saw him alive on Nov. 6 1942.

Immediate cause of death: General debility & Senile pneumonia

Duration
-
-
9 days

Due to Senile paraplegia

Due to

Other Conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ingwald Brill
Address 876 N. Washington St. Date signed M. 11 D. 7 43

VS 2

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97463

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 1941

F 97463 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 434 W. Biddle St.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 434 W. Biddle St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Eliza McKim

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	C	Widow

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 15, 1868

8. AGE: Years	Months	Days	If less than one day
74		22	hr. min.

9. Birthplace Maryland (Town, county, and state)
10. Usual Occupation Cook
11. Industry or business

FATHER
12. Name Butler Ennis
13. Birthplace Maryland

MOTHER
14. Maiden Name ? Thorpe
15. Birthplace Maryland

16 (a) Informant Miss Victoria Ennis
(b) Address 340 N. Biddle Street

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-41 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn Cem.
Location Baltimore, Md.

18 (a) Funeral director Isaac W. Redden
(b) Address 432 W. Biddle St.

19. (a) NOV 10 1941 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1941, at 4:35 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Autopsy or Inquiry) thereon and from the evidence obtained by said inquiry (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

Immediate cause of death	Duration
Arteriosclerotic cardiovascular disease	
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
Autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Robert Lee Fraser M.D. Medical Examiner.
Date signed Nov. 8 1941

VS 6

F 97464

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93

Registered No. F 97464

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
1906
(d) Street No. Wagon Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Gray
3 (b) If veteran, name war
3 (c) Social Security Account No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	Black	Married

6 (b) Name of husband or wife Nellie Gray
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3, 1900

8. AGE: Years	Months	Days	If less than one day
42	3	5	hr. min.

9. Birthplace Montgomery Co. Md (Town, county, and state)
10. Usual Occupation Laborer
11. Industry or business

MOTHER / FATHER
12. Name William Gray
13. Birthplace Montgomery Co. Md
14. Maiden Name Jennie Holsey
15. Birthplace Montgomery Co. Md

16 (a) Informant Wilanda Burgoodin
(b) Address 614 Brune St
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Auburn
Location Md
18 (a) Funeral director Mrs Katie R. Williams
(b) Address 322 N Schroeder St
19 (a) (Date rec'd by registrar) (b) Williams M.D.

VS NOV 10 1942 Funeral for Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-8-42 19 at 6:07 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-5-42 1942, to 11-8 1942, and that I last saw h Dec alive on 11-8-42 19

Immediate cause of death	Duration
Hypertensive cardiovascular disease	
Due to cerebral hemorrhage	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Laura R. Boardman M.D.
Address Franklin Sq Hosp Date signed 11-8-42

F 97465

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97465 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1200 Valley St.
(c) Hospital or institution: Little Sisters of the Poor
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1200 Valley St. (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Frank Mallalieu (Mallahen)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Schammel

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years	Months	Days	If less than one day
76			hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Franklin
13. Birthplace ?

MOTHER
14. Maiden Name Martha Treadway
15. Birthplace ?

16 (a) Informant Little Sisters of the Poor
(b) Address 1200 Valley St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11. 1942 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore

18 (a) Funeral director Rita Wiedefeld
(b) Address 914 Pennsylvania Ave

19 (a) NOV 10 1942 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7, 1942; at 5.45 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 15 1942 to Nov 7 1942, and that I last saw h alive on Nov 6 1942:

Immediate cause of death	Duration
Edema a Lungs	1 day
Due to Chronic Interstitial Nephritis	5 yrs
Due to	
Other Conditions Chronic Myocarditis	10 yrs

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Gill Hall M. D.
Address 1631 E North Ave Date signed Nov 9 42

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 3

F 97466

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1944 Registered No. F 97466

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4308 Arabia Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4308 Arabia Ave.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME MARGARET WEIGEL SCHMIDT

3 (b) If veteran, name war	3 (c) Social Security Account No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widowed

6 (b) Name of husband or wife John Schmidt
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 2, 1883

8. AGE: Years	Months	Days	If less than one day
59	8	10	hr. min.

9. Birthplace Germany
(Town, county, and state)
10. Usual Occupation At home
11. Industry or business

FATHER
12. Name Henry Weigel
13. Birthplace Germany

MOTHER
14. Maiden Name Don't know
15. Birthplace Germany

16 (a) Informant Hilde Collins
(b) Address 4308 Arabia Ave.,

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/10/42 (month) (day) (year)
(c) Cemetery or crematory Oak Lawn
Location Colgate, Md.

18 (a) Funeral director Ullrich Funeral Home
(b) Address 2008 Orleans St.

19 (a) (Date received) NOV 10 1942 Huntington Williams, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-7-1942, at 2:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1942 to Nov. 7 1942. and that I last saw her alive on Nov. 7 1942

Immediate cause of death	Duration
Coronary Thrombosis	1/2 day
Due to Cerebral Sclerosis	1 year about 2 years
Due to Senile Debility	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation
of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. G. Moor M. D.
Address 816 Cathedral St. Date signed 11-7-42

VS 3

Please write correct age is especially important. Physicians: please write the causes of death clearly and legibly. The information should be supplied by the

F 97467

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 1942

F 97467 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3601 Lake Montebello Drive
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County ---
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3601 Lake Montebello Drive (If no street, give location)
(e) Citizen of foreign country? NO (Yes or No) If yes, name country

3 (a) FULL NAME HENRIETTA GRONEBERG

3 (b) If veteran, name war ----

3 (c) Social Security Account No. ----

4. Sex Female

5. Color or race white

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ---

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 20, 1861

8. AGE: Years 81 Months 5 Days 20 If less than one day hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)

10. Usual Occupation At home

11. Industry or business

FATHER
12. Name August Groneberg
13. Birthplace Germany

MOTHER
14. Maiden Name Marie Happel
15. Birthplace Germany

16 (a) Informant Miss Helen Groneberg
(b) Address 3601 Lake Montebello Drive

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location

18 (a) Funeral director Chas. J. Evans Son Inc
(b) Address 118 N. Mt. Street

19 (a) (Date received by State Registrar) (b) Registrar

VS: NOV 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1942, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1942 to 11/9 1942
and that I last saw her alive on Nov 9 1942

Immediate cause of death: Myocarditis
Due to Arterio-sclerosis
Due to Hypertension
Other Conditions
(Include pregnancy within 3 months of death)

Duration: Gradual

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
Means of injury

23. Signature W. H. Handy M. D.
Address 1403 Park ave Date signed 11/9/42

F 97468

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97468 Registered No. 931

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 418 N Linwood Ave
(c) Hospital or institution Home
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or ~~town~~ Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 418 N Linwood Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME H. W. Alexander

3 (b) If veteran, name war

3 (c) Social Security Account No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or divorced: Married

6 (b) Name of husband or wife: Minnie A. Alexander

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): April 12 1860

8. AGE: Years 82 | Months 7 6 | Days 25 | If less than one day hr. min.

9. Birthplace Baltimore Md
(Town, county, and state)

10. Usual Occupation Retired B. & O.

11. Industry or business

FATHER
12. Name Elija Alexander
13. Birthplace Maryland

MOTHER
14. Maiden Name Rachreal ?
15. Birthplace Maryland

16 (a) Informant Mrs Minnie A Alexander
(b) Address 418 N Linwood Ave

17 (a) Burial (b) Date thereof 11-11-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location East North Ave

18 (a) Funeral director William M Mareck
(b) Address 716 Light St.

NOV 10 1942 Huntington Williams M.D.
(Registered by) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7 1942, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to Nov 7 1942, and that I last saw ~~him~~ alive on Nov 7 1942.

	Duration
Immediate cause of death: Cerebral Hemorrhage	1 / 1 / 40
Due to	
Due to Generalized arteriosclerosis	1932
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature William J Roark M. D.
Address 801 21 Eastwood Ave Date signed Nov 9 42

VS 8

If correct age is especially important. Physicians: please write the causes of death clearly and legibly. THIS CERTIFICATE, WITH UNFADING INK. Every item of information should be carefully supplied.

97469

BALTIMORE CITY HEALTH DEPARTMENT 1862 F 97469
Registered No.

CERTIFICATE OF DEATH

Temporary address - 5112 Baltimore Road

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0-0-A
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Pa (b) County
(c) City or town Freeland
(If outside city or town limits, write RURAL and give town)
(d) Street No. 111 Washington ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Victor T. Sorako

3 (b) If veteran, name war —

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1921

8. AGE: Years	Months	Days	If less than one day
21		3	hr. min.

9. Birthplace Japan Jedoo Pa
(Town, county, and state)

10. Usual Occupation —

11. Industry or business —

FATHER
12. Name Constaven Sorako
13. Birthplace Poland

MOTHER
14. Maiden Name Mary Biu
15. Birthplace Poland

16 (a) Informant Mary Bronkkowski
(b) Address 347 N. Broad St. - Hazleton Pa

17 (a) Burial (b) Date thereof 11 (month) (day) (year)
(Burial, cremation, or removal)
(c) Cemetery or crematory Freeland Polish
Location Freeland Pa.

18 (a) Funeral director Elroy Wilson
(b) Address 1000 Brantley Ave

19 (a) NOV 10 1942 (b) Huntington Mills Pa
(Date received by Registrar)

VS 4

MEDICAL CERTIFICATION

20. DATE OF DEATH 11 - 9 - 1942, at 2:15 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy & Inquiry thereon and from the evidence obtained by said Autopsy & Inquiry find that said deceased came to his death on the day stated above.

Immediate cause of death: Crushed Skull
Due to: Avulsion of brain
Due to:
Other Conditions:
(Include pregnancy within 3 months of death)
Date of operation:
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 4/1
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-9-42 at 1:30 P M
(c) Where did injury occur? Jug Patapsco City Limits
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Pier 1 Pratt St While at work? Yes
(Specify type of place)
(e) Means of injury Head crushed by life raft

23. Signature Howard J. Madden M.D.
Medical Examiner.
Date signed 11-10-42

F 97470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 97470

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N. Fremont St. 16 Ward)

Registered No. 13N

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Annie Cannon

If U.S. Veteran specify WAR

(a) Residence: No. 602 N Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Cannon age 65

6. DATE OF BIRTH (month, day, year) Nov 29 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co Virginia

FATHER

13. NAME Irwin Tyler

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va

MOTHER

15. MAIDEN NAME Martha Lane

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va

17. INFORMANT Ella Thomas

(Address) 602 N. Fremont

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Nov 12, 1942

19. UNDERTAKER Mrs Kate A. Williams

(Address) 322 N Schroeder St Baltimore Md

20. FILED NOV 10 1942 Huntington for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov 9, 1942

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1942 to Nov 9, 1942

I last saw her alive on Nov 8, 1942 Death is said to have occurred on the date stated above, at 12 10 a. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocardial Insufficiency
Hypostatic pneumonia
neg. autopsy

Date of onset 5 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) David Swanbeck M. D.

(Address) 1111 W Lexington St

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 97171

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97171 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2322 Arunah Ave
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 16
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 2322 Arunah
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Edith Morgan

3 (b) If veteran, name war None

3 (c) Social Security Account No. None

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 30. 1876

8. AGE: Years 66 | Months - | Days 9 | If less than one day hr. min.

9. Birthplace Balto Md
(Town, county, and state)

10. Usual Occupation Sales Lady

11. Industry or business Hochschild Kohn

FATHER
12. Name Randolph Morgan
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth J Atlee
15. Birthplace Maryland

16 (a) Informant Arthur St. Morgan
(b) Address 2322 Arunah Ave

17 (a) Burial (b) Date thereof Nov 11-42
(Burial, cremation, or removal) (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Frederick Road

18 (a) Funeral director Deegan Cook Inc
(b) Address 212 St Paul Place

19 (a) NOV 10 1942 Hunting for Middleton
(Date rec'd by registrar) Registrar

V5 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/9 1942; at 7.40 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Inquiry find that said deceased came (Autopsy or Inquiry)
to natural death on the day stated above.

Immediate cause of death Coronary Thrombosis — Duration

Due to Chronic Myocarditis

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work?
(Specify type of place)
(e) Means of injury

23. Signature Hugh B. McNally M.D.
Medical Examiner.
Date signed 11/10/42.

F 97472

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

169

F 97472 Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospitals W6
(d) Length of stay in hospital or inst. (yrs., mos., or days) DOA
(e) Length of stay in Baltimore (yrs., mos., or days) 4 Hrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Dundalk
(If outside city or town limits, write RURAL and give town)
(d) Street No. 8210 Dundalk Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME RICHARD EDWARD NEVINS

3 (b) If veteran, name war

3 (c) Social Security Account No. 475-05-4619

4. Sex M | 5. Color or race W | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ira M. Nevins

6 (c) If alive, give age 24 years

7. Birth date of deceased (mo., day, yr.) April 13/1906

8. AGE: Years 36 | Months 6 | Days 26 | If less than one day hr. min.

9. Birthplace Hamilton N. Dakota
(Town, county, and state)

10. Usual Occupation Tool & die maker

11. Industry or business Eastern Aircraft Co

FATHER
12. Name Richard Nevins
13. Birthplace Ireland

MOTHER
14. Maiden Name Martha Crotty
15. Birthplace Ireland

16 (a) Informant Ira M. Nevins
(b) Address 8210 Dundalk Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 17/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park
Location Baltimore Md

18 (a) Funeral director Harry H. Anncoat
(b) Address 4701 Ridgewood Ave

19 (a) NOV 10 1942 (Date rec'd by registrar) Huntington Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1942 at 6 45 M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence (Autopsy or Inquiry)
obtained by said I. (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

	Duration
Immediate cause of death: Fracture of skull	
Due to	
Due to	
Other Conditions: No	
(Include pregnancy within 3 months of death)	
Date of operation: No	
Major findings of operation:	
of autopsy: No	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 26/7
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov 9, 1942 at 5 30 M
(c) Where did injury occur? B. & O. R.R. yards Gwyn. Oak & Fed. Co. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? industrial While at work? —
(Specify type of place)
(e) Means of injury Pedestrian struck by train

23. Signature H. L. Wallenmeyer M.D.
Asst Medical Examiner.
Date signed 11-9-42

VS 6

Please write clearly with pen and ink. Use no abbreviations. If unknown, state so. Do not use ditto marks. Physicians: please write the causes of death clearly and legibly. The accuracy of information should be carefully verified. The accuracy of information is important.

F 97473

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97473 Registered No. 170C

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: South Baltimore Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) D.O.A.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 619 W. West St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME John Edward Gaskill

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	W	Single

6 (b) Name of husband or wife —
6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept 22 1938

8. AGE: Years	Months	Days	If less than one day
4	1	12	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none (child)
11. Industry or business

FATHER
12. Name Joel Albert Gaskill
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Bessie Dolson
15. Birthplace Balto., Md.

16 (a) Informant Albert Gaskill
(b) Address Balto., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11. 1942 (month) (day) (year)
(c) Cemetery or crematory Mt. Cathedral
Location Old Frederick Road

18 (a) Funeral director Rendell Chapel
(b) Address 312 S. Highland Ave Huntington Williams M.D.

19 (a) Date received NOV 10 1942 (b) registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1942, at 5 P M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an partial autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said partial autopsy (Autopsy or Inquiry) had that said deceased came to his death on the day stated above.

Immediate cause of death	Fracture of skull	Duration
Due to		
Due to		
Other Conditions		

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy: partial

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Yes
(a) Accident, suicide, or homicide accident
(b) Date of occurrence Nov. 7 1942 at 4:30 PM
(c) Where did injury occur? West & Dukeland Sts. (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? public (Specify type of place) While at work? —
(e) Means of injury Struck by auto

23. Signature Robert Bo Graham M.D. Medical Examiner.
Date signed Nov. 8 1942.

F 97474

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97474 Registered No. 13 B

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 815 Lyndhurst St.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in Baltimore (yrs., mos., or days) 23 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 815 Lyndhurst St.
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME George Thomas Norton

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Anna L. Norton (nee Boessel)

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1884.

8. AGE: Years 58 | Months 2 | Days 8 | If less than one day: hr. min.

9. Birthplace New York (Town, county, and state)

10. Usual Occupation Tax Consultant

11. Industry or business

FATHER
12. Name George Thomas Norton
13. Birthplace N. Y.

MOTHER
14. Maiden Name Mary Cain
15. Birthplace N. Y.

16 (a) Informant Mrs. Anna L. Norton,
(b) Address 815 Lyndhurst St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42. (month) (day) (year)
(c) Cemetery or crematory Baltimore National
Location 5501 Frederick Rd.

18 (a) Funeral director Harry A. Kuhtze
(b) Address 4101 Edmondson Ave.

19 (a) (Signature of registrar) Huntington Williams, Registrar

NOV 10 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1942 to Nov 10 1942
and that I last saw h alive on Nov 10 1942

	Duration
Immediate cause of death: Cerebral Hemorrhage	one day
Due to: Cerebral Thrombosis	4 days
Due to: Diabetes	5 years
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Palm Thomas M. D.
Address 4012 Edmondson Ave. Date signed 11/10/42

Physician is especially important. Physicians: please write the causes of death clearly and legibly. The

F 97475

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97475 Registered No. 1084

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address St Agnes Hosp
(c) Hospital or institution: Wilkins Catonsville
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days) 7

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland County Baltimore
(c) City or town Ellicott City
(If not in city or town limits, write RURAL and give town)
(d) Street No. West Chester Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Chas. F. Thomey

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-03-3542

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna Agnes Wallenhad Thomey
(c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Feb. 9, 1877
8. AGE: Years 65 Months 8 Days 29 If less than one day hr. min.
9. Birthplace Baltimore Co Maryland (Town, county, and state)
10. Usual Occupation Farm Inspector
11. Industry or business

FATHER
12. Name Henry Thomey
13. Birthplace Balto Co Maryland

MOTHER
14. Maiden Name Elizabeth Brown
15. Birthplace Germany

16 (a) Informant Mrs. Agnes Thomey
(b) Address Ellicott City Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 9 1942 (month) (day) (year)
(c) Cemetery or crematory Cathedral Cem
Location Baltimore Md

18 (a) Funeral director Benton Sons
(b) Address Ellicott City.

NOV 10 1942 (Date filed by Registrar)

Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 7 1942 at 7:55 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 1 1942 to Nov. 7 1942 and that I last saw h[illegible] alive on Nov 7 1942

Immediate cause of death
Embyema
Due to Lobar Pneumonia
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature C. Arthur Rosenberg
Address St. Agnes Hosp Date signed Nov 9 1942

F 97476

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1136 Poplar Grove 46F

F 97476 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3028 Baker St
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 3028 Baker St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Emily Collins

3 (b) If veteran, name war — 3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Widow

6 (b) Name of husband or wife Thomas J. Collins
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 20, 1874

8. AGE: Years	Months	Days	If less than one day hr.	min.
68	8	18		

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation At Home
11. Industry or business

FATHER
12. Name George Fenner
13. Birthplace Germany

MOTHER
14. Maiden Name Anna B. Gerber
15. Birthplace Switzerland

16 (a) Informant Mrs Helen Barnes
(b) Address 3028 Baker St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 11, 42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Baltimore

18 (a) Funeral director Albert W Gerecy
(b) Address 440 E North Ave

NOV 10 1942 (Date rec'd by registrar) (b) Huntley to Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 8 1942 at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3rd 1942 to Nov. 8. 1942; and that I last saw her alive on Nov. 5 1942.

Immediate cause of death Carcinoma of Lung — Duration 3 mos.
Due to Metastasis from Carcinoma of Cervix — about one year
Due to
Other Conditions Arteriosclerosis — 1 yr.
(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. J. M. Dermott M. D.
Address 1126 Poplar Grove St Date signed 11/10/42

VS 180

F 97477

SOPHIA E. ISENBERG

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

93D

F 97477

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Mechanic & Howard Sts.
(c) Hospital or institution: Maryland Gen. Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 hrs.
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2501 Linden Ave (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3 (a) FULL NAME Mrs. Sophia Eisenberg (MRS Sophia Eisenberg) (Mrs Sophia Eisenberg)

3 (b) If veteran, name war

3 (c) Social Security Account No. 213-18-8437

4. Sex F | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Moes Isenberg

6 (c) If alive, give age Deceased

7. Birth date of deceased (mo., day, yr.) Aug. 16, 1871

8. AGE: Years 71 | Months 2 | Days 27 24 | If less than one day ..... hr. ..... min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Clerk

11. Industry or business

FATHER 12. Name Isaac Eichengreen

13. Birthplace America

MOTHER 14. Maiden Name Babetta Steiber

15. Birthplace Germany

16 (a) Informant Mrs. Jack Solomon

(b) Address 4607 Barrington Rd

17 (a) Burial (b) Date thereof Nov 12/42

(c) Cemetery or crematory BALTIMORE HEBREW CEMETERY

Location Belair Road

18 (a) Funeral director J. Agrans & Co

(b) Address 2413 Reisterstown Rd

(Date received by Registrar) NOV 10 1942 (b) Huntington Williams M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1942 at 9 00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 7 a.m. 11/10 1942 to 9 a.m. 11/10 1942 and that I last saw h.. alive on 11/10 1942.

Immediate cause of death ..... Duration

Cerebral hemorrhage

Due to Hypertensive cardio-vascular disease

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence ..... at ..... M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature M. J. McGowan M. D.

Address Maryland Gen. Hosp. Date signed 11/10/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97478

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97478 Registered No. 13B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address: Wyman Park Drive and 31st St.

(c) Hospital or institution: U. S. Marine Hospital, Baltimore, Maryland.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7mo19da

(e) Length of stay in Baltimore (yrs., mos., or days) 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No.: 514 McMechen Street (If rural give location)

(e) Citizen of foreign country? No (Yes or No) If yes, name country:

3 (a) FULL NAME: CLIFTON LESTER WATSON

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Married

6 (b) Name of husband or wife: Elizabeth Trusty

6 (c) If alive, give age: 30 years

7. Birth date of deceased (mo., day, yr.): May 20, 1910

8. AGE: Years	Months	Days	If less than one day
32	5	19	hr. min.

9. Birthplace: Accomac County, Virginia (Town, county, and state)

10. Usual Occupation: Orderly

11. Industry or business:

FATHER

12. Name: Harry T. Watson

13. Birthplace: Accomac County, Virginia

MOTHER

14. Maiden Name: Minnie M. Moore

15. Birthplace: Accomac Co., Virginia

16 (a) Informant: Records-US Marine Hospital,

(b) Address: Baltimore, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-42 (month) (day) (year)

(c) Cemetery or crematory: Arbutus

Location:

18 (a) Funeral director: Adolphus Halstead

(b) Address: 718 Druid Hill Ave.

NOV 10 1942 Huntington Williams, M.D. (Date received) (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 9, 1942 at 11:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from March 18, 1942, to Nov. 9, 1942, and that I last saw him alive on Nov. 9, 1942

Immediate cause of death	Duration
Addison's Disease	7 Mo.
Due to: Tuberculosis of the adrenal glands	Unk.
Due to: Renal tuberculosis	Unk.
Other Conditions: Pulmonary tuberculosis; tuberculosis of the entire GU tract	Unk.

(Include pregnancy within 3 months of death)

Date of operation: April 1, July 3:15/42

Major findings of operation: Cystoscopy; implantation of pellits

of autopsy: Non

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence at M

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify which of these) While at work)

(e) Means of injury:

23. Signature: H. O. Dueltus M. D.

Address: US Marine Hospital, Baltimore, Maryland. Date signed 11/10/42

VS 180

F 97479 T.M 15593

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

97479

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 yrs
(e) Length of stay in Baltimore (yrs., mos., or days) Maryland

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. Rex Boarding House Baltim (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

26-12

3 (a) **FULL NAME** Phillip Bichell

3 (b) If veteran, name war W
3 (c) Social Security Account No. none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 7th, 1861

8. AGE: Years	Months	Days	If less than one day
81	11	2 24	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation
11. Industry or business

FATHER
12. Name Phillip Bichell
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Murray
15. Birthplace Maryland

16 (a) Informant Baltimore City Hospitals
(b) Address 4940 Eastern Ave [illegible] Records

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/42 (month) (day) (year)
(c) Cemetery or crematory London Park
Location Baltimore Md

18 (a) Funeral director Wilson & Son
(b) Address 1217 Eastern Ave

19 (a) NOV 11 1942 (Date rec'd by registrar) (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-5 1942, at 9 00 M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-10 1942, to 11-5 1942, and that I last saw h[illegible] alive on 11-3 1942.

	Duration
Immediate cause of death: Bronchopneumonia	?
Due to: Cerebral arteriosclerosis	?
Due to:	
Other Conditions:	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operations
of autopsy: Not done

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. K. Rathbun M. D.
Address Balt. City Hosp Date signed 11-9-42

St Henry's Jones 2988 St Paul

F. 97480

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

83a F 97480 Registrar No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 3119 Brendan Ave
(c) Hospital or institution: 2653
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 10 Yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) City or Town Baltimore
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. 3119 Brendan Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Mary E. Chambers

3 (b) If veteran, name war None | 3 (c) Social Security Account No. None

4. Sex Female | 5. Color or Race White | 6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Newton V

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 10 - 1860

8. AGE: Years 82 | Months 8 | Days 29 | If less than one day hr. min.

9. Birthplace Cecil Co Md (Town, county, and state)

10. Usual Occupation Housewife

11. Industry or business ?

FATHER
12. Name ?
13. Birthplace Maryland

MOTHER
14. Maiden Name Margaret Brown
15. Birthplace Maryland

16 (a) Informant John A. Williams
(b) Address 3119 Brendan Ave

17 (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov 11 42 (month) (day) (year)
(c) Cemetery or crematory Silver Brook Cem
Location Wilmington Delaware

18 (a) Funeral director Williams Cook Inc
(b) Address 1217 St Paul Street

19 (a) NOV 1 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 9 1942 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/15 1942 to Nov 9 1942 and that I last saw h[illegible] alive on Nov 9 1942

Immediate cause of death: Arteriosclerosis — Cerebral Hemorrhage — Duration 15 d 48 hr

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Jones M. D.
Address 2818 St Paul Date signed

VS 3

F 97481

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

94a

Registered No. F 97481

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: Baltimore City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dont
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County Baltimore
(c) City or town Lansdale
(If outside city or town limits, write RURAL and give town)
(d) Street No. 6707 Dulaith Ave
(If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME CASIMIR KRYSEAK

3 (b) If veteran, name war	3 (c) Social Security Account No. 29-073-567

4. Sex	5. Color or race	6 (a) Single, married, widowed or divorced.	6 (b) Name of husband or wife	6 (c) If wife, give age
M	W	Married	Mary Kryseak	years

7. Birth date of deceased (mo., day, yr.) 1910

8. AGE: Years	Months	Days	If less than one day: hr.	min.
32				

9. Birthplace Baltimore (town, county, and state)
10. Usual Occupation Welder
11. Industry or business

FATHER	12. Name	Michael Krupsak
	13. Birthplace	Poland
MOTHER	14. Maiden Name	Draper
	15. Birthplace	Baltimore

16 (a) Informant Mary Krupsak
(b) Address 6707 Dulaith Ave.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13/42 (month) (day) (year)
(c) Cemetery or crematory Sacred Heart of Mary
Location Field W Oz aisle 1
18 (a) Funeral director 1930 Eastern Ave
(b) Address
19 (a) NOV 11 1942 (Date rec'd by registrar) (b) Huntington Williams M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9, 1942 at 9 20 A M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an autopsy thereon and from the evidence (Autopsy or Inquiry)
obtained by said autopsy, find that said deceased came (Autopsy or Inquiry)
to his death on the day stated above.

Immediate cause of death Coronary thrombosis — Duration

Due to

Due to

Other Conditions No

(Include pregnancy within 3 months of death)

Date of operation No

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. J. Williams M.D.
Medical Examiner.
Date signed 11-9-42

VS 6

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

97482 28726 H

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

93 D

97482 28726 H

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1470 Reynolds St
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1470 Reynolds St (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Wladyslawa Nagruszewski (Mazur)

3 (b) If veteran, name war —

3 (c) Social Security Account No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Stanislaw

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1893

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace Poland (Town, county, and state)

10. Usual Occupation House Work

11. Industry or business at Home

FATHER
12. Name Thomas Okrasinski
13. Birthplace Poland

MOTHER
14. Maiden Name
15. Birthplace Poland

16 (a) Informant Stanislaw Nagruszewski
(b) Address 1470 Reynolds St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 12 42 (month) (day) (year)
(c) Cemetery or crematory Holy Rosary
Location Baltimore

18 (a) Funeral director Fred W Ozarowski
(b) Address 1900 Eastern Ave

19 (a) NOV 11 1942 (Date rec'd by registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8 1942 at 4.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 2 1942 to Nov 8 1942, and that I last saw her alive on Nov 8 1942.

Immediate cause of death Cerebral Hemorrhage
Pag Ly Pneumonia
Due to Cardiovascular Dem
Due to
Other Conditions
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

Duration
7

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. H Barranco M. D.
Address 36 E Fort Ave Date signed 11/9/42

VS 3

Correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be checked and supplied. The

F 97483

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

737

Registered No. F 97483

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: JOHNS HOPKINS HOSPITAL
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 2
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 606 N Lakewood Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Frances Albert

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 6-7-23

8. AGE: Years	Months	Days	If less than one day
19	5	3	hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual Occupation Book Keeper

11. Industry or business

FATHER
12. Name Frank Albert
13. Birthplace Md

MOTHER
14. Maiden Name Anna Gummer
15. Birthplace Md

16 (a) Informant Records
(b) Address Johns Hopkins Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13/42 (month) (day) (year)
(c) Cemetery or crematory Holy Redeemer
Location Baltimore

18 (a) Funeral director Fred W. Gaszynski
(b) Address 1930 Eastern Ave

19 (a) Nov 11 1942 (b) Registrar

VS 180

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1942 at 2.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 21 1942 to Nov 10 1942 and that I last saw h.C.R alive on Nov 10 1942

Immediate cause of death	Duration
Aplastic Anemia	1 Years
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operations:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Robert C. Anderson, M.D.
Address The Johns Hopkins Hospital Date signed 11/13/42

F 97484

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1190 Registered No. F 97484

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1213 Light Sts.
(c) Hospital or institution: South Balto Gen'l Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 d.
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1468 Stevenson Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

24-1 Birth F 49243

3 (a) FULL NAME Leubkert, Timm — Timm Leubkert

3 (b) If veteran, name war —
3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5/2/42

8. AGE: Years	Months	Days	If less than one day
	6	8	hr. min.

9. Birthplace Balto Md. (Town, county, and state)
10. Usual Occupation
11. Industry or business

FATHER
12. Name Timm A. Leubkert
13. Birthplace Wash. D. C.

MOTHER
14. Maiden Name Kathleen Mayhew
15. Birthplace Wash. D. C.

16 (a) Informant Timm Leubkert
(b) Address 1468 Stevenson Ave

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet Cem.
Location Washington D. C.

18 (a) Funeral director Charles F. Dill
(b) Address 1012 Light Street

NOV 14 1942

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10/42 19 , at 3 00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/9 1942 to 11/10 1942 and that I last saw him alive on 11/10 1942

Immediate cause of death: Acute gastro-enteritis

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Paul A. Mangano M. D.
Address 1213 Light Street Date signed

VS 180

F 97485

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 94a

F 97485

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address Caton and Williams Ave.

(c) Hospital or institution: St. Agnes Hospital 2 5 4

(d) Length of stay in hospital or inst.: (yrs., mos., or days) 15 days

(e) Length of stay in Baltimore (yrs., mos., or days) 15 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Pelay (If outside city or town limits, write RURAL and give town)

(d) Street No. Dunn Road (If rural give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3 (a) FULL NAME Mrs. Amelia R. Clayton

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Wm A. Clayton

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) May 22-1865

8. AGE: Years 77 | Months 5 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Md (Town, county and state)

10. Usual Occupation Housewife

11. Industry or business at Home

FATHER 12. Name Herman Moody.

13. Birthplace Germany.

MOTHER 14. Maiden Name Wilhelmina Jamison

15. Birthplace Germany

16 (a) Informant Mrs. Chas. C. Clayton

(b) Address Elkridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/42 (month) (day) (year)

(c) Cemetery or crematory Londonderry

Location Relay Md

18 (a) Funeral director Geo. L. Boyer Jr

(b) Address 1527 Hollins St

19 (a) NOV 11 1942 (Date rec'd by registrar) Arthur Williams M.D. Registrar

VB 180

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1942 at 11 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Oct. 23 1942 to Nov. 8 1942 and that I last saw he alive on Nov. 8 1942

Immediate cause of death Coronary Thrombosis — Duration .....

Due to ..... — Duration .....

Due to ..... — Duration .....

Other Conditions ..... — Duration .....

(Include pregnancy within 3 months of death)

Date of operation .....

Major findings of operation: .....

of autopsy: .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide .....

(b) Date of occurrence ..... at ..... M

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ..... (Specify type of place) While at work? .....

(e) Means of injury .....

23. Signature T. Arthur Rowberg M. D.

Address St. Agnes Hosp. Date signed 11/18/42

JL - Dec 97486

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

156 B Dec 97486

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4940 Eastern Ave.
(c) Hospital or institution: Baltimore City Hospitals
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 Days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2107 Annapolis Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

2513

3 (a) FULL NAME Charles Thompson

3 (b) If veteran, name war

3 (c) Social Security Account No. 212-14-0186

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M	White	Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31, 1897

8. AGE: Years	Months	Days	If less than one day
45	0	9	hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual Occupation ?

11. Industry or business

MOTHER / FATHER

12. Name John Thompson

13. Birthplace ?

14. Maiden Name Ida Deems

15. Birthplace Md.

16 (a) Informant B. C. H. Records

(b) Address 4940 Eastern Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)

(c) Cemetery or crematory Loudon Park

Location Edmondson Rd

18 (a) Funeral director Edw Toulson

(b) Address 2300 Pennsylvania Ave

19 (a) NOV 11 1942 (Date rec'd by registrar) (b) Washington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-10 1942. 39 Y M

21. I certify that death occurred on the date above stated; that I attended deceased from 11-7 1942 to 11-10 1942; and that I last saw him alive on 11-10 1942

Immediate cause of death	Duration
Cardiac failure	7
Due to Hypertension	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: as above

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature N. K. Rabbitt M. D.

Address Balt. City Hosp Date signed 11-10-42

VS 180

F 97487

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1820

Registered No. F 97487

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 4240 Reisterstown Road
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4240 Reisterstown Road (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Ronald O. Roye (Birth F 54205)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6 (c) If alive, give age - years

7. Birth date of deceased (mo., day, yr.) July 29, 1942

8. AGE: Years | Months: 3 | Days: 10 | If less than one day: hr. min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER
12. Name Floyd M. Roye
13. Birthplace Phila. Pa

MOTHER
14. Maiden Name Edna P. Snake
15. Birthplace Chambersburg Pa

16 (a) Informant Floyd M. Roye
(b) Address 4240 Reisterstown Road

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)
(c) Cemetery or crematory Loraine
Location Woodlawn

18 (a) Funeral director Elias Jay White
(b) Address 2808 Coldspring Lane

19 (a) Nov 11 1942 (Date rec'd by registrar) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9- 1942, at P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Autopsy (Autopsy or Inquiry) thereon and from the evidence obtained by said Autopsy (Autopsy or Inquiry) find that said deceased came to his death on the day stated above.

Immediate cause of death: Suffocation — Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy: Yes

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-9-42 at 5 P. M
(c) Where did injury occur? 4240 Reisterstown Road (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work? No
(e) Means of injury: Smothered by pillow

23. Signature Howard J. Madden M.D. Medical Examiner.

Date signed 11-10-42

VS 6

CORRECTIONS, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97488

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

931

F 97488 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 142 N Ellwood A ve
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 6
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 142 N Ellwood (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Henry S Wroten

3 (b) If veteran, name war

3 (c) Social Security Account No. 219-01-8542

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	white	Married

6 (b) Name of husband or wife Sadie E Wroten

6 (c) If alive, give age 66 years (1877)

7. Birth date of deceased (mo., day, yr.) Dec 4 1861 (1871)

8. AGE: Years	Months	Days	If less than one day
70	11	6	hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation Commission Merchant

11. Industry or business retired

MOTHER / FATHER

12. Name Benjamin Wroten

13. Birthplace Baltimore

MOTHER

14. Maiden Name Regina Wells

15. Birthplace Altimore

16 (a) Informant Sadie Wroten

(b) Address 142 N Ellwood Ave

17 (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 12/42 (month) (day) (year)

(c) Cemetery or crematory Parkwood

Location Balto Co Md

18 (a) Funeral director Ullrich Funeral Home

(b) Address 2008 Orleans St

19 (a) (Entered by registrar) (b) Huntington Williams M.D. Registrar

NOV 14 1942

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 10 1942, at 1 20 M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1941, to Nov 10 1942, and that I last saw h[illegible] alive on Nov 10 1942.

Immediate cause of death: Myocardial degeneration — Duration 2 yrs.

Due to: arteriosclerotic heart disease

Due to: Generalized arteriosclerosis

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation

of autopsy:

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J J Gould M. D.

Address 149 N East ave Date signed 11-11-42

over

F 97489

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

170C

F 97489 Registered No.

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Caroline St.
(c) Hospital or institution: St Joseph Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 months
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs. (let)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1641 N. Spring Street (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Jeanette Callender (Jeannette May Callender)

3 (b) If veteran, name war —

3 (c) Social Security Account No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Female	White	—

6 (b) Name of husband or wife —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan 4th 1937

8. AGE: Years	Months	Days	If less than one day
5	10	5	hr. min.

9. Birthplace Balto, Md. (Town, county, and state)
10. Usual Occupation None
11. Industry or business None

FATHER
12. Name John Callender
13. Birthplace Balto, Md.

MOTHER
14. Maiden Name Jeanette Monroe
15. Birthplace Balto. Md.

16 (a) Informant Mr. John Callender (father)
(b) Address 1641 N. Spring St. City

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-42 (month) (day) (year)
(c) Cemetery or crematory Green Mount
Location Green Mt. at Oliver

18 (a) Funeral director STEWART & MOWEN COMPANY (U. F. WOODEN SUC.) 100 W. NORTH AVENUE
(b) Address

19 (a) NOV 11 1942 (Date rec'd by registrar) (b) [illegible] Registrar

VS 6

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-9- 1942, at 2 P. M

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquisition & Autopsy thereon and from the evidence obtained by said Inquisition & Autopsy (Autopsy or Inquiry) find that said deceased came to [illegible] death on the day stated above.

	Duration
Immediate cause of death Crushed chest Fractured Neck?	
Multiple fractures,	
Due to: Multiple Bruised Burns	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
By autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 9/9
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence 11-9-42 at 4:45 P. M
(c) Where did injury occur Female ward Edwin Str (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public While at work? no (Specify type of place)
(e) Means of injury Fell from [illegible], struck by automobile

23. Signature Howard J. Madden M.D. Medical Examiner.
Date signed 11-9-42

F 97490

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 93

Registered No. 97490

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 2228 Mt. Royal Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 Day
(e) Length of stay in Baltimore (yrs., mos., or days) 10 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2228 Mt. Royal Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME JULIUS HENRY COHEN

3 (b) If veteran, name war: none

3 (c) Social Security Account No. 066-01-6744

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Mae E. Cohen

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 30, 1876

8. AGE: Years 66 | Months 5 | Days 8 | If less than one day hr. min.

9. Birthplace New York City (Town, county, and state)

10. Usual Occupation Salesman

11. Industry or business Sayer & Co., Brooklyn, N.Y.

FATHER
12. Name --- Cohen
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace "

16 (a) Informant Mrs. Mae E. Cohen
(b) Address Lewiston Apts.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/42 (month) (day) (year)
(c) Cemetery or crematory Woodlawn Cem.
Location Woodlawn, Md.

18 (a) Funeral director WM. J. TICKNER & SONS.
(b) Address Baltimore Walter Williams, M.D.

19 (a) NOV 11 1942 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 8, 1942, at M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1923 to Nov 8 1942 and that I last saw him alive on Nov 6 1942

Immediate cause of death: Embolism — Duration: unknown

Due to:

Due to:

Other Conditions Chronic Myocarditis — Duration: 9 yrs

(Include pregnancy within 3 months of death)

Date of operation:

Major findings of operation:

of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature M. L. Lechtenberg

Address 1111 Madison Ave. Date signed 11/10/42

VS 3

CORRECTIONS MUST BE MADE, WITH UNFADING INK. Every item of information should be given, if known or supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97491

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

F 97491 Registered No. 50

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1824 Thomas Ave.
(c) Hospital or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 15 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1824 Thomas Ave. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME MARGARET A. RENEHAN

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	no

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife John M.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 14, 1883

8. AGE: Years	Months	Days	If less than one day
59	6	26	hr. min.

9. Birthplace Balto., Md. (Town, county, and state)
10. Usual Occupation --
11. Industry or business

FATHER
12. Name J. J. Wood
13. Birthplace Martinsburg, W. Va.

MOTHER
14. Maiden Name Margaret Chaney
15. Birthplace Ireland

16 (a) Informant Mr. Jno. M. Renehan
(b) Address 1824 Thomas Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)
(c) Cemetery or crematory New Cathedral
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 11 1942 (Date rec'd by registrar) Lizzie Lee Williams, M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10/42 19 , at 4:45PM

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1940, to Nov 10 1942, and that I last saw her alive on Nov. 10 1942.

Immediate cause of death	Duration
Metastatic Carcinoma	
Due to Carcinoma breast	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. E. Meade, M. D.
Address 814 W. North Ave. Date signed 11/11/42

VS 8

Every item of information should be given. Unknown, if unable to ascertain. Write with UNFADING INK. Physicians: please write the causes of death clearly and legibly. Please state whether husband, wife, son, daughter, etc. Please state whether single, married, widowed, or divorced. Please state correct age in years. Please state whether male or female. Please state whether white, colored, or other race. Please state whether native or foreign born. Please state whether citizen or alien. Please state whether resident or non-resident. Please state whether deceased was ever in the military or naval service of the United States. Please state whether deceased was ever in the military or naval service of any foreign country. Please state whether deceased was ever in the military or naval service of any state. Please state whether deceased was ever in the military or naval service of any city. Please state whether deceased was ever in the military or naval service of any county. Please state whether deceased was ever in the military or naval service of any town. Please state whether deceased was ever in the military or naval service of any village. Please state whether deceased was ever in the military or naval service of any township. Please state whether deceased was ever in the military or naval service of any borough. Please state whether deceased was ever in the military or naval service of any parish. Please state whether deceased was ever in the military or naval service of any district. Please state whether deceased was ever in the military or naval service of any ward. Please state whether deceased was ever in the military or naval service of any precinct. Please state whether deceased was ever in the military or naval service of any election district. Please state whether deceased was ever in the military or naval service of any legislative district. Please state whether deceased was ever in the military or naval service of any congressional district. Please state whether deceased was ever in the military or naval service of any senatorial district. Please state whether deceased was ever in the military or naval service of any judicial district. Please state whether deceased was ever in the military or naval service of any school district. Please state whether deceased was ever in the military or naval service of any road district. Please state whether deceased was ever in the military or naval service of any fire district. Please state whether deceased was ever in the military or naval service of any water district. Please state whether deceased was ever in the military or naval service of any sewer district. Please state whether deceased was ever in the military or naval service of any drainage district. Please state whether deceased was ever in the military or naval service of any irrigation district. Please state whether deceased was ever in the military or naval service of any reclamation district. Please state whether deceased was ever in the military or naval service of any levee district. Please state whether deceased was ever in the military or naval service of any flood control district. Please state whether deceased was ever in the military or naval service of any soil conservation district. Please state whether deceased was ever in the military or naval service of any forest preserve district. Please state whether deceased was ever in the military or naval service of any park district. Please state whether deceased was ever in the military or naval service of any recreation district. Please state whether deceased was ever in the military or naval service of any cemetery district. Please state whether deceased was ever in the military or naval service of any crematory district. Please state whether deceased was ever in the military or naval service of any mausoleum district. Please state whether deceased was ever in the military or naval service of any columbarium district. Please state whether deceased was ever in the military or naval service of any memorial district. Please state whether deceased was ever in the military or naval service of any monument district. Please state whether deceased was ever in the military or naval service of any marker district. Please state whether deceased was ever in the military or naval service of any plaque district. Please state whether deceased was ever in the military or naval service of any tablet district. Please state whether deceased was ever in the military or naval service of any inscription district. Please state whether deceased was ever in the military or naval service of any epitaph district. Please state whether deceased was ever in the military or naval service of any obituary district. Please state whether deceased was ever in the military or naval service of any death notice district. Please state whether deceased was ever in the military or naval service of any funeral notice district. Please state whether deceased was ever in the military or naval service of any burial notice district. Please state whether deceased was ever in the military or naval service of any cremation notice district. Please state whether deceased was ever in the military or naval service of any removal notice district. Please state whether deceased was ever in the military or naval service of any transfer notice district. Please state whether deceased was ever in the military or naval service of any disinterment notice district. Please state whether deceased was ever in the military or naval service of any reinterment notice district. Please state whether deceased was ever in the military or naval service of any exhumation notice district. Please state whether deceased was ever in the military or naval service of any autopsy notice district. Please state whether deceased was ever in the military or naval service of any coroner's inquest notice district. Please state whether deceased was ever in the military or naval service of any medical examiner's inquest notice district. Please state whether deceased was ever in the military or naval service of any inquest notice district. Please state whether deceased was ever in the military or naval service of any investigation notice district. Please state whether deceased was ever in the military or naval service of any hearing notice district. Please state whether deceased was ever in the military or naval service of any trial notice district. Please state whether deceased was ever in the military or naval service of any court notice district. Please state whether deceased was ever in the military or naval service of any judge notice district. Please state whether deceased was ever in the military or naval service of any jury notice district. Please state whether deceased was ever in the military or naval service of any witness notice district. Please state whether deceased was ever in the military or naval service of any evidence notice district. Please state whether deceased was ever in the military or naval service of any testimony notice district. Please state whether deceased was ever in the military or naval service of any verdict notice district. Please state whether deceased was ever in the military or naval service of any judgment notice district. Please state whether deceased was ever in the military or naval service of any sentence notice district. Please state whether deceased was ever in the military or naval service of any appeal notice district. Please state whether deceased was ever in the military or naval service of any pardon notice district. Please state whether deceased was ever in the military or naval service of any parole notice district. Please state whether deceased was ever in the military or naval service of any probation notice district. Please state whether deceased was ever in the military or naval service of any imprisonment notice district. Please state whether deceased was ever in the military or naval service of any execution notice district. Please state whether deceased was ever in the military or naval service of any death penalty notice district. Please state whether deceased was ever in the military or naval service of any capital punishment notice district. Please state whether deceased was ever in the military or naval service of any life imprisonment notice district. Please state whether deceased was ever in the military or naval service of any solitary confinement notice district. Please state whether deceased was ever in the military or naval service of any hard labor notice district. Please state whether deceased was ever in the military or naval service of any chain gang notice district. Please state whether deceased was ever in the military or naval service of any prison notice district. Please state whether deceased was ever in the military or naval service of any jail notice district. Please state whether deceased was ever in the military or naval service of any penitentiary notice district. Please state whether deceased was ever in the military or naval service of any reformatory notice district. Please state whether deceased was ever in the military or naval service of any juvenile court notice district. Please state whether deceased was ever in the military or naval service of any probation officer notice district. Please state whether deceased was ever in the military or naval service of any parole officer notice district. Please state whether deceased was ever in the military or naval service of any warden notice district. Please state whether deceased was ever in the military or naval service of any superintendent notice district. Please state whether deceased was ever in the military or naval service of any keeper notice district. Please state whether deceased was ever in the military or naval service of any guard notice district. Please state whether deceased was ever in the military or naval service of any matron notice district. Please state whether deceased was ever in the military or naval service of any nurse notice district. Please state whether deceased was ever in the military or naval service of any physician notice district. Please state whether deceased was ever in the military or naval service of any surgeon notice district. Please state whether deceased was ever in the military or naval service of any dentist notice district. Please state whether deceased was ever in the military or naval service of any pharmacist notice district. Please state whether deceased was ever in the military or naval service of any druggist notice district. Please state whether deceased was ever in the military or naval service of any chemist notice district. Please state whether deceased was ever in the military or naval service of any laboratory technician notice district. Please state whether deceased was ever in the military or naval service of any x-ray technician notice district. Please state whether deceased was ever in the military or naval service of any physical therapist notice district. Please state whether deceased was ever in the military or naval service of any occupational therapist notice district. Please state whether deceased was ever in the military or naval service of any speech therapist notice district. Please state whether deceased was ever in the military or naval service of any audiologist notice district. Please state whether deceased was ever in the military or naval service of any optometrist notice district. Please state whether deceased was ever in the military or naval service of any optician notice district. Please state whether deceased was ever in the military or naval service of any podiatrist notice district. Please state whether deceased was ever in the military or naval service of any chiropractor notice district. Please state whether deceased was ever in the military or naval service of any osteopath notice district. Please state whether deceased was ever in the military or naval service of any homeopath notice district. Please state whether deceased was ever in the military or naval service of any naturopath notice district. Please state whether deceased was ever in the military or naval service of any faith healer notice district. Please state whether deceased was ever in the military or naval service of any christian science practitioner notice district. Please state whether deceased was ever in the military or naval service of any religious healer notice district. Please state whether deceased was ever in the military or naval service of any spiritual healer notice district. Please state whether deceased was ever in the military or naval service of any mental healer notice district. Please state whether deceased was ever in the military or naval service of any psychic healer notice district. Please state whether deceased was ever in the military or naval service of any clairvoyant notice district. Please state whether deceased was ever in the military or naval service of any medium notice district. Please state whether deceased was ever in the military or naval service of any spiritualist notice district. Please state whether deceased was ever in the military or naval service of any theosophist notice district. Please state whether deceased was ever in the military or naval service of any rosicrucian notice district. Please state whether deceased was ever in the military or naval service of any mason notice district. Please state whether deceased was ever in the military or naval service of any odd fellow notice district. Please state whether deceased was ever in the military or naval service of any knights of pythias notice district. Please state whether deceased was ever in the military or naval service of any elks notice district. Please state whether deceased was ever in the military or naval service of any moose notice district. Please state whether deceased was ever in the military or naval service of any eagles notice district. Please state whether deceased was ever in the military or naval service of any woodmen of the world notice district. Please state whether deceased was ever in the military or naval service of any improved order of redmen notice district. Please state whether deceased was ever in the military or naval service of any loyal order of moose notice district. Please state whether deceased was ever in the military or naval service of any fraternal order of eagles notice district. Please state whether deceased was ever in the military or naval service of any benevolent and protective order of elks notice district. Please state whether deceased was ever in the military or naval service of any ancient order of united workmen notice district. Please state whether deceased was ever in the military or naval service of any modern woodmen of america notice district. Please state whether deceased was ever in the military or naval service of any royal arcanum notice district. Please state whether deceased was ever in the military or naval service of any catholic knights of america notice district. Please state whether deceased was ever in the military or naval service of any knights of columbus notice district. Please state whether deceased was ever in the military or naval service of any knights of st. john notice district. Please state whether deceased was ever in the military or naval service of any knights of malta notice district. Please state whether deceased was ever in the military or naval service of any knights templar notice district. Please state whether deceased was ever in the military or naval service of any knights of the golden eagle notice district. Please state whether deceased was ever in the military or naval service of any knights of the red cross notice district. Please state whether deceased was ever in the military or naval service of any knights of the holy sepulchre notice district. Please state whether deceased was ever in the military or naval service of any knights of the order of st. john notice district. Please state whether deceased was ever in the military or naval service of any knights of the order of malta notice district. Please state whether deceased was ever in the military or naval service of any knights of the order of the temple notice district. Please state whether deceased was ever in the military or naval service of any knights of the order of the golden eagle notice district. Please state whether deceased was ever in the military or naval service of any knights of the order of the red cross notice district. Please state whether deceased was ever in the military or naval service of any knights of the order of the holy sepulchre notice district.

F 97492

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 46 B

F 97492 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Caton and Wilkens Ave
(c) Hospital or institution: St Agnes Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2
(e) Length of stay in Baltimore (yrs., mos., or days) 5 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 2611 Whitney Ave (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Thomas Goodwin

3 (b) If veteran, name war	3 (c) Social Security Account No.
none	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10/29/1886

8. AGE: Years	Months	Days	If less than one day
56	0	11	hr. min.

9. Birthplace Pa. Philadelphia
(Town, county, and state)
10. Usual Occupation none
11. Industry or business --

FATHER
12. Name John Goodwin
13. Birthplace Philadelphia, Pa.

MOTHER
14. Maiden Name Anna Bronner
15. Birthplace Philadelphia, Pa.

16 (a) Informant Mrs. Laura Wunder
(b) Address 2611 Whitney Ave.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)
(c) Cemetery or crematory Hillside Cem.
Location Phila., Pa.

18 (a) Funeral director WM. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10 19 42 at 3 45 M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/19 1942 to 11/10 1942 and that I last saw h[illegible] alive on 11/10 1942

Immediate cause of death	Duration
Carcinoma of Stomach	1 year
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation 10/29 42
Major findings of operation: Ca of Stomach
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature J. A. Deyo M.D.
Address St Agnes Hosp Date signed 11/13/42

VS 150

F 97493

BALTIMORE CITY HEALTH DEPARTMENT ✓ F 97493 Registered No.

CERTIFICATE OF DEATH 1240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address
(c) Hospital or institution: West Balto. Gen; Hosp.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 3
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Balto. (If outside city or town limits, write RURAL and give town)
(d) Street No. 1032 W. Lombard St. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME Ida Ennis (Ida E. Ennis)

3 (b) If veteran, name war: none
3 (c) Social Security Account No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	married

6 (b) Name of husband or wife: Charles L. Ennis
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 2/24/1873

8. AGE: Years	Months	Days	If less than one day
69	8	16	hr. min.

9. Birthplace Baltimore, Md. (Town, county, and state)
10. Usual Occupation none
11. Industry or business --

FATHER
12. Name Thomas McQuillan
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Sarah Zell
15. Birthplace Balto., Md.

16 (a) Informant Mrs. Anna Rohmer
(b) Address 1709 Bloomingdale Rd.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem.
Location Balto., Md.

18 (a) Funeral director WM. J. TICKNER & SONS Balto., Md.
(b) Address

19 (d) NOV 11 1942 (Date received by registrar) Huntington Williams, Registrar

VS 3

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/10 1942, at 11:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 10/8 1942 to 11/10 1942 and that I last saw h[illegible] alive on 11/10 1942.

Immediate cause of death: Heart Failure — Duration: 76 yrs.
Due to: Arteriosclerotic Heart Disease
Due to:
Other Conditions: Farmer's Carcinoma Chronic Nephritis
(Include pregnancy within 3 months of death)
Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature L. V. Tompsett, M. D.
Address W. Balto. Gen. Hospital Date signed 11/10/42

F 97494 ✓ F 97494

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 520

Registered No.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 5415 Traymore Rd.
(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mo
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 5415 Traymore Rd. (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME M. Edna Hynes

3 (b) If veteran, name war	3 (c) Social Security Account No.
no	none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife --
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 25, 1883

8. AGE: Years	Months	Days	If less than one day
59	6	13	hr. min.

9. Birthplace Baltimore (Town, county, and state)
10. Usual Occupation Printing Business
11. Industry or business Own

FATHER
12. Name David S. Hynes
13. Birthplace Cecil County Md.

MOTHER
14. Maiden Name Annie L. Cochran
15. Birthplace Baltimore

16 (a) Informant Mr. David Hynes
(b) Address 5415 Traymore Rd.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof 11/11/42 (month) (day) (year)
(c) Cemetery or crematory Baltimore
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 11 1942 (Date rec'd by registrar) Huntington Hillsmeyer D.

MEDICAL CERTIFICATION

20. DATE OF DEATH 11/8/42 19 , at 1:45 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Jany 25 1942 to Nov 8 1942 and that I last saw h. W alive on Nov 7 1942

	Duration
Immediate cause of death Carcinoma Bladder (urinary)	Jany 25/42
Due to	
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)

Date of operation
Major findings of operation:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature Norma B. Green M. D.
Address 3009 Evergreen Ave Date signed 11/9/42

VS 3

PRINT WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 97495

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 83B

F 97495 ✓ Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address N. Broadway
(c) Hospital or institution: Church Home and Infirmary 6
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 years
(e) Length of stay in Baltimore (yrs., mos., or days) 74

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. N. Broadway (If rural give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3 (a) FULL NAME Miss Eliza Earnshaw

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 18, 1859

8. AGE: Years	Months	Days	If less than one day
82	10	22	hr. min.

9. Birthplace Kent Island, Md. (Queen Anne County)
(Town, county, and state)
10. Usual Occupation None
11. Industry or business

FATHER
12. Name Charles Thomas Earnshaw
13. Birthplace Kent Island, Md.

MOTHER
14. Maiden Name Julia Gibson
15. Birthplace Kent Island, Md.

16 (a) Informant Hospital Record
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/12/42 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cem.
Location Balto., Md.

18 (a) Funeral director Wm. J. TICKNER & SONS
(b) Address Balto., Md.

19 (a) NOV 11 1942 (Date rec'd by Registrar) (b) Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12 1942, at 7.00 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 10/4 1940, to 11/0 1942, and that I last saw h.r alive on 11/9 1942.

Immediate cause of death	Duration
Cerebral Thrombosis	4 hours
Due to Generalized arteriosclerosis	2
Due to	
Other Conditions	

(Include pregnancy within 3 months of death)
Date of operation
Major findings of operations:
of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. Goldberg M. D.
Address Church Home & Infirmary Date signed 11/10/42

VS 3

BALTIMORE CITY

DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

F 97496 F 97496

CERTIFICATE OF DEATH 942

Reg. Dist. No. 12

1. PLACE OF DEATH:

County

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 3 E. 33rd St.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County

City or town Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3 E. 33rd St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME LINWOOD C. JAMES

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6.(b) Name of husband or wife: Virginia R. James

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Feb. 21, 1892

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
50	8	29	19	

9. Birthplace: Irvington, Va. (Town, county, and state)

10. Usual occupation: Oyster Packer

11. Industry or business: Pres. Nat'l. Packing Co.

FATHER 12. Name: Alonzo James

13. Birthplace: Va.

MOTHER 14. Maiden name: Sallie George

15. Birthplace: Va.

16. Informant: Mrs. O. T. Biddle

Address: Garden Apt. - 1-A

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/12/42 (month) (day) (year)

Cemetery or crematory: Irvington, Va.

Location

18. Funeral director: Wm. J. TICKNER & SONS

Address: Balto., Md.

NOV 11 1942 By Huntington Williams H.D. Registrar

(Date rec'd by Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1942, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Nov. 7 1942, to Nov. 10 1942

and that I last saw him alive on Nov 9 1942

Immediate cause of death		DURATION
	Uraemia Pectoris	1 hr
Due to	Arteriosclerosis	
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos E. Wilson M. D. or other

Address 3 W. Biddle Date signed 11-10-42

F 97497 HEALTH DEPARTMENT—CITY OF BALTIMORE F 97497

CERTIFICATE OF DEATH

45c

1. PLACE OF DEATH — Registered No. ____

CITY OF BALTIMORE: (No. 2125 McCulloh St., 14 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Edward R. Haywood — If U.S. Veteran specify WAR ____

(a) Residence: No. 2125 McCulloh St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dorothea Haywood age 24

6. DATE OF BIRTH (month, day, year) Dec. 13, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	31	8	22 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Maryland

FATHER

13. NAME James H. Haywood

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E. Sampson

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Roland C. Haywood (Address) 2241 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Date 11/11/1942

19. UNDERTAKER Wm. H. Hall & Son (Address) 1637 Druid Hill Ave.

20. NOV 11 1942 Justin Tom Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/7/1942

22. I HEREBY CERTIFY, That I attended deceased from 8/15/1942 to 11/7/1942

I last saw him alive on 11/6/1942 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of mucous membrane mouth	7 mo.

Other contributory causes of importance:

Was an operation performed? By Diagnosis Date of 8/1/1942

For what disease or injury? ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____ 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) David Gruber M. D.

(Address) 1122 Eutaw Pl.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 97498 F 97498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

937

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. Eye & Ear Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Gumby

(a) Residence: No. 809 Harlem Ave St., 17-3 Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 17, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Snow Hill, Md

FATHER

13. NAME William Gunn

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Esther Selby

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Annie Rayfield

(Address) 809 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Pocahontas, Va. 11/11/ 19 42

19. UNDERTAKER Mrs. George W. Holland

(Address) 1631 Druid Hill Ave.

20. FILED NOV 11 1942 Huntington Williams, M.P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Nov. 10, 1942

22. I HEREBY CERTIFY, That I attended deceased from 11-2-42, 19 to 11-10-42, 19

I last saw her alive on 10-4-42, 19 Death is said to have occurred on the date stated above, at 11:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism (cerebral) Vascular accident	11-10-42
Hypertensive Cardiovascular disease	

Other contributory causes of importance:

Senile Capsular Cataract

Name of operation Extraction - O.S. Date of 11-3-42

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [redacted] L. Small, M. D.

(Address) 18 W. Read St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 97499

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

107

F 97499 Registered No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address Calvert & Saratoga Sts.
(c) Hospital or institution: Mercy Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in Baltimore (yrs., mos., or days) Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 510 E. Lanvale St. (If rural give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

22-2

3 (a) FULL NAME Mrs. Augusta Blanchard Lancombe

3 (b) If veteran, name war	3 (c) Social Security Account No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
F	W	W

6 (b) Name of husband or wife Arthur Blanchard Lancombe
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1894

8. AGE: Years	Months	Days	If less than one day
48	9	14	13 hr. min.

9. Birthplace Baltimore, Maryland (Town, county, and state)
10. Usual Occupation Housewife
11. Industry or business

FATHER
12. Name William Stevens
13. Birthplace Balto., Md.

MOTHER
14. Maiden Name Alice Smith
15. Birthplace Balto., Md.

16 (a) Informant Admission History
(b) Address Mercy Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/13/42 (month) (day) (year)
(c) Cemetery or crematory Loudon Park Cem. Location Frederick Ave.

18 (a) Funeral director John J. Lanigan & Son
(b) Address 901 Hollins St.

19 (a) NOV 11 1942 (Date received by registrar) Huntington Williams, M.D.

VS 150

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1942, at 5:20 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 6 1942 to Nov. 10 1942, and that I last saw her alive on Nov. 10 1942.

Immediate cause of death Peripheral circulatory collapse

Due to bilateral bronchopneumonia

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature E. Peyton Ritchings M. D.
Address Mercy Hosp. Date signed 11/12/42

F 97500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1952 F 97500 Registered No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
(a) Baltimore City, Maryland
(b) Street address 1263 Sargent St
(c) Hospital or institution: Franklin Square Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) Dec
(e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Md (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 1263 Sargent St (If rural give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country

3 (a) FULL NAME NANCY LEE REYNOLDS (Birth F 53347)

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 21. 47

8. AGE: Years | Months 4 | Days 20 | If less than one day hr. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual Occupation None

11. Industry or business

FATHER
12. Name Samuel Reynolds
13. Birthplace Richmond Va

MOTHER
14. Maiden Name Thelma L. Sheaf
15. Birthplace Md

16 (a) Informant Mr. Samuel Reynolds
(b) Address 1263 Sargent St

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 12 47 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Frederick Road

18 (a) Funeral director John J. Leonard
(b) Address 90 Holliday St Baltimore Maryland

19 (a) NOV 11 1947 (Date received by local registrar) (b) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 10 1947 at 9:45 P.M.

21. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiry thereon (Autopsy or Inquiry) and from the evidence obtained by said " (Autopsy or Inquiry) find that said deceased came to her death on the day stated above.

	Duration
Immediate cause of death: Asphyxiation	
Due to: Aspiration of vomitus	
Due to:	
Other Conditions: No	

(Include pregnancy within 3 months of death)

Date of operation: No
Major findings of operation:
of autopsy: No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence at M
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? While at work? (Specify type of place)
(e) Means of injury

23. Signature H. L. Wallenmeyer Asst Medical Examiner. M.D.

Date signed Nov. 10, 1947

VS 6

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 7/2 DAY OF 1963 THE MICROPHOTOGRAPHIC APPEARING HEREIN STARTING WITH #94334 AND ENDING WITH #97500 ARE A DUPLICATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics AS DELIVERED IN THE REGULAR COURSE OF BUSINESS FOR PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: [illegible]

END OF REEL